inject 400 mg Aripiprazole twice at different sites and provide one 20 mg dose of oral aripiprazole
Objectives: The main aim of this study is to evaluate the efficacy and tolerance of Aripiprazole long-acting injectable (ALAI) in stable patients with schizophrenia.The initial dose was administered according to the new regimen (Two injection Start).
The secondary objective is to compare hospitalizations and emergency interventions during 24 months before (retrospective) and after (prospective) switching to ALAI.
Methods: The study included 15 patients diagnosed with stable schizophrenia (DSM 5 criteria) who underwent treatment with ALAI. The beginning dosage was administered using the new regimen (Two Injection Start).
Over an 24-month follow-up period, the Clinical Global Impression-Schizophrenia scale (CGI-SCH), treatment adherence, concomitant medication, hospitalizations, emergency assists, and reported side effects were evaluated every three months.
Results: Mean initial scores were 4.24 (±0.83) on GCI-SCH.
After 24 months, the mean scores varied from baseline by -1.21 ±0.74 (P<0.01) on the ICG-SCH.
The percentage of patients who remained admission-free at the end of the 24 months was 73%.
The treatment adherence rate for ALAI after 24 months was 66%.
The most frequent side effect with an incidence of 20% was transient mild insomnia. None of the patients who started ALAI after the 2-injection start regimen experienced severe adverse effects or severe adverse effects.
There were 20 hospital admissions during the 24-month period prior to the switch to ALI, which fell to 5 hospital admissions 24 months following the switch.
Similarly, there were 38 emergency assists during the 24-month period before the switch to ALI, which dropped to 9 emergency assists 24 months after the switch.
Conclusions: We found of Aripiprazole long-acting injectable (The starting dose was administered following the new regimen (Two injection Start)) is effective, safe, and well tolerated in clinical practice conditions

Disclosure of Interest: None Declared

EPV0977

Paliperidone palmitate 6-month formulation for the treatment of schizophrenia: a 14-month follow-up study

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Introduction: Relapse prevention is critical because psychopathology and functionality can worsen in patients with schizophrenia because the repeated episodes and we have strong evidence of antipsychotics efficacy for relapse prevention, but nonadherence rates in patients with schizophrenia are very high, even in comparison with other illness.
There is extensive clinical trial evidence for the use of paliperidone palmitate 1-month (PP1M) and paliperidone palmitate 3-month (PP3M) formulations for maintaining treatment continuity and preventing relapses and risk of hospitalizations in patients with schizophrenia. (Najarian et al. Int J Neuropsychopharmacol 2022; 25(3) 238-251). Paliperidone palmitate 6-month (PP6M) formulation is a presentation that provides a dosing interval of once every six months.
Objectives: The principal aim of this study was to evaluate the effectiveness, safety, and tolerability of the PP6M in patients with non-acute schizophrenia on an outpatient basis
Methods: Methods: Sample: 22 patients diagnosed with schizophrenia (DSM 5 criteria) that started treatment with PP6M after being stabilized with PP1M (N:10) or PP3M (N:12) (the treatment dose was not changed in the four months before study inclusion)
Bimonthly, the following evaluations were performed during a follow-up period of 14 months:
The Clinical Global Impression-Schizophrenia scale (CGI-SCH)
Treatment adherence, concomitant medication, adverse events and the number of hospitalizations and emergency visits
Efficacy values: Percentage of patients who remained free of admissions at the end of 14months of follow-up.
Other evaluation criteria: Percentage of patients who never visited the emergency department at the end of 14 months of follow-up, average change from baseline visit to the final evaluation as assessed by score obtained on the following scale: GSI-SCH, treatment adherence rate and tolerability.
Results: The percentage of patients who remained free of admission at the end of the 14 months follow-up was 90% in the total sample, 83% in the PP3M pre-treatment group and 100% in the PP1M pre-treatment group.
The percentage of patients who never visited the emergency department at the end of 14 months follow-up was: 81% in the total sample, 75% in the PP3M pre-treatment group and 90% in the PP1M pre-treatment group.
At the end of the study, a mean change of +0.12 (±0.11) on the ICG-SCH-SI scale in the total sample, +0.25 (±0.21) in the PP3M pre-treatment group and 0 in the PP1M pre-treatment group.
The treatment persistence rate at the 14 month of follow-up was 100% in the total sample.
Treatment was well tolerated, and no safety-related adverse events were collected. There were no tolerability-related withdrawals from treatment.
Conclusions: In our study, we found that long-term treatment with paliperidone palmitate 6-month formulation is effective and well tolerated in clinical practice conditions.

