

and agreed to participate. A screening scheme was used to identify socio-economic characteristics, life-style related somatic comorbidities, medication status and consumption of cigarettes, drugs and alcohol. In outpatients' medical records measured values and blood samples were obtained.

Results: Almost four-fifths of the outpatients were in need of health promotion out of whom more than half were not offered a municipal health-promoting treatment and care program. One or more of the investigated somatic comorbidities was found in more than one-third of the outpatients. 15% had type-2-diabetes mellitus and 10% had cardiovascular disease. Two-fifths of the outpatients were smokers. Mean number of cigarettes per day was 19 (SD=10) for smokers. Mean BMI for men was 29 kg/m² (SD=7) and 34 kg/m² (SD=8) for women.

Conclusions: In general, the outpatient's state of health was poor. Many outpatients were not offered a municipal health-promoting treatment and care program despite having a need.

Disclosure: No significant relationships.

Keywords: preventing; physical health; PSYCHOTIC DISORDERS

EPV1332

Can pleiomorphic psychotic symptoms with movement disorders mask wilson's disease?

J. Marques^{1*} and M. Bajouco²

¹Centro Hospitalar Universitário do Algarve, Psychiatry, Portimão, Portugal and ²Centro Hospitalar Universitário de Coimbra, Cri Psiquiatria, Coimbra, Portugal

*Corresponding author.

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Introduction: Wilson's disease is a rare (1:30,000) autosomal recessive disorder of copper metabolism that is caused by mutations in the adenosine triphosphatase copper transporting beta (ATP7B) gene, located on chromosome 13. The reported percentage of patients with psychiatric symptoms as the presenting clinical feature is 10%-20%.

Objectives: To present and discuss a rare case admitted in the First Psychotic Episode Inpatient Unit (UIPEP) with pleiomorphic psychotic symptoms and low serum copper and ceruloplasmin and high 24h urine copper.

Methods: The data was collected through patient and family interviews, as well as from his medical record. We searched Pubmed using MeSH terms: psychotic disorders AND Hepatolenticular Degeneration.

Results: A twenty-two years old male, without known psychiatric history presented in the Emergency Department with a myriad of psychotic symptoms: motor stereotypes/mannerisms, paranoid delusions and auditory hallucinations. He was admitted in UIPEP, started low-dose antipsychotic medication with good response. As part of the implemented protocol, he did a battery of exams, including Brain CT-scan, EEG, ECG and blood and urine analysis, in which low serum copper and ceruloplasmin stood out, leveraging the suspicion of Wilson's disease. Therefore, 24h urine copper was done, with 140 mcg/d (reference range < 40 mcg/d). Brain MRI was normal and no Kayser-Fleisher rings were seen by a consulting ophthalmologist.

Conclusions: Without proper treatment, Wilson's disease is a progressive and fatal disease. Therefore, it's of upmost importance to recognize the clinical signs that raise suspicion of this disorder,

especially recent onset in young adult of miscellaneous psychotic symptoms with movement disorders.

Disclosure: No significant relationships.

Keywords: Wilson's disease; PSYCHOTIC DISORDERS; First Episode Psychosis

EPV1333

A novel approach to patients with schizophrenia and type 2 diabetes showing low treatment compliance

P. Argitis^{1*}, A. Karampas¹, P. Bringiotti², S. Karavia¹, O. Pikou³ and F.-E. Kakavitsas²

¹General Hospital of Corfu, Psychiatric, Corfu, Greece; ²General Hospital of Corfu, General Medicine, corfu, Greece and ³General Hospital of Corfu, Dermatology, Corfu, Greece

*Corresponding author.

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Introduction: Patients with schizophrenia usually demonstrate low compliance to medication. This could be a component of the disorder or a fact that they are not being properly cared.

Objectives: To prevent this in, we tried to treat these patients with long term action antidiabetic agents, in order to achieve better compliance.

Methods: HbA1C measurements of patients suffering from schizophrenia and at the same time receiving oral antidiabetic treatment were conducted. 62 patients were found that fell under the criteria of non regulated type 2 diabetes and at the same time presented less than 70% complied with their antidiabetic pharmaceutical treatment. We modified the antidiabetic treatment of these patients, with the introduction of dulaglutide.

Results: Without intervening with their nutritional habits there was a decline in HbA1C measurements from the average rate of 9,4% to the average rate of 7,6%, as well as an average 6,31% reduction of their body weight.

Conclusions: Due to the improvement of the general medical condition of these patients, the answer to the question whether these patients should be treated with a long term antidiabetic medicines, is positive. The arrival of new long term action antidiabetic medicines in the near future, promises to improve the life quality of schizophrenic patients furthermor.

Disclosure: No significant relationships.

Keywords: schizophrénia; Type 2 diabetes

EPV1334

The relationship between white matter integrity of superior longitudinal fascicle and cognitive functions in chronic schizophrenia

E. Tyburski^{1*}, P. Podwalski², M. Mak¹, A. Michalczyk², J. Kucharska-Mazur³, J. Samochowiec² and L. Sagan⁴

¹Pomeranian Medical University in Szczecin, Department Of Health Psychology, Szczecin, Poland; ²Pomeranian Medical University, Department Of Psychiatry, Szczecin, Poland; ³Pomeranian Medical University in Szczecin, Department Of Psychiatry, Szczecin, Poland and ⁴Pomeranian Medical University,, Department Of Neurosurgery, Szczecin, Poland

*Corresponding author.

