

ual subject seed-to-voxel connectivity maps, to the corresponding seeds of the default mode network.

**Results** Fig. 1.

**Conclusions** Our results show a significant increase in connectivity between LDLPFC and anterior prefrontal cortex, dorsolateral prefrontal cortex and somatosensory association areas, especially between patients and controls. It is noteworthy to mention that we found a significant decrease in connectivity between LDLPFC and supramarginal gyrus, superior temporal gyrus and somatosensory association areas between unaffected relatives and controls.

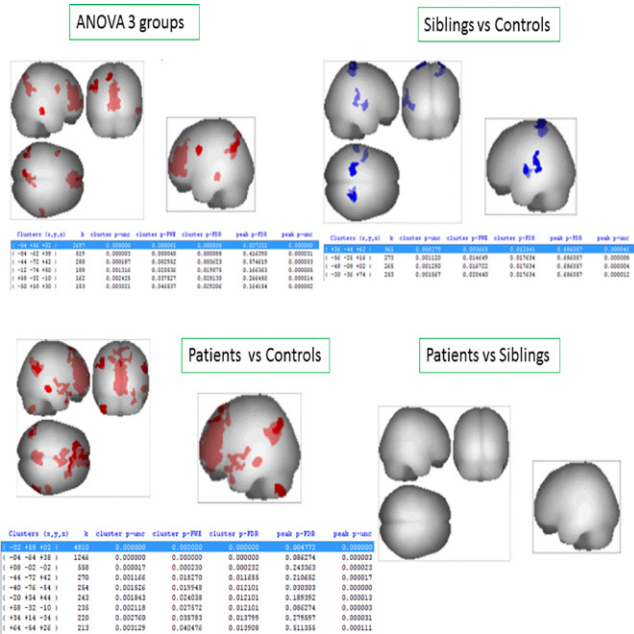


Fig. 1

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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**FC71**

**An interventional, multi-center, randomized, double-blind, placebo-controlled, active reference, flexible dose study of brexpiprazole in adults with acute schizophrenia**

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**Introduction** Brexpiprazole is a serotonin-dopamine activity modulator that is a partial agonist at 5-HT<sub>1A</sub> and dopamine D<sub>2</sub> receptors at similar potency, and an antagonist at 5-HT<sub>2A</sub> and nor-adrenaline alpha<sub>1B/2C</sub> receptors.

**Objectives** Evaluating the efficacy, safety, and tolerability of flexible doses of brexpiprazole compared with placebo in patients with acute schizophrenia.

**Aim** Primary endpoint was change from baseline to week 6 in PANSS total score and key secondary endpoint was change from baseline to week 6 in CGI-S score.

**Methods** Phase 3, multi-center, randomized, double-blind, placebo-controlled, active reference, trial (NCT01810380). Hospitalized patients were randomized to brexpiprazole (2 to 4 mg/day), placebo, or quetiapine extended release (400 to 800 mg/day) for 6 weeks. Quetiapine was included as an active reference. Changes from baseline were analyzed using an MMRM approach.

**Results** Mean change in PANSS total score was -20.0 and -15.9 in the brexpiprazole (n = 150) and placebo (n = 159) groups, respectively (P = 0.056). Sensitivity analyses suggested treatment effect (e.g., ANCOVA, LOCF: P = 0.025; ANCOVA, OC: P = 0.026). Mean change in PANSS total score (-24.0) with quetiapine (n = 150) was significantly greater than that with placebo (P < 0.001), demonstrating sensitivity of the assay. Brexpiprazole separated from placebo on the mean change in CGI-S score (-1.2 vs. -0.9, P = 0.014). The proportion of patients reporting TEAEs were similar between the brexpiprazole and placebo treatment groups (54% versus 54.7%).

**Conclusion** Treatment with brexpiprazole showed a clinically meaningful improvement in patients with acute schizophrenia. While the difference between brexpiprazole and placebo only approached statistical significance, sensitivity analyses and secondary endpoints supported a treatment effect of brexpiprazole.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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**Are self-stigma and coping strategies interrelated in outpatients with schizophrenia spectrum disorders using the psychiatric medication? Cross-sectional study**

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**Introduction** Self-stigma is the maladaptive psychosocial phenomenon that can affect the patient's self-image, may lead to dysphoria, social isolation, reduced adherence and quality of life. Maladaptive coping strategies may adversely disturb the overall functioning of psychiatric patients.

**Objectives** Thinking about coping strategies and self-stigma in practice may play a significant role in understanding patients with schizophrenia spectrum disorders, especially for mental health professionals. Focus on coping strategies could be a useful concept in supportive and educational therapy to help patients in using more adaptive coping strategies and decrease their self-stigma.

**Aims** The aim of this study was to determine the relation between coping strategies and the self-stigma among outpatients with schizophrenia and related disorders.

**Methods** Stress Coping Style Questionnaire (SVF-78), Internalized Stigma of Mental Illness (ISMI) and severity of the disorder