dose-dependent, lowering doses and combining with other adjuvant treatment is not always a better option, as polypragmacy and possible adverse effects combined can lead to reduced adherence. The decision to increase the dose of clozapine or to use concomitant (combination) treatment depends on individual factors, including the patient's clinical condition, response to treatment, and the assessment of potential risks and benefits.

Disclosure of Interest: None Declared

EPP0262

Use of monthly extended-release risperidone injection in schizophrenia: clinical experience

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Introduction: Monthly extended-release injectable risperidone is the new antipsychotic formulation of risperidone available in doses of 75 mg and 100 mg, approved for the treatment of schizophrenia. It contains microcrystals of risperidone that are deposited following intramuscular injection. A fraction of the active ingredient of risperidone is already solubilized and rapidly enters the bloodstream, providing plasma levels similar to oral risperidone on the first day. The microcrystals continue to release risperidone steadily over a period of 4 weeks. No oral supplementation or loading doses are required.
Objectives: The objective of this study is to demonstrate the effectiveness of treatment with monthly extended-release injectable risperidone in patients with schizophrenia who are followed up as outpatients from the Mental Health Center. The study aims to show that this treatment improves symptoms associated with schizophrenia, leading to an enhancement in the quality of life for these patients.
Methods: Analysis and evaluation were conducted on 9 patients diagnosed with Paranoid Schizophrenia and treated with monthly extended-release injectable risperidone from a Mental Health Unit and the Hospital Emergency System during the months of January to April 2023. Among the nine patients, six were previously on oral risperidone treatment exceeding 4 mg, and three were on doses less than 4 mg. The first group received a monthly injectable dose of 100 mg of risperidone, while the second group received 75 mg.
Results: All nine patients showed improvement in positive and anxious symptomatology. Seven of them exhibited improvement in affective and cognitive profiles. None of the patients experienced significant metabolic alterations, and only one of them reported akathisia as a side effect. Furthermore, all patients improved their sleep patterns, and the seven who had behavioral disturbances with a tendency towards aggression no longer exhibited these behaviors.
Conclusions: Monthly extended-release injectable risperidone is beneficial in reducing positive and affective symptoms in patients with schizophrenia. It also improves anxious, cognitive, and behavioral symptomatology. It is considered effective, safe, and well-tolerated for long-term treatment of this disease, regardless of its initial severity. Therefore, it is advisable to consider it as the first therapeutic option in patients with schizophrenia who have responded well to oral risperidone previously.

Disclosure of Interest: None Declared

EPP0263

"Weight loss, Semaglutide and Manic Episode": A case report

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Introduction: The glucagon-like peptide-1 (GLP-1) receptor agonist Semaglutide has been widely used to manage type 2 diabetes due to its favourable effects on glycemic control and weight reduction. Proved to be safe in adults and elderly patients with renal or hepatic disorders demanding no dose modification. Affective symptoms are not listed as side effects in the product information. However, there is a recent investigation going on by the European Medicines Agency (EMA) after three flagged cases of suicidal thoughts in Iceland. In contrast, the Food and Drug Administration (FDA) recommend that patients with this treatment are monitored for suicidal thoughts or behaviour.
Objectives: This case study explores the possible relationship between Semaglutide treatment and the onset of a manic episode in a 57-year-old male with no history of psychiatric disorders.
Methods: We present a 57-year-old male with no psychiatric history of interests, with a previous good functioning. A one-week history of disruptive behaviours started, characterized by excessive cheerfulness, heightened euphoria, and reduced need for sleep. Family members describe a complex situation at home, with frequent outings by the patient, engaging in conversations with strangers, getting lost, and becoming more irritable with them. The patient and family relate this mood change after initiating Semaglutide for diabetes control, starting at 7mg doses. The temporal relationship between the initiation of Semaglutide therapy, precisely a dose escalation to 7mg, and the onset of manic symptoms prompted family members to notify the patient's endocrinologist. Due to the inability to manage the patient at home and his unpredictability, they sought help at the emergency department, resulting in a psychiatric admission. Imaging and analytical tests show no significant abnormalities.
Results: During his stay in the psychiatry department, semaglutide dosage was reduced, and treatment with Aripiprazole was initiated at doses of 5mg, given the metabolic profile associated with medical comorbidities (obesity, chronic renal failure and diabetes). Subsequent clinical observations showed a gradual resolution of manic symptoms and an improvement in the patient's overall mental state.
Conclusions: This case highlights the importance of monitoring and recognizing potential neuropsychiatric side effects associated with Semaglutide therapy, particularly in individuals without a

prior psychiatric history. Further research is warranted to elucidate the underlying mechanisms linking Semaglutide with mood disturbances and to identify risk factors that may predispose certain patients to develop manic states in response to this GLP-1RA. Clinicians should remain vigilant and consider alternative treatment options if such side effects occur, ensuring comprehensive management of patients receiving Semaglutide for diabetes control.

