Objectives: In our study, we retrospectively analysed the sociodemographic and clinical characteristics of patients receiving clozapine monotherapy and patients receiving clozapine in combination with different antipsychotics. In this way, we aimed to evaluate the factors that influence the response to clozapine.
Methods: Clozapine monotherapy and clozapine in combination with different antipsychotics were identified by retrospective chart review of patients followed up at the Schizophrenia and Other Psychotic Disorders Outpatient Clinic, Department of Psychiatry, Faculty of Medicine, Selçuk University. Sociodemographic and clinical characteristics were recorded and subjected to statistical analysis. The study was approved by the Ethics Committee of Selçuk University.
Results: Of the 143 patients whose data were analysed, 60 (42%) were female. The mean age of the patients was 40.2±12.0 years and the mean duration of training was 10.4±4.3 years. 62 patients (43.4%) used long-acting antipsychotics. 90 patients (62.9%) were using clozapine, 52 (36.4%) were using clozapine as monotherapy, 5 (3.5%) were using clozapine together with another oral antipsychotics drug, and 33 (23.1%) were using clozapine together with a long-acting antipsychotic. No statistically significant difference was found when comparing mean age, age at first antipsychotic initiation, age at clozapine initiation and mean clozapine dose between patients using clozapine monotherapy (n=52) and patients using different antipsychotics in combination with clozapine (n=38). When the two groups were compared, a significant difference was found in the mean number of antipsychotics used before starting clozapine and the mean number of hospitalisations, with a lower number in the monotherapy group (3.1±1.4 vs 4.1±2.0, p=0.01 and 2.8±2.2 vs 4.5±3.2, p=0.006, respectively).
Conclusions: It is important to assess the concept of treatment resistance appropriately in the treatment of schizophrenia patients. The results of our study suggest that starting clozapine treatment promptly in treatment-resistant patients may increase the likelihood that patients will benefit from clozapine and reduce the need for additional treatments. Although our data and criteria for evaluating response to treatment are limited, it is important to draw attention to the clinical results of proceeding in accordance with the guidelines in the treatment of schizophrenia. Evaluating the response to clozapine treatment needs studies with stronger data and larger sample sizes.

Disclosure of Interest: None Declared

EPP0450

A specialized unit for women with schizophrenia: Results from the healthcare model Observatories-Monitoring Stations and Interventions.

J. P. Paolini San Miguel[1]*, M. Natividad[1], M. V. Seeman[2], E. Román[1], A. Balagué[1], B. Palacios[3], N. Bagué[1], E. Izquierdo[1], E. Rial[1], J. A. Monreal[1] and A. González Rodríguez[1]

[1]Mental Health, Mutua Terrassa University Hospital. University of Barcelona, Terrassa, Spain; [2]Psychiatry, University of Toronto, Toronto, Canada and [3]Clinical and Health Psychology, Autonomous University of the State of Morelos, Cuernavaca, Mexico
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.597

Introduction: There are many theoretical reasons to implement gender-specific care for schizophrenia. For all these reasons, the Mutua Terrassa-Functional Unit for Women with Schizophrenia was inaugurated in January 2023 in the context of a community mental health service.
Objectives: Our aim today is to describe the health care model applied in this newly initiated unit.
Methods: We created a healthcare model in our new unit consisting of A)Five observatories of Health (somatic morbi-mortality, hyperprolactinemia-HPRL, substance use disorders, social exclusion/discrimination, and drug safety); B)Monitoring stations or vigilance teams (reflecting the 5 observatories); and C)resulting actions (specific interventions). The observatory teams each meet monthly. In this presentation, according to the healthcare model we implemented, we first describe data about the original patient recruitment and then focus on the observatories of somatic morbi-mortality and hyperprolactinemia.
Results: From 265 potentially eligible women, 42 were included in the 5 observatories. (A) of the 11 women in the observatory of somatic morbi-mortality, 10 women had died within the last 24 months. Causes of Death: (1)respiratory tract disease (n=5,45.4%), (2)cancer (n=3;27.3%): lung cancer (n=1), pancreatic cancer (n=1), kidney cancer (n=1), (3)ischemic colitis (n=1;9%), (4) Alzheimer disease (n=1;9%). 2) Morbidity. One woman had an ongoing glioblastoma. (B)Observatory of HPRL. Eight women with moderate/severe HPRL were included. Strategies for lowering prolactin levels were discussed with neuroendocrinologists. Interventions:adjunctive aripiprazole (n=3), switch to aripiprazole (n=2), lowering antipsychotic doses (n=2), and adjunctive cabergoline (n=1).
Conclusions: Designating special teams to focus on specific problems of women with schizophrenia will reduce morbidity and improve outcomes in this vulnerable population.

Disclosure of Interest: None Declared

EPP0451

NADPH-dependent peroxidase activity of antibodies in patients with schizophrenia

L. Smirnova[1]*, D. Kazantseva[1] and E. Kornetova[2]

[1]Laboratory of Molecular Genetics and Biochemistry and [2]Affective States Department, Mental Health Research Institute Tomsk National Research Medical Center Russian Academy of Sciences, Tomsk, Russian Federation
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.598

