schizophrenia. The *Rethinking Schizophrenia* project falls under the *Rethinking the management of brain disorders* series, research-driven projects offering policy recommendations to make tangible changes with the aim to improve the lives of people living with brain disorders, neurological and mental alike, across Europe.

**Disclosure of Interest:** None Declared

## EPV1001

### Stigma in first epizode patients with schizophrenia

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**Introduction:** Patients with schizophrenia confront with stigmatization in their everyday life. Differences in their perception of stigmatization based on the number of hospitalizations and duration of treatment are unsufficiently researched.
**Objectives:** Our aim was to investigate whether patients with first-episode schizophrenia differ in their perception of stigmatization from schizophrenia patients with more than one hospitalization,
**Methods:** A consecutive sample of 120 stable outpatients (70 males, 50 female) diagnosed with schizophrenia were included in the study. Diagnosis of schizophrenia was established with Neuropsychiatric Interview. First episode patients consisted 28.3% of the group.
All patients were at least once hospitalized for mental illness. Patients were dichotomised based on the number of hospitalizations.
The study was approved by Ethic committee of the institutions. Stigma was assessed with Internalized Stigma of Mental Illness (ISMI) scale.
ISMI scale contains 29 Likert items rated on a 4-point scale ranging from "strongly disagree" to "strongly agree". It contains five subscales: Alienation, Stereotype Endorsement, Discrimination Experience, Social Withdrawal and Stigma Resistance. The overall internal consistency for the global ISMI was 0,89; Alienation-0,76; Stereotype endorsement- 0,63; Discrimination- 0,72; Social withdrawal- 0,57.
All analyses were performed using the SPSS 25.0. The differences between groups on continuous variables were evaluated using t-test with Bonferroni correction. For all analyses, the level of statistical significance was defined as an alpha less than 0.05
**Results:** There were no differences in first-episode and more episode patietns in ISMI and its subscales. Number of hospitalizations was associated with Stereotype endorsement subscale (r=228; p=0,012) Age was correlated with stigma.
**Conclusions:** Although stigma did not differ between first-episode patients and patients with two or more hospitalizations, stereotype endorsement was strongy associated with the number of hospitalizations leading to conclusion that stigma is associated with psychiatric treatment and our aim must be to destigmatize the treatment and avoid hospitalizations.

**Disclosure of Interest:** None Declared

## EPV1002

### Cognitive and social cognitive function in patients with schizophrenia and affective disorder: effects of combining pharmacotherapy with cognitive remediation

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**Introduction:** In recent decades, there has been increasing interest in neurocognitive function, including non-social and social cognition. Cognitive impairment has a significant impact on functional outcome, especially in schizophrenic disorders, but also in affective and other psychiatric disorders.
**Objectives:** It is our aim to present the assessment and measurement of cognitive dysfunction through adequate instruments and to evaluate the effects of combining pharmacotherapy and cognitive remediation.
**Methods:** A review of the modern literature is undertaken and results of own investigations using the Screen for Cognitive Impairment in Psychiatry (SCIP, Sachs G *et al.* Schizophr Res Cogn. 2021 May 12;25:100197; Sachs G *et al.* Schizophr Res Cogn. 2022 Jun 6;29:100259) are presented and evaluated.
**Results:** Our data show that it is possible to capture cognitive dysfunction in clinical practice.
**Conclusions:** After a differentiated assessment of cognitive dysfunction, a specific combination of pharmacotherapy and cognitive remediation should be applied to patients with schizophrenia and affective disorders.

**Disclosure of Interest:** None Declared

## EPV1003

### Baseline antipsychotic prescription and short-term outcome indicators in individuals at clinical high-risk for psychosis: Findings from an Italian longitudinal study

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**Introduction:** The prognostic prediction of outcomes in individuals at clinical high-risk for psychosis (CHR-P) is still a significant clinical challenge. Among multiple baseline variables of risk calculator models, the role of ongoing pharmacological medications has been partially neglected, despite meta-analytical evidence of higher risk of psychosis transition associated with baseline prescription exposure to antipsychotics (AP) in CHR-P individuals. In particular, baseline AP exposure in CHR-P individuals may be considered as a functional equivalent of the psychometric transition to psychosis, as already postulated in the original 'Ultra High-Risk' model.

