related to the risk of hospitalization in patients with schizophrenia. However, there are no studies describing which clinical factors increase the likelihood of being hospitalized while undergoing home follow-up.
Objectives: To determine which of the clinical factors assessed in the PANSS predict the risk of hospitalization in patients diagnosed with schizophrenia following a home treatment program.
Methods: All patients with schizophrenia who were visited by a home treatment team in Barcelona between January 2017 and December 2021 were included in the study. A comparative, bivariate analysis of each item of the PANSS and of the global results of each category was conducted on those who were hospitalized and those who were not hospitalized. Finally, a logistic regression of each category of the PANSS was done on both groups, controlling for other socio-demographic and clinical factors.
Results: A total of 1045 patients with schizophrenia were evaluated in this study. PANSS positive symptom subscale (PANSS-S), PANSS General Psychopathology, PANSS Excited Component and PANSS Global Score scored higher in patients who were finally hospitalized in a conventional acute treatment unit. Regarding the PANSS negative symptom subscale, no significant differences were found between the two groups.
In patients who required hospitalization, the scores of all the PANSS positive symptom subscale (PANSS-P) items and all items on the PANSS excited component (excitement, tension, hostility, uncooperativeness and poor impulse control) were significantly higher. Some items regarding general psychopathology (Somatic concern, anxiety, guilt feelings, tension, and mannerisms) were also significantly higher in the hospitalization group. Only 3 items—blunted affect, guilt feelings and motor retardation—scored significantly higher in patients who did not require hospitalization. In the logistic regression, only the global score of the PANSS-P reached statistical significance ($P = 0.001$).
Conclusions: Positive symptoms scored in the PANSS seem to be the most predictive factors of hospitalization regarding clinical symptoms in patients with Schizophrenia following home treatment. Other items regarding exciting symptoms and general psychopathology also showed as relevant regarding the risk of conventional hospitalization in those patients.

Disclosure of Interest: None Declared

EPP1059

Clinical Global Impression of Cariprazine in Negative Symptom Schizophrenia Patients: Comparison of clinical trial data vs. real-world evidence

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Introduction: There is an increasing need to understand the effectiveness of novel medications in real-world context since despite being the gold standard, double-blind trials have their own limitations as well. Clinical Global Impression is a simple tool for clinicians to assess the severity of an illness (CGI-Severity) as well as to rate how much the patient's disorder has improved or worsened relative to baseline (CGI-Improvement). In this poster, cariprazine, a third-generation antipsychotic medication that was found to be effective in the treatment of negative symptoms in schizophrenia will be evaluated.
Objectives: To compare the effectiveness of cariprazine in clinical trial vs real-world setting via the CGI-S and CGI-I scales in negative symptom schizophrenia patients.
Methods: We compared the results of a clinical trial (Németh et al. Lancet 2017; 389:1103-13) and an observational study (Rancans et al. Int Clin Psychopharmacol. 2021;36(3):154-161). The latter was an open-label, flexible-dose, 16-week, observational study of cariprazine involving 116 outpatients in Latvia. Adult patients who have been diagnosed with schizophrenia, exhibited negative symptoms based on clinical judgement, were at least mildly ill according to the CGI-S scale and have not previously received cariprazine were eligible to take part in the study. Dosing of cariprazine was based on clinical judgement. The clinical trial was a randomized, double-blind, multi-centred, 26-week study with adults aged 18–65 years with long-term (>2 year), stable schizophrenia and predominant negative symptoms (>6 months). Patients were randomly assigned to monotherapy with cariprazine 4.5 mg/day or risperidone 4.0 mg/day.
Results: 116 patients on flexible dose cariprazine (observational study) were compared with 227 patients on cariprazine 4.5 mg/day and 229 on risperidone 4.0 mg/day (clinical trial). Baseline severity of illness as measured by the CGI-S was between moderately and markedly ill in all three groups. By the end of the 26-week trial, cariprazine reduced the CGI-S score significantly (LS Mean Change: -0.9, $p<0.01$). In contrast, the risperidone group achieved only -0.7-point change from baseline. In the observational study, cariprazine also achieved significant change (-0.9, $p<0.001$) but by week 16. In terms of improvement, patients on cariprazine improved minimally to much in both the clinical trial and real-world setting.
Conclusions: The effectiveness of cariprazine in clinical trial and real-world setting do not seem to differ as measured by the scales in negative symptom patients.

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EPP1060

Relationship between CAINS negative symptoms and cognition, psychosocial functioning and quality of life in patients with a first psychotic episode of schizophrenia

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