

Methods: NS were assessed in 612 subjects with SCZ using the Brief Negative Symptom Scale (BNSS) at the baseline and after 4-year follow-up. A network invariance analysis was conducted for the data collected longitudinally.

Results: Results showed that the BNSS' items aggregated to form 5 distinct domains (avolition, asociality, blunted affect, alogia and anhedonia). The result of the network invariance test indicated that the network structure remained unchanged over time (network invariance test = 0.13; $p = 0.169$) while its overall strength decreased significantly (6.28 baseline, 5.79 at follow-up; global strength invariance test = 0.48; $p = 0.016$).

Conclusions: The results of this study show how the construct of NS can be better explained by the 5 individual negative symptoms and that this model is almost stable over time. Therefore the 2-dimensional model may be insufficient to describe the characteristics of NS. This data is of important relevance with consequent implications in the study of pathophysiological mechanisms and the development of targeted treatments for NS.

Disclosure of Interest: None Declared

EPP0270

“You can't put your head down like an ostrich” - Emotional experiences associated to clozapine treatment protocol reported by patients with schizophrenia seen in a Brazilian university specialized service: a clinical-qualitative study

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Introduction: Understanding the psychological meanings of a rigorous protocol for introducing a drug to patients is a challenge of emotional management for clinical professionals. Clozapine is an effective drug for patients with schizophrenia resistant to treatment with first and second-generation antipsychotics. This medication has agranulocytosis as an important side effect. The medication protocol requires frequent blood draws to monitor any effect on blood cells. Investigating patients' emotional perceptions about the experience with this procedure was the triggering question of our study.

Objectives: To interpret emotional/symbolic meanings attributed by patients with schizophrenia to the protocol of introduction of clozapine in follow-up at a specialized university service.

Methods: Clinical-qualitative design of Turato. Semi-directed interviews with open-ended questions in-depth were conducted face-to-face with participants using clozapine. Closed sample by the theoretical information saturation criterion described by Fontanella. Data were treated by Faria-Schutzer's Clinical-Qualitative Content Analysis, employing psychodynamic concepts of the theoretical framework of Medical Psychology.

Results: From the analysis of nine patients, three categories emerged: 1) “Anyway, I come here to stay alive”: frequent blood collections of the protocol seem to have a good impact on patient's adherence to treatment; 2) To re-signify a psychiatric illness: the

protocol reinforcing an embodiment of a medical diagnosis; 3) “It is a very big precaution”: the protocol as real and emotional support to deal with the possibility of serious side effects.

Conclusions: Although blood collection is a repetitive experience for patients, such a routine does not mean that the procedure brings symbolizations that are more charged than the disease itself. Patients can benefit from the commitment to attend blood collection frequently, as it removes them from possible social isolation, allowing social interaction; it brings the perception of emotional security due to the commitment to the clinical team. These benefits can lead the patient to develop new meanings for their life condition. Future qualitative research can be conducted to study the meanings of medical protocols in other diagnostic situations.

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EPP0271

Treatment of comorbid anxiety symptoms and insomnia in patients with schizophrenia: A review of Pros and Cons.

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Introduction: Recent studies report a prevalence of comorbid anxiety disorder of 38% and 80% of sleep disorders in schizophrenia. Insomnia has been associated with worsening of psychopathological symptoms and increased hospitalization rates.

Objectives: The aim of our work was to review mechanisms of action and the use of benzodiazepines, GABAergic drugs and melatonin for the treatment of anxiety and insomnia in schizophrenia.

Methods: We carried out a narrative review of studies focusing on the treatment of anxiety disorders and insomnia in schizophrenia through PubMed and Google Scholar (2002-September 2022). The use of benzodiazepines, GABAergic drugs and melatonin in schizophrenia are discussed, illustrating them with case reports.

Results: A total of 32 studies were included. (A) Benzodiazepines (BZD) work facilitating the inhibitory actions of gamma-aminobutyric acid (GABA) by binding GABA type A receptors. The beneficial effect of combined use of antipsychotics and BZD is controversial (cognitive complications, sedation, overdosing, substance use, etc). (B) GABAergic drugs: gabapentin (GP) and pregabalin (PG) (structurally related molecules), have no direct GABAergic action and act inhibiting voltage-gated calcium channels. The efficacy of GP and PG in the treatment of anxiety symptoms in schizophrenia is understudied. Positive effects of GP in schizophrenia suffering from restless legs syndrome receiving

clozapine. (C) Melatonin, an hormone produced in the pineal gland has been used to treat insomnia. Positive effects on metabolic syndrome and cardiovascular risk factors have been reported. Several works considered it an alternative in schizophrenia.

