

aspects) contribute to finely tuning turn-taking. Nevertheless, most studies focused on verbal aspects of speech in schizophrenia, with scant attention to their relation to conversation, where language is experienced at most.

Objectives: The present study was aimed at investigating a possible association between language impairment and conversational characteristics in a sample of clinically stable patients diagnosed with schizophrenia (N = 35, ages 18-65).

Methods: A spontaneous speech sample was recorded. For the assessment of language skills, the Scale for the Assessment of Thought, Language and Communication (TLC) and the Clinical Language Disorder Rating Scale (CLANG) were used, while conversational variables were extracted with an innovative method of semi-automatic analysis. The possible associations were investigated through the Pearson Correlation.

Results: Figure 1 represents graphically the correlational matrix between conversational variables and linguistic scale scores. In the heatmap, blue means negative and red positive correlations, the stronger the colour, the larger the correlation magnitude. Moreover, the significant associations are indicated with stars.

*p<0.05 **p<0.01

	TLC TOTAL	TLC Disconnected speech	TLC Underproductivity	CLANG TOTAL	CLANG Syntax	CLANG Semantic	CLANG Production	CLANG Item Abnormal prosody	CLANG Item Aprosodic speech
Participant occupation floor (s)			**				**		
Interviewer occupation floor (s)			**				*		
Overlap (s)									*
Mutual silence (s)			*				**	**	**
Participant number of turns	*			*	*	*			
Interviewer number of turns			**						
Participant average turn duration (s)									
Participant average silence duration (s)									
Interviewer average turn duration (s)									
Interviewer average silence duration (s)			*						

Conclusions: The results suggest that in schizophrenia spectrum disorders the disturbances of language, at a syntactic, prosodic and pragmatic level, have significant impact on communicative interaction.

Thus, conversation analysis might be a promising method to quantify objectively communicative impairment with the benefit of representing an ecological assessment, examining the performance of patients in the real situation of language use, which is social interaction.

Disclosure: No significant relationships.

Keywords: schizophrenia; language; Conversation; turn-taking

EPV1318

A Link Between Gut Microbiota and Schizophrenia

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Introduction: Microorganisms distributed in our tissues and fluids make up the human microbiota. During our lifetime, gastrointestinal microbiota acts as an important modulator of brain development and, in turn, adult behavior and health. Immune response may be triggered by gut microbiota, releasing mediators that penetrate the blood-brain barrier (BBB).

Objectives: Understanding if gut microbiota can influence schizophrenia pathogenesis. Clarifying how gut microbiota can influence schizophrenia treatment, and vice-versa.

Methods: PubMed database search, with “gut microbiota and schizophrenia” keyword expression. Eight articles published in the last ten years were selected among the most recent best match results. Reference lists of articles were reviewed to identify additional articles.

Results: There could be an association between the development of gut microbiota starting during pregnancy and schizophrenia pathogenesis, through an immune-mediated process. Schwarz *et al.* (2018) investigated the differences in faecal microbiota between individuals with first-episode psychosis and controls. They found psychotic patients to have an increased amount of Lactobacillus bacteria. Yuan *et al.* (2018) studied microbiota changes in patients with schizophrenia, before and after treatment. Individuals diagnosed with schizophrenia had less faecal Bifidobacterium, Escherichia coli and Lactobacillus. After treatment with risperidone, there was a significant increase in the amount of fecal Bifidobacterium and E. Coli.

Conclusions: Microorganisms living inside our gastrointestinal tract are vital for proper central nervous system (CNS) development. Patients with schizophrenia have anomalies in the composition of the microbiota. It remains unclear if microbiota changes after treatment further influence the course of the disease.

Disclosure: No significant relationships.

Keywords: Gut microbiota; schizophrenia; Pathogenesis

EPV1319

Vigo Insight Monitoring Scale in Schizophrenia (VIMS): validation in a sample of patients with schizophrenia

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Introduction: Lack of awareness of the disease is one of the most frequent symptoms (<80%) of schizophrenia, and it is accepted to have different aspects: cognitive, related to compliance, specific symptoms, and temporary. The detection of those dimensions of insight affected, allows to select and prioritize the objectives and therapeutic strategies to improve it.

