pharmacotherapy (Marcellusi *et al.* BMJ Open 2018; 8, e018359). Considered the high economic burden that schizophrenia has on healthcare systems (estimated to be between 1.4 % and 3 % of the total), a better characterization of the clinical variables that mostly influence the costs represent a topic of great clinical interest (Altamura *et al.* 2014 Official Journal of the Italian Society of Psychopathology 2014; 20, 223–243).

Objectives: The aim of this study was to analyze whether duration of illness has an impact on the costs derived from the use of services (which account for the majority of the direct costs) in a cohort of subjects living with schizophrenia spectrum disorders (SSD).

Methods: A total of 496 subjects receiving treatment from the Community Mental Health Centers (CMHC) of Brescia (Italy) were included in the study: for each patient demographic data, data regarding the duration of illness (in months), and data related to the use of service between January 1st, 2022 and December 31st, 2022 were derived from the regional database of mental health ("SIPRL"). Data on the use of service were then converted to costs using the regional rate tables for outpatient services, residential and semi-residential facilities, and the Diagnosis-Related Groups (DRG)-driven rate tables for hospitalization data. Partial correlations analyses were performed between duration of illness, corrected for age, and cost-related variables. All analyses were performed through SPSS v28 and p values <0.05 were considered significant.

Results: A higher duration of illness was correlated with higher costs for outpatient non-pharmacological interventions (p=0.010), for residential facilities (p=0.025) and total costs, both including and excluding hospital admissions (p=0.005 and p=0.007, respectively), but not with hospitalization costs (p=0.773).

Conclusions: The total expenditure for people living with SSD is higher for people with a longer duration of illness. These findings raise an important issue, which is that the mental health system in Italy invests more in subjects with a longer history of disease: this is in contrast with the international guidelines which prompt to intervene early in the course of the disease in patients living with SSD with outpatient rehabilitation interventions.

Disclosure of Interest: None Declared

EPP0178

Evaluation of Relationship of Neutrophil/Lymphocyte, Platelet/Lymphocyte, Monocyte/Lymphocyte Monocyte/HDL Ratios and Systemic Immune Inflammatory Index Value with Antipsychotic Treatments in Schizophrenic Patients

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Introduction: There are studies showing that the systemic inflammation response in patients diagnosed with schizophrenia is different from healty controls. Neutrophil-lymphocyte ratio (NLR), platelet-lymphocyte ratio (TLR), monocyte-lymphocyte ratio (MLR), monocyte-HDL ratio (MHO) and systemic immune inflammation index (SII) have recently been used as inflammation indicators.

Objectives: NLR, TLR, MLR, MHO and SII have been evaluated in many studies in schizophrenia patients. The aim of our study is to evaluate the relationship between NLR, TLR, MLR, MHO, SII values and antipsychotic treatments of patients diagnosed with schizophrenia.

Methods: 203 individuals diagnosed with schizophrenia who were followed up in the psychotic disorders outpatient clinic of Selçuk University Faculty of Medicine were included in the study. Neutrophil, lymphocyte, platelet and monocyte counts and HDL values were obtained retrospectively from blood tests. NLR, TLR, MLO, MHO and SII were calculated. The study approved by the ethics committee of Selçuk University Faculty of Medicine.

Results: 45.3% of the patients were female (n = 92); the mean age was 45.8±14.0. The average number of hospitalizations was 3.0 ±2.7 years; the mean disease duration was 17.0±9.6 years. 56.7% (n=115) use long-acting antipsychotic treatment, 21% (n=43) use monthly paliperidone long-acting (PP1M) treatment, and 14.8% (n=30) use 3-month paliperidone long-acting (PP3M) treatment. No significant difference was observed in NLR, TLR, MLR, MHO and SII values between individuals using and not using long-acting antipsychotics. However, a significant difference in NLR value was observed between PP1M and PP3M treatment (p = 0.039). Oral antipsychotic use was 71% (n=137), 19% (n=38) used clozapine monotherapy, and 25% (n=51) used non-clozapine oral monotherapy. No significant difference was detected in inflammatory markers between clozapine monotherapy and other oral monotherapies.

Conclusions: According to our findings, NLR levels in patients diagnosed with schizophrenia were found to be significantly higher in those using PP1M treatment compared to those using PP3M. This finding can be interpreted in favor of the fact that PP3M contributes to the reduction of inflammation due to its longer duration of action compared to PP1M. It is thought that schizophrenia progresses through inflammatory processes and antipsychotic treatments play a role in anti-inflammation. It is envisaged that future studies may be helpful in evaluating the onset, exacerbation and remission periods of the disease, including treatment doses and durations, and revealing the relationship between inflammatory markers and schizophrenia disease and the effects of antipsychotic treatments on inflammatory markers such as NLR, TLR, MLR, MHO and SII.

Disclosure of Interest: None Declared

EPP0179

Machine Learning Analysis of Artistic Characteristics for Schizophrenia Classification

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Introduction: Schizophrenia is affecting multiple functions such as cognition, perception, emotion, and social behaviors, and it has also