Introduction: Metabolic syndrome (MetS) is of primary clinical interest because of its harmful impact on the general health and quality of life of patients with psychotic disorders. Paradoxically, MetS is associated with impaired cognitive functions in patients receiving antipsychotics primarily shown to improve cognition (e.g., clozapine and olanzapine).

Objectives: In this study, we aimed to investigate the relationship between MetS, cognitive functions, and peripheral inflammation.

Methods: The participants were 154 patients with schizophrenia. Fifty-seven patients met the criteria of MetS. We evaluated cognitive functions with the Repeated Battery for the Assessment of Neuropsychological Status (RBANS). The Positive and Negative Syndrome Scale (PANSS) quantified the clinical symptoms. We also measured the plasma levels of IL-6 and C-reactive protein (CRP). In addition to conventional statistics, we also calculated Cohen's effect size (d) and Bayes Factors (BF10).

Results: Results revealed that patients with MetS exhibited worse cognitive function relative to patients without Mets in attention (d = 0.19, BF10 = 2.3) and delayed memory (d = 0.25, BF10 = 5.7). No significant between-group differences existed in immediate memory, visuospatial functions, and language. The MetS and non-MetS groups did not differ in positive, negative, or general symptoms. Higher IL-6 levels were associated with worse delayed memory (r=-0.56, BF10=34.6).

Conclusions: Our results suggest that MetS-associated cognitive dysfunctions are less severe than reported in the literature: it was confined to two cognitive domains, the effect size was small, and the Bayesian evidence level was weak. Peripheral inflammation may mediate the association between MetS and long-term memory dysfunctions.

Disclosure of Interest: None Declared

by family members for hospitalizations in other psychiatric hospitals in the country. Univariate and multivariate analyses were conducted to identify potential factors associated with emergency room stays, length of stay, and time until the next admission.

Results: A total of 158 patients were included in the study, 63 women and 95 men (p=0.03). The average age of the patients was 42.9 years, with women averaging 45.3 years and men 40.6 years (p=0.01). 43.7% of them had elementary education. The average age of disorder onset was 24.7 years. Haloperidol was the ambulatory therapy used in 54.3% of patients, while atypical antipsychotics were used in 75.1% of patients. The most commonly used atypical antipsychotic was Risperidone in 34.1% of patients, followed by Olanzapine in 17% of cases. Depo antipsychotics were used in 35.1% of patients. Clozapine was administered to 29.3% of patients, where 12.8% for the first time. 54.2% of patients starting Clozapine for the first time had three or more admissions. Clozapine was more frequently used in men, showing a significant difference from women (p=0.05). In 44.7% of cases, monotherapy was prescribed. The average hospital stay was 21.9 days, ranging from 2-68 days. Living with a family member, male gender, and being "married" helped reduce the length of hospital stay. In the 6-month follow-up period, 31.4% were re-hospitalized. Significant factors affecting the reduction of time spent outside the hospital until the next hospitalization were social problems, the number of previous hospitalizations, civil status "not married," living arrangements, negative symptoms, and alcohol use (nearly significant). Protective factors included Clozapine, which reduced the prevalence of hospitalization by 57% compared to patients not taking it. Additionally, the use of Clozapine and Haloperidol increased the time spent outside the hospital.

Conclusions: Social and family support, positive compliance, and antipsychotic therapy such as Clozapine serve as protective factors for patients diagnosed with schizophrenia.

Disclosure of Interest: None Declared

EPP0341

Sociodemographic profile and prescribing pattern of antipsychotic medication in patients with Schizophrenia

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Introduction: Schizophrenia is a complex psychiatric disorder that changes the patient's life by influencing how they think, behave, express emotions, percept reality and their interpersonal relationships.

Objectives: The aim of this study was to evaluate sociodemographic and therapeutic factors that act as risk and protective factors in the clinical outcomes of patients diagnosed with schizophrenia.

Methods: This was an observational retrospective study including patients diagnosed with schizophrenia, treated at the "Xhavit Gjata" Psychiatric Hospital, Tirane, Albania, who were discharged between May 1- October 30, 2022. The follow-up period was six months. Data on further hospitalizations during the follow-up were obtained from the Department of Statistics, QSUT, and confirmed

EPP0342

The impact of affective and negative symptoms on the development of psychosis in a six-year follow-up of a community-based population

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Introduction: The Clinical High Risk (CHR) group for transition to psychotic disorders (PD) is usually defined by the severity of positive symptoms, help-seeking and impairment in level of functioning. However, the CHR concept has a limited transition risk to PD. Recent studies have shown that some of the risks might be attributable to other symptoms.

Objectives: This study investigates the association between affective and negative symptoms and the risk of transition to PD in a community-based population of 2185 participants in Turkey.