Objectives: To develop a multidimensional scale for monitoring insight in schizophrenia patients

Methods: A scale with 9 insight dimensions has been developed: appreciation of symptoms, acceptance of the cause, clinical and functional repercussions, limitations and level of competence, expected evolution and prognosis, therapeutic, and other factors. risk of decompensation. Each dimension is weighted from 0-4 points, and the result is expressed numerically and graphically. The scale was administered to 60 patients with schizophrenia on three occasions. The initial one by two psychiatrists consecutively, and the third three months after stable treatment. Other clinical and sociodemographic variables were also collected.

Results: In the analysis, reliability, internal consistency, and intra- and interobserver reliability, logical, content, criterion and construct validity were assessed, obtaining satisfactory results in Cronbach's coefficients and Pearson's correlation (> 0.7 and > 0.8).

Conclusions: The scale has good reproducibility, validity, sensitivity and utility characteristics, which allow its use in patients with schizophrenia.

Disclosure: No significant relationships.

Keywords: insight; scale; schizophrénia

EPV1320

Lennox-Gastaut and Schizophrenia: Comorbidity or complication?

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Introduction: Lennox-Gastaut syndrome (LGS) belongs to the group of severe childhood epileptic encephalopathies and represents 1 to 2% of all childhood epilepsies. It is characterized by the occurrence of generalized epileptic seizures, characterized by a particular pattern of the electroencephalogram; slowed mental development and personality disorders.

This syndrome appears between the ages of 2 and 7 years, and its management remains difficult, as it is generally refractory to conventional treatment. The long-term prognosis of this syndrome is poor, marked by the presence of periods of regression of cognitive functions, the appearance of frontal or even psychotic signs and extrapyramidal and cerebellar signs.

Objectives: We will try to report a clinical case, to discuss the evolution of Lennox-Gastaut syndrome towards schizophrenia, which remains an infrequent complication, and to determine what would be the adequate management of these patients?

Methods: We report the case of a 16-year-old patient, followed for Lennox-Gastaut syndrome since the age of 03, who presented to the psychiatric emergency room for psychomotor agitation, geophagia and altered general condition. The admission interview showed a patient with motor instability, disorganized speech, delusional persecution syndrome, auditory and intrapsychic hallucinations, suicidal ideations in the context of mental automatism, impaired judgment and insight, and insomnia.

The blood tests and the brain CT scan came back without any particularities.

Results: The patient was put on Risperidone, Valproate sodium, Lamotrigine and Clobazam, with good clinical evolution.

Conclusions: The cognitive consequences are catastrophic, 85 to 92% of the patients have a progressive cognitive deterioration, in spite of the reduction of the frequency of the seizures and the improvement of the paroxysmal EEG anomalies.

Disclosure: No significant relationships.

Keywords: Psychosis; Lennox-gastaut; evolution

EPV1321

Polypharmacy and relapse of schizophrenia: are they related?

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Introduction: Polypharmacy can be the cause of deliberate discontinuation of medication and consequent relapse of schizophrenia.

Objectives: To establish the one-year rate of relapse in the patients with schizophrenia with regard to monotherapy or polypharmacy.

Methods: The sample of all hospitalized patients with schizophrenia in a five-year period was analyzed. Descriptive statistics were used.

Results: Total of 87 participants (57 women), the median age was 43 years. Antipsychotic monotherapy was used in 31 (35.6%) of the participants. In one year period, 32 (36.8%) of all participants had a relapse. Prior to relapse, significantly more participants were treated with polypharmacy ($p < 0.05$).

Conclusions: Antipsychotic polypharmacy is related to a higher rate of relapse in patients with schizophrenia.

Disclosure: No significant relationships.

Keywords: schizophrénia; Relapse; Polypharmacy

EPV1323

Athens multifamily therapy after a first psychotic episode: Online therapy during the COVID-19 pandemic

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Introduction: The Athens Multifamily Therapy Project (A-MFTP) aims to provide systemic multifamily group therapy to youths who experienced a first psychotic episode (FEP) and their families

Objectives: Since 2017, we run five groups of five-four families, with a duration of ten months and frequency every two weeks.