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Introduction: Some evidence suggests that disruption of integrity in the superior longitudinal fascicle (SLF) may influence cognitive functions in chronic schizophrenia (CS) but the results are inconclusive.

Objectives: Using diffusion tensor imaging tractography, we investigated the differences in fiber integrity between patients with CS and healthy controls (HC) together with the relationship between fiber integrity and cognitive functions.

Methods: Forty-two patients with CS and 32 HC took part in the study. Assessment of cognitive functions was performed using Measurement and Treatment Research to Improve Cognition in Schizophrenia.

Results: showed group differences, left and right in fractional anisotropy (FA) and mean diffusivity (MD) of the SLF, where patients showed less integrity than controls. Patients performed worse attention/vigilance, working memory, verbal learning, visual learning, reasoning and problem solving, and social cognition tasks than HC. However, when premorbid IQ and level of education were controlled for, the differences were no longer statistically significant in verbal learning and social cognition. In patients with CS, a positive correlation was found between FA of the left SLF and attention/vigilance and working memory. Moreover, in this group there was a negative correlation between MD of the left and right SLF and working memory and social cognition.

Conclusions: These findings provide evidence that SLF disruption appears in patients with CS and might account for impairment of cognitive functioning. This research was funded by the Polish Minister of Science and Higher Education's program named "Regional Initiative of Excellence" number 002/RID/2018/2019 to the amount of 12 million PLN.

Disclosure: No significant relationships.

Keywords: chronic schizophrenia; white matter integrity; Diffusion Tensor Imaging; cognitive functions

EPV1335

Homeostasis Model Assessment of IR (HOMA-IR) and Metabolic Syndrome (MetS) in First Episode Psychosis

E. Garcia De Jalon¹, L. Aranguren Conde^{1*}, A. Aquerreta Unzué¹, G. Gutiérrez Talavera² and A. Corrales Rodriguez³

¹SERVICIO NAVARRO DE SALUD, Programa De Primeros Episodios, PAMPLONA, Spain; ²Complejo Hospitalario de Navarra, Psiquiatría, Pamplona, Spain and ³SERVICIO NAVARRO DE SALUD, Psiquiatría. Complejo Hospitalario De Navarra, PAMPLONA, Spain

*Corresponding author.

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Introduction: Metabolic syndrome (MetS) is common in chronic psychosis but also exists in the early stages. HOMA-IR is an independent predictor of cardiovascular diseases and has already been described in first episode of psychosis.

Objectives: To determine whether HOMA levels differ according to MetS at each time assessment over 2 years.

Methods: MetS and HOMA levels are determined at baseline and at 6, 12, 18 and 24 months in a sample of 50 patients participating in the PEPsNa Early Intervention Programme during two years of follow-up. Adult Treatment Panel III (ATP III) criteria are used to

define MetS. Insulin resistance measured with the Homeostatic Model Assessment (HOMA-IR) is computed with the formula fasting plasma glucose (mg/dL) times fasting insulin (mIU/mL) divided by 405. Mann-Whitney U Test are used to compare HOMA variable according to presence of metabolic syndrome.

Results: The results showed that HOMA levels differed statistically significantly between patients who met MetS criteria and those who did not at 12 ($p < 0.046$) and 24 ($p < 0.004$) months of treatment.

Conclusions: Given the small sample size the results of our study indicate that there is a sustained relationship over time between HOMA levels and Metabolic Syndrome (MetS) and that the HOMA IR may be useful in identifying those patients with an increased metabolic and cardiovascular risk.

Disclosure: No significant relationships.

EPV1336

The impact of traumatic childhood events on functioning in patients with schizophrenia

C. Neily*, N. Charfi, G. Smaoui, R. Feki, S. Omri, L. Zouari, J. Ben Thabet, M. Maâlejboauli and M. Maalej

Hedi Chaker hospital, Psychiatry Department, SFAX, Tunisia

*Corresponding author.

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Introduction: A history of adverse childhood experiences (ACEs) can increase the risk of schizophrenia spectrum disorders and might be related to unfavorable clinical and functional outcomes of psychosis

Objectives: To assess the relationship between the history of ACEs and functioning in stabilized patients with schizophrenia or schizoaffective disorder.

Methods: We conducted a cross-sectional, descriptive and analytical study. It was carried out on out patients with stabilized schizophrenia or schizoaffective disorder. The diagnosis of schizophrenia and schizoaffective disorder was established based on DSM-5 criteria. We used the ACEs scale to screen for traumatic events that occurred in the childhood and we used the Functional Assessment Staging Scale (FAST) to assess the patients' ability to function and perform tasks of daily living

Results: Seventy five patients were included. The mean age was 39.81 ± 9.96 years. The sex ratio was 4 .34. The mean score of ACE was 3.55 ± 2.41 and 88% of patients had experienced at least one traumatic event. The mean score of the FAST scale was 33 ± 14.95 . The total score of FAST was significantly higher in case of physical negligence in childhood ($p = 0.018$). No correlation was found with the others ACEs. The FAST sub score of cognitive functioning correlated with the history of parents separation ($p = 0.47$) and physical negligence ($p = 0.03$). We also found that The FAST sub score of interpersonal relationships correlated with the history of emotional abuse ($p = 0.021$)

Conclusions: Our data has shown that ACEs contribute to functioning impairment in schizophrenia and schizoaffective disorder. This impairment affects mainly the cognitive functioning and the interpersonal relationships

Disclosure: No significant relationships.

Keywords: adverse childhood experiences; schizophrenia