**Objectives:** The main aim of the current study was to test the hypothesis that ongoing AP need at baseline indexes a subgroup of CHR-P individuals with more severe psychopathology and worse prognostic trajectories along a 1-year follow-up period.
**Methods:** This research was settled within the 'Parma At-Risk Mental States' program. Baseline and 1-year follow-up assessment included the Positive And Negative Syndrome Scale (PANSS) and the Global Assessment of Functioning (GAF). CHR-P individuals who were taking AP medications at entry were included in the CHR-P-AP+ subgroup. The remaining participants were grouped as CHR-P-AP-. The acquisition of drug and outcome information was collected both at baseline and across the follow-up period. Finally, logistic regression analyses with dichotomized 1-year outcome parameters (previously showing statistically significant differences in inter-group comparisons) as dependent measures and sociodemographic and clinical characteristics as independent variables were also performed.
**Results:** Hundred and seventy-eight CHR-P individuals (aged 12–25 years) were enrolled (91 CHR-P-AP+, 87 CHR-P-AP-). Compared to CHR-P AP-, CHR-P AP+ individuals had older age, greater baseline PANSS 'Positive Symptoms' and 'Negative Symptoms' factor subscores and a lower GAF score. At the end of our follow-up, CHR-P-AP+ subjects showed higher rates of psychosis transition, new hospitalizations and urgent/non-planned visits compared to CHRP- AP- individuals.
**Conclusions:** The current study suggests that AP need is a significant prognostic variable in cohorts of CHR-P individuals and should be included in the current risk calculators. In particular, the results of this study conducted in a realworld clinical setting indicate that the rate of CHR-P individuals who were already exposed to AP at the time of CHR-P status ascription was higher than those reported in recent meta-analyses on this topic. Moreover, our findings confirm that baseline AP prescription appears to increase psychotic transition risk.

**Disclosure of Interest:** None Declared

## EPV1004

## Peculiarities of social functioning in patients with negative symptoms in schizophrenia

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**Introduction:** The prevalence of schizophrenia in the world is between 0.4 and 1.4%, and the number of patients with negative symptoms (NS) in this group reaches 90%. NS are considered key components of schizophrenia that negatively affect social functioning (SF) and quality of life in patients with schizophrenia. The purpose of the study was to determine the features of SF among patients with NS in schizophrenia.
**Objectives:** Features of SF in 252 patients with NS in schizophrenia (main group) and in 79 patients with positive symptoms (PS) in schizophrenia (comparison group) were examined.
**Methods:** A set of methods was used: Scale of personal and social functioning (PSP), which is a semi-structured interview and allows to assess the social status of patients, their functioning and satisfaction with the relevant field and statistical methods.
**Results:** The analysis of the social and personal functioning of patients was carried out in four domains: socially useful activities, personal and social relationships, attention to oneself and one's condition, restless and aggressive behavior patterns. In the sphere of socially useful activities, including work and study, in a significant part of patients with NS in schizophrenia, SF violations were expressed at moderate (41.27 ± 1.26) % and significant (33.33 ± 1.08) % levels. In the sphere of personal and social interaction, 41.27 % of patients had significant violations, 28.97% of patients had moderate violations, and 21.83% had severe violations in the social sphere. In the field of self-care, 21.83% of patients had no violations, in 36.90% - violations in self-care were weakly expressed, and in 26.19% of people - moderately expressed.
When comparing the obtained results with patients with PS in schizophrenia, it was established that among patients with NS in schizophrenia there were more patients with significant impairments in the sphere of social activity (33.33%, p = 0.033, DC = 1.42, MI = 0, 07).. Patients with NS in schizophrenia were distinguished by a greater number of patients with significant impairments in the sphere of social interaction (41.27%, p = 0.001, DC = 2.58, MI = 0.24).. In the field of self-care, there were more persons with no violations among patients with NS in schizophrenia (21.83%, p = 0.008, DC = 3.33, MI = 0.20). There were more patients with the absence and weak expression of aggressive behavior patterns among patients with NS in schizophrenia (30.95%, p = 0.0001, DC = 10.87, MI = 1.55 and 45.63%, p = 0, 0001, DC = 6.54, MI = 1.16, respectively) in comparison with patients with PS in schizophrenia.
**Conclusions:** The obtained data should be taken into account when creating psychocorrective programs for patients with NS in schizophrenia.

**Disclosure of Interest:** None Declared

## EPV1005

## Acute effects of intranasal ocytocin on affective empathy of patients with refractory schizophrenia and healthy controls: results of a randomized clinical trial

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**Introduction:** Oxytocin (OXT) is a neuropeptide associated with social behavior and the modulation of neural circuits related to social cognition and emotion regulation. Schizophrenia is a mental disorder that causes impairment in different areas of social cognition, including empathy. A systematic review of the literature showed positive effects of exogenous administration of this hormone on the empathy of individuals without psychopathology, especially in the affective domain. Studies on the effect of OXT on empathy in patients with schizophrenia are very limited, being restricted to the cognitive domain.ations must be overcome in future studies. The effects associated with chronic use of the hormone should be the subject of future studies.