Introduction: The development of oxidative stress in patients with schizophrenia is associated with changes in the level of activity of antioxidant enzymes. It is likely that catalytically active antibodies (abzymes) can take on these functions. Abzymes are antibodies with enzymatic activity. Catalase and SOD activity of abzymes was previously detected in patients with schizophrenia. But NADPH-dependent peroxidase activity has not been studied. The present work discusses the protective role of abzymes against reactive oxygen species within the pathogenesis of schizophrenia.
Objectives: The aim of the study was to investigate the NADPH-dependent peroxidase activity of IgG in patients with paranoid

schizophrenia in the exacerbation phase and in the remission phase.
Methods: A total of 124 patients were examined during the work. Of them, 82 patients with paranoid schizophrenia (F20.0) had a mean age of 33.6±5.12 years (52 males, 30 females), disease duration averaged 8.9± 4.62 years. Patients with schizophrenia included 42 patients with acute schizophrenia and 40 patients with schizophrenia in therapeutic remission. The control group included 42 sex- and age-matched patients. IgG was purified by affinity chromatography on columns with proteinsepharose on an AKTA purifier chromatograph (GE). The homogeneity of isolated IgG preparations was checked by Lemilly electrophoresis in a gradient of 4-18% PAAG. Gel filtration under pH-shock conditions was performed on a Superdex-200 HR 10/30 column. NADPH-dependent peroxidase activity of IgG was determined on a SPECORD M-40 spectrophotometer (Carl Zeiss) at 340 nm by NADPH oxidation in the conjugated glutathione reductase reaction of tertiary butyl hydroperoxide reduction. Statistical processing of data was performed in Statistica 12.0 program.
Results: It was proved that IgG from patients with schizophrenia had NADPH-dependent peroxidase activity, and this activity is an intrinsic property of the investigated antibodies. The NADPH-dependent peroxidase activity in IgG patients in the exacerbation stage was increased 3-fold (p=0.0001) compared to the studied activity in the group of healthy individuals, and it was increased 2-fold (p=0.017) in the group of patients in therapeutic remission compared to the activity in healthy individuals. Also NADPH-dependent IgG peroxidase activity in patients in remission was 1.7 times lower than in patients during the exacerbation period (p=0.012).
Conclusions: It was established for the first time that abzymes from patients with schizophrenia and healthy individuals have NADPH-dependent peroxidase activity and can decompose lipo and hydroperoxides. We hypothesize that these abzymes help cope with generalized oxidative stress. Under the influence of neuroleptic therapy in patients in remission, the level of oxidative stress and NADPH-dependent peroxidase activity of abzymes decrease.

Disclosure of Interest: None Declared

EPP0452

Cardiovascular Risk Assessment in Psychotic Disorders: A Comparative Analysis of Plasma Atherogenic Index between Remitted Patients and Healthy Control

M. T. Ergün[1]*, B. Sağlıyan[1], Ö. Bayırlı[1], S. Kaya[1] and M. Aydın[1]
[1]Department of Psychiatry, Selçuk University Faculty of Medicine Hospital, Konya, Türkiye
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.599

Introduction: Psychiatric patients have a higher risk of premature mortality primarily due to cardiovascular diseases (CVD). One significant contributing factor is the presence of dyslipidemias . Current studies are shifting focus towards lipoprotein ratios, believed to better reflect cardiovascular risk. These studies have demonstrated that ratios associated with high-density lipoprotein (HDL) are stronger predictors for CVD compared to traditional lipid parameters. One of these ratios is the logarithmic transformation of the triglyceride (TG) to HDL ratio, known as the plasma atherogenic index (PAI).
Objectives: Our study aimed to compare the PAI between patients diagnosed with psychotic disorders who presented to our outpatient clinic and healthy control groups.
Methods: Fifty patients diagnosed with psychotic disorders, including 50 residing in a nursing home and 50 outpatient in such facilities, presented to our psychiatric outpatient clinic and were included in our study. Additionally, a healthy control group consisting of 49 individuals was recruited. A socio-demographic data form was administered to all groups. Peripheral blood levels of HDL, Triglycerides (TG), and LDL were recorded for each participant included in the study. Ethical approval for the study was obtained from the local ethics committee.
Results: The patient groups were compared in terms of age and gender. While there was no statistically significant difference in gender between the groups, a significant difference was observed in terms of age (p=0.099, p=0.004). When examining the age distribution of the groups, it was observed that the care facility group was older compared to the other groups. The age and gender distributions of the groups are shown in Table 1 and Table 2.
Psychotic patients in the outpatient group and the nursing home group were compared in terms of age and atherogenic index. Age was statistically significant, indicating that thenursing home group was significantly older (p=0.001, p=0.478). In the comparison of the control group with psychotic patients, there was no statistical difference in age, but a significant difference was found in terms of the atherogenic index (p=0.510, p=0.001). The statistical analysis and data between psychotic patients and the control group are presented in Table 3.
Image:

Table 1. Gender Distribution of Groups

	Female	Male	Total	p
Out Patient Group	20(40.0%)	30(60.0%)	50(100.0%)	
Nursing Home Group	14(28.0%)	36(72.0%)	50(100.0%)	
Control Group	24(49.0%)	25(51.0%)	49(100.0%)	0.099*
Total	58(38.9%)	91(61.1%)	149(100.0%)	
The calculations were performed using the Pearson Chi-Square test				

Table 2. Age Distribution of Group

	Patient Age			
	Minimum	Maksimum	Median	p
Out Patient Group	19	64	38.48	
Nursing Home Group	23	64	46.06	
Control Group	23	64	41.08	0.004*
The calculations were performed using the Kruskal-Wallis test.				

Table 3. Comparison of Age and Atherogenic Index Between Patients Diagnosed with Psychosis and the Control Group

	Control Group	Psychosis Group	p
Age (Mean, ± SD)	41.08(±11.4)	0.49 (±0.20)	0.510*
AI (Mean, ± SD)	42.27(±11.7)	0.63 (±0.24)	0.001*
Number of Patients	49	100	
AI: Aterojenik İndex The calculations were performed using the Mann-Whitney U test			

Conclusions: This study, examining the comparison of Plasma Atherogenic Index (PAI) in patients diagnosed with psychosis with healthy controls, represents a significant step in understanding the cardiovascular health profile of this population and developing