Methods: At baseline, psychotic and affective symptomatology were assessed. The same participants were contacted again 6-years later. The initial analysis aimed to assess the link between affective and negative symptoms, and the progression to PD. The independent variable, baseline symptomatology, was categorized into five groups: no Psychotic Experiences (PE)(reference), subclinical PE, subclinical PE accompanied by affective/negative symptoms, clinical PE, and clinical PE with affective/negative symptoms. In the subsequent analysis, the association between affective and negative symptoms at baseline and the onset of PE and PD at follow-up was evaluated. For this analysis, the baseline symptomatology was restructured into two categories: neither PE nor affective/negative symptoms (reference), and the presence of affective/negative symptoms without PE.

Results: The findings from the initial analysis indicated that being part of the 'subclinical PE only' group at baseline was not associated with an increased risk of developing PD at follow-up. Being part of the 'subclinical PE+affective/negative symptoms' group was not significantly associated with PD at follow-up, although a trend was observed (OR: 3.22; z=1.90; p=0.057). Moreover, being classified as having 'clinical PE only' (OR: 6.23; z=2.57; p=0.010) and 'clinical PE+affective/negative symptoms' (OR: 8.48; z=4.17; p=0.001) at baseline was associated with an increased risk of developing PD at follow-up. Results from the subsequent analysis showed that being in the 'affective/negative symptoms' group at baseline was associated with an increased risk of new subclinical PE (RR: 1.98; z=3.20; p=0.001), new clinical PE (RR: 3.14; z=4.84; p=0.001), and new PD (RR: 4.21; z=2.17; p=0.030) at follow-up, compared to the 'neither PE nor affective/negative symptoms' group.

Conclusions: The results confirm that baseline severity of positive symptoms is significant in predicting transition to PD. In addition, the findings imply that not only positive symptoms but also affective and negative symptoms might contribute to the risk of transition to PD as well as incident psychotic symptoms. Defining CHR groups based on a combination of positive, affective and negative symptoms instead of focusing only on positive symptoms likely will help more accurately predict the transition to psychosis.

Disclosure of Interest: None Declared

EPP0344

Neurophysiological evidence of motor preparation dysfunction to inner speech in schizophrenia

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Introduction: Auditory verbal hallucinations (AVHs) in schizophrenia have been suggested to arise from failure of corollary discharge mechanisms to correctly predict and suppress self-initiated inner speech. However, it is unclear whether such dysfunction is related to motor preparation of inner speech during which sensorimotor predictions are formed. The contingent negative variation (CNV) is a slow-going negative event-related potential that occurs prior to executing an action. A recent meta-analysis has revealed a large effect for CNV blunting in schizophrenia. Given that inner speech, similar to overt speech, has been shown to be preceded by a CNV, the present study tested the notion that AVHs are associated with inner speech-specific motor preparation deficits.

Objectives: The present study aimed to provide a useful framework for directly testing the long-held idea that AVHs may be related to inner speech-specific CNV blunting in patients with schizophrenia. This may hold promise for a reliable biomarker of AVHs.

Methods: Hallucinating (n=52) and non-hallucinating (n=45) patients with schizophrenia, along with matched healthy controls (n=42), participated in a novel electroencephalographic (EEG) paradigm. In the Active condition, they were asked to imagine a single phoneme at a cue moment while, precisely at the same time, being presented with an auditory probe. In the Passive condition, they were asked to passively listen to the auditory probes. The amplitude of the CNV preceding the production of inner speech was examined.

Results: Healthy controls showed a larger CNV amplitude ($p = .002$, $d = .50$) in the Active compared to the Passive condition, replicating previous results of a CNV preceding inner speech. However, both patient groups did not show a difference between the two conditions ($p > .05$). Importantly, a repeated measure ANOVA revealed a significant interaction effect ($p = .007$, $\eta_p^2 = .05$). Follow-up contrasts showed that healthy controls exhibited a larger CNV amplitude in the Active condition than both the hallucinating ($p = .013$, $d = .52$) and non-hallucinating patients ($p < .001$, $d = .88$). No difference was found between the two patient groups ($p = .320$, $d = .20$).

Conclusions: The results indicated that motor preparation of inner speech in schizophrenia was disrupted. While the production of inner speech resulted in a larger CNV than passive listening in healthy controls, which was indicative of the involvement of motor planning, patients exhibited markedly blunted motor preparatory activity to inner speech. This may reflect dysfunction in the formation of corollary discharges. Interestingly, the deficits did not differ between hallucinating and non-hallucinating patients. Future work is needed to elucidate the specificity of inner speech-specific motor preparation deficits with AVHs. Overall, this study provides evidence in support of atypical inner speech monitoring in schizophrenia.

Disclosure of Interest: None Declared