Conclusions: Few evidence is available on the use of BZD, GP, and PG in schizophrenia. Melatonin is a promising compound to treat insomnia.

Disclosure of Interest: None Declared

EPP0272

Executive dysfunctions in schizophrenia measured using a virtual reality task - Jansari assessment of Executive Functions (JEF©)

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Introduction: Impairments in executive functions are often observed in schizophrenia. However, previous studies using standard tests show inconclusive and conflicting findings.

Objectives: The main objective of this study was to compare the performance of schizophrenia patients and healthy controls on classical tasks and a non-immersive virtual reality task, Jansari assessment of Executive Functions (JEF©)

Methods: A total of 71 schizophrenia patients and 80 healthy controls took part in the study. Executive functions were assessed with JEF© and the following classical tasks: Color Trail Test (CTT), Stroop Color World Test (SCWT), Ruff Figural Fluency Test (RFFT), and computerized tasks from the PEBL battery: Berg Card Sorting Test (BCST), Tower of London (TOL), and Go/No Go task (GNG). The Positive and Negative Syndrome Scale (PANSS) was used to assess psychopathological symptoms.

Results: Compared to healthy controls, schizophrenia patients scored lower on most of JEF© indices i.e., prioritization, selective-thinking, creative-thinking, adaptive-thinking, multi-tasking, time-based prospective memory, event-based prospective memory, and action-based prospective memory ($p < 0.001$). Moreover, schizophrenia patients performed poorer on all traditional tasks ($p < 0.001$), except the GNG task.

Conclusions: Schizophrenia patients were demonstrated to manifest deficits in executive functions as measured by traditional tests, such as concept formation, problem-solving, cognitive flexibility, planning or cognitive inhibition, and the executive functions measured by the JEF© i.e., those that are used and observed in everyday situations such as working in an office.

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EPP0273

Are Linguistic and Motricity domains intertwined in Schizophrenia? A preliminary analysis.

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Introduction: The disruption of minimal Self is believed to be a core element of Schizophrenia and intimately connected to a disruption of bodily self, which in turn leads to impairments in intersubjectivity dimension. Motor abnormalities have been associated to Schizophrenia since the early conceptualization of the disorder, as well as inefficient body-related multisensory integration processes are considered nowadays a plausible origin of disembodied Self. In particular, there is evidence for significant abnormalities in Peripersonal Space (PPS) extension in Schizophrenia patients. PPS is the plastic sector of space immediately surrounding our body, whose coherent representation is based on efficient body-related multisensory integration processes. With a specific experimental task based on multisensory integration processing, we estimated PPS size and PPS boundary's demarcation in 27 Schizophrenia patients, confirming a narrower PPS size and weaker bodily boundary in patients, thus paving the way for a deeper investigation of the mechanisms underlying the disruption of bodily self (Ferroni et al., *Schizophr. Bull.* 2022, 5 1085-1093). We suggest that disembodiment might be responsible for the loss of the immediate linkage between Self and others ("intercorporeality"), so linking the disruption of the corporeal dimension to specific anomalies of intersubjectivity in Schizophrenia patients. Since language is one of the most important instrument through which intersubjectivity unfolds, it is intriguing to hypothesize a connection between language and multi-sensory processing.

Objectives: Therefore, the present study was aimed at investigating possible correlations between patients' motor impairments in multi-sensory integration processes and their alterations in language and communicative interactions.

Methods: Twenty-five outpatients were recruited in an experimental task investigating PPS extension; they were administered the Scale for the Assessment of Thought, Language and Communication (TLC) and the Clinical Language Disorder Rating Scale (CLANG).

Results: Our data showed significant correlations between TLC and CLANG total scores and PPS size, with narrower PPS size for more severe formal thought disorders and higher language and communication impairments.

Conclusions: Our preliminary results seem to confirm the presence of a link between language impairment and multi-sensory processing, suggesting that bodily and linguistic disorganization may have