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EPV0978

Differences in the dynamics of schizophrenia with the formation of episodic and persistent apathetic depressions

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Introduction: Apathy in endogenous depressions is a complex mental phenomenon (it is characterized by indifference and loss

of interests, reduced incentives and motivation, decreased mental and physical activity). Apathy becomes the cause of pronounced social maladaptation and untimely seeking medical help. Different depressions vary in psychopathological features of apathy, in addition, there are also different dimensions of the general dynamics of endogenous disease.
Objectives: Study of the features of the course of schizophrenia, in which apathetic depressions develop with episodic and persistent type of dynamics
Methods: The study included 36 patients (15 men, 21 women, average age 34.9 years) with schizophrenia. In 17 cases, apathetic depressions occurred as short-term episodes, in 19 cases, depression took a persistent (close to chronic) course.
Results: Schizophrenia with an **episodic type of dynamics of apathetic depressions** was characterized by: the predominance of cases with early onset of the disease; alternation of apathetic and other type depressions; equal occurrence of mono- and bipolar types of desease; low severity of negative symptoms and slight changes in social and labor functioning. Apathy has always been present during the whole lenght of depression, its picture was dominated by a motivational decline. The studied cases were prognostically favorable. The features of the course of schizophrenia with **chronic apathetic depression** were: hyperthymic (10 out of 19 observations) and sensitive schizoid (6 out of 19 observations) premorbid personality; bipolar forms of the disease (94.7%, $p < 0.05$); the predominance of apathetic depression over other depression types, atypical form of depression; short duration of remissions; frequent course of the disease with the presence of only apathetic depressions (12 out of 19, 63.1%, $p < 0.05$); significant severity of negative symptoms. Apathy occupied only as a part of the duration of the state, as a rule, after anxiety depression. The picture of apathy was dominated by a decrease in initiative or motivation. This clinical group is the most prognostically unfavorable.
Conclusions: Schizophrenia, occurring with the presence of persistent forms of apathetic depression, has a greater impact on the functioning of patients and has a less favorable prognosis.

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EPV0979

Management of cognitive symptoms in schizophrenia.

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Introduction: Cognitive impairment is the frequent symptom occurring in nonelderly patients with schizophrenia or other neurodegenerative disorders. Cognitive dysfunction in patients with schizophrenia was described by Kraepelin more than a century ago. Increased awareness and advancements in the area of neuropsychological assessment and neuroimaging techniques have now rendered cognitive impairment an important focus of theories on the etiology and treatment of schizophrenia. Cognitive enhancement still remains a clinically unresolved challenge. Till date, there is no effective treatment available for enhancing cognitive function in patients with schizophrenia
Objectives: This e-poster aimed to summarize evidence regarding clinical data on the nonpharmacologic and pharmacologic management of cognitive symptoms of schizophrenia, also known as cognitive impairment associated with schizophrenia (CIAS), and highlight the selection of appropriate treatment options.
Methods: A bibliopgraphical review was performed using PubMed platform. All relevant articles were found using the keywords: schizophrenia, cognitive symptoms, menagement.
Results: Many different drug targets and strategies for drug development have been employed for enhancement of cognition in schizophrenia. Receptor targets have been identified on the basis of pharmacologic challenges that mimic schizophrenia (e.g., dopamine agonists and NMDA receptor antagonists), receptor abnormalities found on postmortem analysis of schizophrenia brain, and genetic linkage studies. Treatment with a D_1 agonist was shown to "sensitize" D_1 receptors and improve memory in both aged and antipsychotic-treated monkeys. Clinical trials of D_1 agonists in schizophrenia have been delayed due to poor tolerability related to orthostatic hypotension and nausea. The glycine-site agonists, glycine, D-serine, and D-alanine, produced improvement in negative symptoms in small trials and some improvement in measures of cognition, although formal cognitive testing was not performed.
Conclusions: Although the evidence supporting cognitive remediation has not yet achieved the level necessary to merit inclusion in evidence-based treatment guidelines, this approach, combined with other psychosocial interventions, is promising. Several pharmacologic approaches are currently under study to facilitate neuroplasticity.

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EPV0981

Cariprazine efficacy in a 40-year untreated case of a woman with predominantly negative symptoms of psychosis: A case report

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Introduction: Several studies have demonstrated the unfavorable and neurotoxic effects of untreated psychosis (UP) on the brain. An estimated 10 to 12 cc of brain tissue could be potentially damaged due to neuroinflammation and oxidative stress when a first episode of psychosis goes untreated. Other studies have found a correlation between the duration of untreated psychosis (DUP) and treatment resistance or nonresponse. Evidence-based schizophrenia treatment mainly relies upon the use of first and second-generation antipsychotics, without solid evidence that the former is superior to the latter regarding the treatment of negative symptoms. Both groups, however, can come with a risk of side effects. Cariprazine, a third-generation antipsychotic, represents a safe and effective treatment, targeting both the positive and negative symptoms of schizophrenia.
Objectives: To report a clinical case of a woman with an extreme DUP with predominantly negative symptoms of schizophrenia and highlight the favorable outcome cariprazine monotherapy had on her global functioning.