

differences for developing diabetes between specific AP drugs were investigated. We used cox regression for all analyses, the latter adjusted for age, sex, year of schizophrenia diagnosis, Charlson Comorbidity Index (CCI), occupational status, marital status, education and schizophrenia severity (use of antipsychotics, antidepressants, anxiolytics/hypnotics/sedatives, mood stabilizers and number of psychiatric admissions in the year preceding the diagnosis of schizophrenia).

Results: We identified 31,856 patients with schizophrenia and 159,280 reference individuals. Patients with schizophrenia had an increased risk of developing diabetes compared with the reference individuals (unadjusted HRR: 3.12, 95%CI: 2.98-3.28). Treatment with AP in patients with schizophrenia, compared to periods with no AP use, was associated with an increased risk of developing diabetes (adjusted HRR: 2.04, 95%CI: 1.75-2.38). This risk was particularly increased among individuals treated with lurasidone (HRR: 2.66, 95%CI: 1.10-6.42), sertindole (HRR: 2.10, 95%CI 1.51-2.93), paliperidone (HRR: 1.84, 95%CI 1.47-2.31), clozapine (HRR: 1.74, 95%CI 1.49-2.03) and aripiprazole (HRR: 1.54, 95%CI 1.35-1.75), whereas treatment with zuclopenthixol (HRR: 1.00, 95%CI 0.82-1.23), flupentixol (HRR: 0.71, 95%CI 0.40-1.25) and pimozide (HRR: 0.74, 95%CI 0.31-1.78) were not associated with an increased risk of diabetes.

Conclusions: This real-world study indicates differences in the risk of developing diabetes between specific AP compounds. Further analyses will be presented at the conference.

Disclosure of Interest: None Declared

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Violence and psychosis: Clinical evidences from an Early Intervention Program

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doi: 10.1192/j.eurpsy.2023.340

Introduction: Psychotic disorders are frequently linked to a public perception of dangerousness and propensity to engage in violent acts. Despite efforts to demystify these disorders, the evidence on the relationship between violence and psychotic disorders is mixed. Together with media coverage of violent crime associating violence with the occurrence of a mental disorder, such a situation has contributed to the social stigmatisation of people with severe mental disorders and the consequent discrimination that this scenario entails. Despite efforts to demystify such disorders, the association between violent behaviour and psychosis remains unclear.

Objectives: This study aims to explore the incidence and main clinical characteristics associated to violent offences recorded in a cohort of patients presenting a First-Episode Psychosis (FEP).

Methods: Patients presenting with an affective or non-affective first psychotic episode were recruited from the First Episode Psychosis Intervention Program (CRUPEP) cohort between 2009 and 2016.

The main clinical variables were collected, including medical-forensic records of patients registered at the Basque Institute of Forensic Medicine (BIFM), to retrieve any violent acts in which patients with FEP were involved, either as victims or as offenders.

Results: Overall, 79.5% (n=182) of CRUPEP patients had no violent record of crime or offence recorded in the BIFM. Annual crime rates for the 2009–2016 period show a decreasing trend in both the general population (IRR=0.981 (95%CI=0.978–0.983) p<0.001) and in patients with FEPs (IRR=0.019 (95%CI=0.012–0.028) p<0.001); this pattern is more pronounced the FEP group. Victimization accounted for the vast majority of reported incidents; nevertheless, patients who have committed violent offences were mostly involved in intrafamily violence

Conclusions: Patients with FEP were not involved in a higher number of crime rates than the general population. The types of violent acts committed by FEP patients were heterogeneous, with extreme violence being particularly uncommon.

Disclosure of Interest: None Declared

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The neuroscience of formal thought disorder - the state of the art

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doi: 10.1192/j.eurpsy.2023.341

Introduction: Even though the construct of Formal Thought Disorder (FTD) is an ambiguous and disputed one, it has endured as a fundamental psychopathological concept in the clinical coalface of Psychiatry. FTD can be summarized as a multidimensional concept, which reflects difficulties or idiosyncrasies in thought, language, and communication in general. It is usually subdivided into positive versus negative and objective versus subjective, and it can be a major challenge for both mental health professionals and patients themselves.

Objectives: In this presentation, we aim to explore the latest neuroscientific findings regarding FTD and its putative neurobiological substrate, ranging from the synaptic and neurotransmitter level to the structural and functional one, briefly considering some of the linguistic and neuropsychological implications.

Methods: We conducted a thorough narrative review by researching the Pubmed database using the following search string: “formal thought disorder”[Title/Abstract] and selecting only those articles published after 2010. Afterwards, we summarized the main findings from the gathered information.

Results: Some of the most consistent findings in current meta- and mega-analyses of structural MRI studies in patients with schizophrenia and FTD are volume reductions of regional grey matter in the frontal operculum and the language-related lateral temporal cortices, namely the left superior temporal gyrus and middle temporal gyrus. Another consistent finding is the so-called reversed lateralization of the temporal cortices. Regarding functional MRI studies of FTD, amongst the most common implicated regions are the bilateral superior and middle temporal gyri, the fusiform gyrus and the inferior frontal gyrus. Alterations in the glutamatergic,