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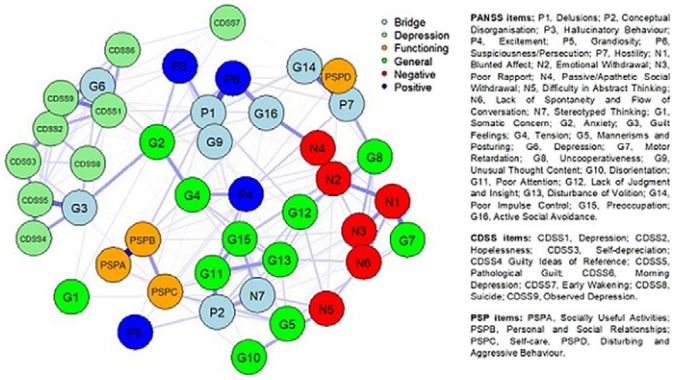

Conclusions: The current study provides novel insights for understanding the complex phenotype of psychotic disorders and the mechanisms underlying the development and maintenance of comorbidity and functional impairment after psychosis onset.

Disclosure of Interest: None Declared

EPP0276

Epidemiology of depression in schizophrenia patients living in Africa: a systematic review and meta-analysis

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Introduction: Various comorbid conditions can worsen the morbidity and mortality of schizophrenia, and this is the case for depression, especially through suicidal behaviors and cardiometabolic impairments. There is a scarcity of summarizing data on depressive symptoms and disorders among schizophrenia patients living in Africa.
Objectives: The aim of this meta-analytic review was to estimate the prevalence of depression in people living with schizophrenia in Africa.
Methods: We systematically searched for relevant articles published from inception to July 05, 2022, in PubMed/MEDLINE, EMBASE, and African Journals Online. We appraised the risk of bias using the Joanna Briggs Institute (JBI) Critical Appraisal Checklist for studies reporting prevalence data, and estimated the pooled prevalence of depression among patients with schizophrenia using a random-effects meta-analytic model. We performed meta-regression and subgroup analyses to assess potential mediators of our estimates. We based the report of our findings on the Preferred Reporting Items for Systematic Reviews and Meta-analyses guidelines (2020). We registered our protocol in PROSPERO (CRD42022315717).

Results: From 791 initial records, 10 studies were finally included in our qualitative and quantitative syntheses (Figure 1). These studies encompassed 2265 patients with schizophrenia (male-to-female ratio = 1.94), and were conducted between 2001 and 2019, in Egypt (n = 1/10), Ethiopia (n = 4/10), Morocco (n = 1/10), Nigeria (n = 1/10), South Africa (n = 2/10), and Tunisia (n = 1/10). The mean age of participants ranged from 33.8 to 49.2 years, and the most used tool was the Calgary Depression Scale for Schizophrenia (n = 4/10). The pooled prevalence rate of depression was 23.93% (95% CI: 19.43% – 28.73%), with substantial heterogeneity (I^2 = 84%). The prevalence of depression significantly varied according to screening tool used. The frequencies for Northern and Sub-Saharan Africa were respectively 31.9% (95% CI: 24.8% – 39.5%) and 21.1% (95% CI: 16.7% – 25.9%), with a significant difference between these subgroups (Figure 2). A higher prevalence of depression was associated with a lower percentage of schizophrenia patients with high education levels. Among schizophrenia people with depression (n = 250), 46.04% (95% CI: 30.07% – 62.42%) reported past or current suicide behaviors. The risk of bias was low for three studies, moderate for two studies, and high for five studies. The certainty was very low, and we found no publication bias.
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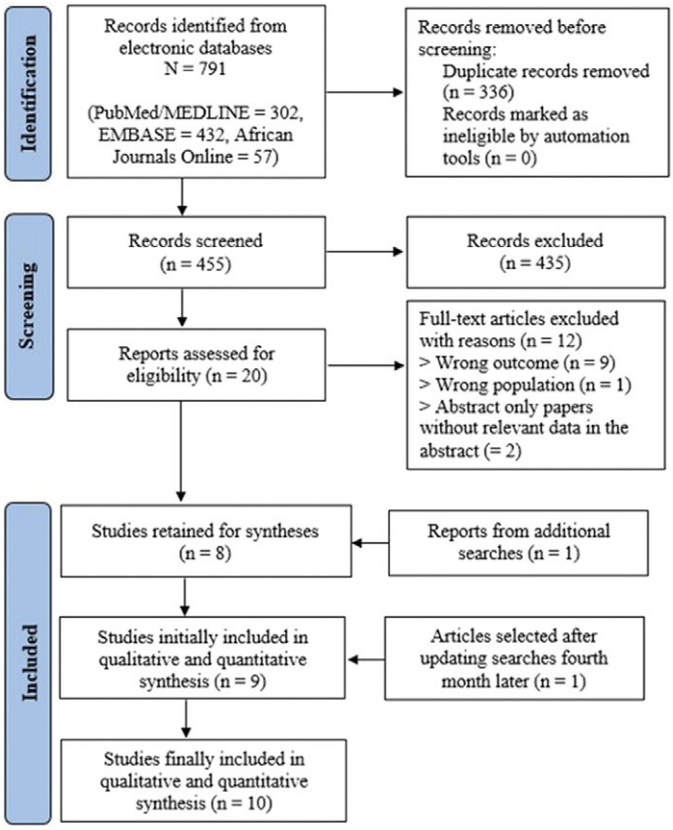