Disclosure of Interest: None Declared

Schizophrenia and other psychotic disorders

EPP0265

Exploring Cariprazine's Potential in Late-Stage Schizophrenia Treatment

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Introduction: Schizophrenia is a chronic neuropsychiatric disorder that often requires long-term pharmacotherapy to manage symptoms and prevent relapse. There are important clinical differences between early-stage versus late-stage schizophrenia, like the predominant symptomatology. In later stages, negative, cognitive, and anxiety/depressive symptoms dominate the clinical picture, with relapses further potentiating the emergence of positive symptoms. Therefore, it is crucial to establish the efficacy of an antipsychotic medication in the later stages of schizophrenia as well. Cariprazine is a novel dopamine D3-preferring D3/D2 receptor partial agonist that has shown efficacy in treating schizophrenia across the symptom spectrum.
Objectives: The aim of this poster is to present the findings of cariprazine's efficacy in treating late-stage schizophrenia, especially in symptoms that are more commonly occurring in this phase of the disorder.
Methods: This poster reports the results of a post-hoc pooled analysis of three 6-week, double-blind, placebo-controlled trials (NCT01104766, NCT01104779, NCT00694707) that assessed the efficacy of cariprazine in schizophrenia. The primary outcome was the change in Positive and Negative Syndrome Scale (PANSS) Total Scores from baseline to endpoint. The analysis focused on patients with late-stage schizophrenia (defined as having an illness-duration of more than 15 years) who received cariprazine at doses between 1.5 mg/day to 6.0 mg/day. The changes in PANSS-derived Marder Factor Scores for Negative, Disorganised Thought (i.e., Cognitive) and Anxiety/Depression symptoms were further examined. The least square mean differences (LSMDs) between cariprazine and placebo groups were calculated using mixed-models for repeated measures (MMRM).
Results: Altogether, 128 placebo-, and 286 cariprazine-treated patients were identified as having schizophrenia for more than 15 years. The mean age of patients was about 45 years, while the mean illness-duration was about 24 years. The mean baseline PANSS scores were the same between the two groups. In the late-stage schizophrenia population, at Week 6, cariprazine yielded statistically significantly greater reductions on the PANSS Total Score (LSMD -6.7, $p<0.01$). Cariprazine further showed superiority over placebo in reducing negative (LSMD -1.4, $p<0.05$), disorganised thought (LSMD -1.3, $p<0.01$), and anxiety/depression (LSMD -0.9, $p<0.05$) symptoms.
Conclusions: Cariprazine showed efficacy in treating patients with late-stage schizophrenia. It improved overall schizophrenia symptoms, as well as the negative, cognitive and anxiety/depression symptoms that are more prevalent in this phase of the disorder.

Disclosure of Interest: P. Falkai Consultant of: Janssen-Cilag, AstraZeneca, Lilly, and Lundbeck, Speakers bureau of: AstraZeneca, Bristol Myers Squibb, Lilly, Essex, GE Healthcare, GlaxoSmithKline, Gedeon Richter, Janssen Cilag, Lundbeck, Otsuka, Pfizer, Servier, and Takeda, R. Csehi Employee of: Gedeon Richter Plc, K. Acsai Employee of: Gedeon Richter Plc, G. Németh Employee of: Gedeon Richter Plc

EPP0266

Different modalities of measuring life engagement in people living with schizophrenia spectrum disorders: A preliminary analysis

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Introduction: The concept of "life engagement" encompasses several aspects of one's life, including personal well-being, contentment, purpose, and engagement in meaningful activities. In 2006, the group led by Scheier designed a 6-item scale to measure this concept in the general population: the Life Engagement Test (LET), however, this tool was never validated in clinical populations (Scheier *et al.* 2006 J Clin Psychiatry 2006; 29 291-298). In subjects living with schizophrenia life engagement can be measured through the Positive and Negative Syndrome Scale-Life Engagement (PANSS-LE), derived by isolating 11 items (i.e., N01, N02, N03, N04, N05, N06, G06, G07, G13, G15, G16) from the PANSS (Correll *et al.* 2022 J Clin Psychiatry 2022; 83-4) (Correll *et al.* 2022 J Clin Psychiatry 2022; 83-5).
Objectives: The aim of this study was to investigate the clinical and functional correlates of two different measures of life engagement in a cohort of individuals living with schizophrenia spectrum disorders (SSD).
Methods: Ninety-five subjects living with SSD recruited from the ASST Spedali Civili of Brescia (Italy) were included in the preliminary ad-interim analysis of the present study: for each patient information regarding the clinical presentation were measured with the Clinical Global Impression (CGI) scale, the Health of the Nation Outcome Scales (HoNOS), the Brief Negative Symptoms Scale (BNSS) and the PANSS; additionally, information related to the psychosocial functioning were collected through the Global Assessment of Functioning (GAF) scale; finally, life engagement was evaluated through the LET and the PANSS-LE. Spearman's