Introduction: Suicide is a health concern among individuals diagnosed with schizophrenia. Telehealth technology has become an emerging intervention that may afford opportunities for reaching this at-risk group. Consideration of the implementation of telehealth systems in the treatment of patients diagnosed with schizophrenia and suicidal behavior calls for a review of the evidence.

Objectives: The present aim was to explore the literature on the effectiveness of suicide prevention telephone delivered interventions among patients with schizophrenia and related disorders.

Methods: The bibliographic search was performed in the electronic databases PubMed, PsycInfo, Scopus, and Web of Science following PRISMA guidelines. Two reviewers independently conduct screenings, data extraction and methodological quality assessment. A total of 352 articles were retrieved, of which five studies met the eligibility criteria.

Results: Based on the limited data available, the use of modalities involving telephone contacts appears to be feasible in patients with schizophrenia and suicidal behaviors. In addition, preliminary evidence suggests this system appears to reduce suicidal ideation.

Conclusions: The current data presented here reflect an early stage of effectiveness of telephone-delivered interventions targeted at suicide prevention in patients with schizophrenia. Further research is needed to design evidence-based future interventions and to determine whether this approach can improve patient outcomes.

Keywords: schizophrenia, suicide, telehealth, monitoring.

Disclosure of Interest: None Declared

EPP0904

Individual psychotherapy may help to reduce suicidal ideation in first episode psychosis: results from a 2-year Italian follow-up study

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Introduction: Suicidal thinking is relevant in patients with First Episode Psychosis (FEP). However, longitudinal studies specifically examining treatment response for suicidal ideation in FEP are still relatively scarce, especially with long-term design and in real-world clinical settings.

Objectives: The aims of this research were (A) to longitudinally assess suicidal thoughts in people with FEP along a 2-year follow-up period and (B) to overtime investigate any significant association of suicidal ideation levels with the specific treatment components of an 'Early Intervention in Psychosis' (EIP) protocol along the 2 years of follow-up.

Methods: At entry, 232 FEP participants (aged 12–35 years) completed the Brief Psychiatric Rating Scale (BPRS), including a 'Suicidality' item subscore. Multiple linear regression analysis was then performed.

Results: Across the follow-up, FEP subjects showed a relevant decrease in suicidal thinking levels overtime. This was specifically predicted by the total number of individual psychotherapy sessions offered within the 2-year EIP protocol and antidepressant dose (at least as regards the first year of our intervention).

Image:

Variable	T0	T1	T2	z (T0-T1)	z (T0-T2)	z (T1-T2)
BPRS 'Suicidality' item 4 scores	2 (1–3)	1 (1–2)	1 (1–2)	−6.98*	−6.08*	−2.74**
T0-T1 Delta BPRS 'Suicidality' item 4 score		B	SE	95% CI for B Lower upper	β	p	$R^2 = 0.130$ $F_{df = 8} = 4.138$ $p = 0.001$
Constant		−0.148	0.219	−0.580 0.285	-	0.502
T0 equivalent dose of chlorpromazine (mg/day)		0.021	0.030	−0.038 0.081	0.045	0.481
T0 equivalent dose of fluoxetine (mg/day)		0.001	0.003	−0.005 0.006	0.016	0.805
T1 equivalent dose of chlorpromazine (mg/day)		0.005	0.003	−0.002 0.011	0.094	0.143
T1 equivalent dose of fluoxetine (mg/day)		0.006	0.002	0.001 0.010	0.161	0.015
T1 number of individual psychotherapy sessions		0.037	0.010	0.016 0.057	0.244	0.001
T1 number of psychoeducational sessions for family members		0.011	0.017	−0.023 0.044	0.045	0.530
T1 number of case management sessions		0.003	0.005	−0.006 0.012	0.043	0.519
DUP (in months)		0.005	0.011	−0.017 0.026	0.027	0.677
T0-T2 Delta BPRS 'Suicidality' item 4 score		B	SE	95% CI for B Lower upper	β	p	$R^2 = 0.101$ $F_{df = 10} = 2.035$ $p = 0.044$
Constant		−1.162	0.750	−2.642 0.319	-	0.123
T0 equivalent dose of chlorpromazine (mg/day)		0.035	0.100	−0.162 0.231	0.027	0.729
T0 equivalent dose of fluoxetine (mg/day)		0.008	0.015	−0.021 0.038	0.047	0.569
T1 equivalent dose of chlorpromazine (mg/day)		0.004	0.009	−0.014 0.021	0.033	0.680
T1 equivalent dose of fluoxetine (mg/day)		−0.003	0.008	−0.019 0.013	−0.034	0.695
T2 equivalent dose of chlorpromazine (mg/day)		0.030	0.032	−0.034 0.094	0.071	0.358
T2 equivalent dose of fluoxetine (mg/day)		0.006	0.008	−0.009 0.022	0.067	0.432
T2 number of individual psychotherapy sessions		0.042	0.021	0.001 0.083	0.169	0.044
T2 number of psychoeducational sessions for family members		−0.017	0.038	−0.091 0.057	−0.039	0.650
T2 number of case management sessions		0.006	0.008	−0.010 0.022	0.062	0.455
DUP (in months)		0.038	0.035	−0.031 0.108	0.084	0.274

Note: Median (and interquartile range) and Wilcoxon test (z) values are also reported. Statistically significant p values are in bold.
Abbreviations: β, standardized regression coefficient; B, regression coefficient; BPRS, Brief Psychiatric Rating Scale; df, degrees of freedom; DUP, duration of untreated psychosis; F, statistic test value for linear regression; FEP, first-episode psychosis; p, statistical significance; Pr-EP, Parma-Early Psychosis Program; R^2, R-squared or coefficient of determination; SE, standard error; T0, baseline; T1, 1-year assessment time; T2, 2-year assessment time; 95% CI = 95% confidence intervals for B.
* $p < 0.001$.
** $p < 0.01$.

Conclusions: Suicidal ideation is clinically relevant in FEP but seems to improve overtime together with the provision of specific, patient-tailored and integrated EIP treatments, especially individual psychotherapy.

Disclosure of Interest: None Declared

Addictive Disorders 05

EPP0906

Cannabis and cognitive deficiency: a descriptive study

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Introduction: Cannabis is the most widely used illicit drug; 3.8% of the world's population consumes cannabis on a regular basis.