Figure 1. Flow chart of study selection

Image 2:

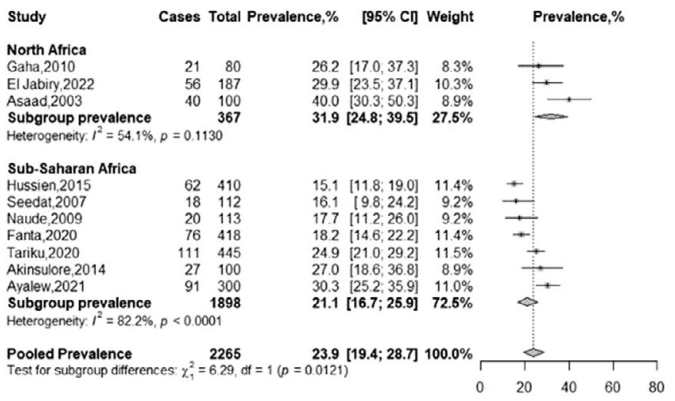

Figure 2. Forest plot of depression prevalence in schizophrenia patients according to African regions

Conclusions: Approximately one in every four schizophrenia patients living in Africa was positively screened for depression. This review draws health professionals' attention caring people with schizophrenia, and calls for further studies with a harmonization of screening tool, a better representativity of some subregions, and the assessment of key potential factors such as perceived stigma and self-stigma.

Disclosure of Interest: None Declared

EPP0277

The association between exposome score for schizophrenia and metabolic parameters in individuals with schizophrenia and healthy controls: Findings from the EUGEI study

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Introduction: Exposome is all nongenetic exposures from the prenatal period to death. Exposome score for schizophrenia (ES-SCZ) is a cumulative measure of environmental liability for schizophrenia. Our previous studies showed that the ES-SCZ is associated with mental and physical health outcome.
Objectives: The aim of the study is to investigate the association of the ES-SCZ with metabolic parameters in individuals with schizophrenia and healthy controls.
Methods: This study obtained 124 individuals with schizophrenia and 440 healthy controls from the European Network of National Schizophrenia Networks Studying Gene-Environment Interactions, Work Package 6 (Vulnerability and Severity) Turkey dataset. The ES-SCZ was calculated by summing log-odds weighted environmental exposures (childhood adversities, winter birth, hearing impairment and cannabis use). Linear regression analysis was used to investigate the association between ES-SCZ and metabolic parameters. After that analysis age and sex were added as covariates.
Results: There was an association between ES-SCZ and diastolic blood pressure (B = -2.69 [95% CI -4.74; -.65], P-value = 0.010) in schizophrenia. ES-SCZ was associated with the fasting glucose level (B = -6.23 [95% CI -11.59; -.87], P-value = 0.023); high density lipid level (B = 1.77 [95% CI .27; 3.27], P-value = 0.021) in control and these results remained significant after adjusting for age and sex.
Conclusions: ES-SCZ was associated with important metabolic parameters. These findings show that ES-SCZ is not only related to increasing the risk for psychosis development but may also influence comorbidities. This result is important since it may increase our knowledge of ES-SCZ and contribute to the importance and framework of its clinical implementation.

Disclosure of Interest: None Declared

EPP0278

The Brief Negative Symptom Scale: external validation of symptom domains with clinical, cognitive and functioning-related variables in subjects with schizophrenia

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Introduction: Negative symptoms (NS) represent a heterogeneous construct of schizophrenia, whose conceptualization is still to be clarified. In the last decade, the conceptualization model that has received the most support from the literature has described 2 NS domains: the expressive deficit (EXP), which includes blunted affect and alogia, and the motivational deficit (MAP), which includes avolition, asociality, and anhedonia. However, different confirmatory factor-analytic studies suggest that the bi-dimensional model may not capture the complexity of this construct, which could be better defined by a 5-factor model (5 individual negative symptoms) or a hierarchical model (5 individual negative symptoms as first-order factors, and the 2 domains, MAP and EXP domains, as second-order factors). However, to our knowledge, no study has investigated associations between negative symptom models with social cognition and functional capacity, which are largely documented to correlate with negative symptoms, nor the associations with external validators over time, looking at the potential stability