

consider possible cognitive factors influencing adherence to enable offering proper interventions.

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FC68

Peripheral sub-inflammation is associated with antidepressant consumption in schizophrenia. Results from the multi-center FACE-SZ dataset

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Objectives The relation between C-reactive protein (CRP), depression and antidepressant consumption has been well explored in major depressive disorders but not in schizophrenia, which has a high rate of depression comorbidity. The objectives of this study were:

- to determine the prevalence of abnormal CRP levels, depression and antidepressant consumption in a multi-center community-dwelling sample of subjects with schizophrenia;

- to determine the association between abnormal CRP levels, depression and antidepressant consumption in schizophrenia.

Method Two hundred and nineteen stable patients with schizophrenia (mean age = 31.6 years, 75.3% male gender) were systematically included in the multicentre network of FondaMental Expert Center for schizophrenia (FACE-SZ) and assessed with Calgary Depression Scale for depression. High sensitivity CRP (hs-CRP) was measured with an assay using nephelometry (Dade Behring). Abnormal CRP level was defined by levels > 3 mg/L. Current medication was recorded.

Results Overall, 63 subjects (28.8%) were found to have abnormal CRP levels, 43 (20.1%) received a diagnosis of comorbid current depression, and 51 (31.9%) had ongoing antidepressant treatment. In univariate analysis, abnormal CRP levels were found to be significantly associated with metabolic syndrome ($P=0.0011$) and with antidepressant consumption ($P=0.01$), while depression, psychotic symptomatology, age of onset, illness duration, sociodemographic characteristics, current tobacco or cannabis status were not (all $P>0.05$).

In a multivariate model, abnormal CRP was highly associated with antidepressant consumption independently of other confounding variables (adjusted odd ratio = 2.9, 95% confidence interval 1.2–6.8).

Conclusion Abnormal CRP levels in schizophrenia were found to be associated with antidepressant consumption, but not with depression.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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FC69

Birth by cesarean section and schizophrenia. Results from the multi-center FACE-SZ dataset

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Objectives Children born by cesarean section (“c-birth”) are known to have different microbiota and a natural history of different disorders including allergy, asthma and overweight compared to vaginally born (“v-birth”) children. C-birth is not known to increase the risk of schizophrenia (SZ), but to be associated with an earlier age at onset. To further explore possible links between c-birth and SZ, we compared clinical and biological characteristics of c-born SZ patients compared to v-born ones.

Method Four hundred and fifty-four stable community-dwelling SZ patients (mean age = 32.4 years, 75.8% male gender) were systematically included in the multicentre network of FondaMental Expert Center for schizophrenia (FACE-SZ).

Results Overall, 49 patients (10.8%) were c-born. These patients had a mean age at schizophrenia onset of 21.9 ± 6.7 years, a mean duration of illness of 10.5 ± 8.7 years and a mean PANSS total score of 70.9 ± 18.7 . None of these variables was significantly associated with c-birth. Multivariate analysis showed that c-birth remained associated with lower peripheral inflammation (aOR = 0.07; 95% CI 0.009–0.555, $P=0.012$) and lower premorbid ability (aOR = 0.945; 95% CI 0.898–0.994, $P=0.03$) independently of age, age at illness onset, sex, education level, psychotic and mood symptomatology, antipsychotic treatment, tobacco consumption, birth weight and mothers suffering from schizophrenia or bipolar disorder.

Conclusion Altogether, literature data as well as our results suggest that c-birth is associated with lower weight gain and lower inflammation in schizophrenia, which could be explained by microbiota differences. Further studies should take into account c-birth when exploring the role of microbiota in SZ patients.

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FC70

Abnormal connectivity in dorsolateral prefrontal cortex in schizophrenia patients and unaffected relatives

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Objectives The aim of this study is to explore connectivity of the left dorsolateral prefrontal cortex (LDLPC) by functional magnetic resonance imaging during resting state, in subjects affected by schizophrenia and unaffected relatives.

Methods We recruited a group of 29 patients diagnosed with schizophrenia, who were treated with atypical antipsychotics, who are and were clinically stable in the last 6 months and had an illness duration range from 5 up to 15 years. We also recruited a group of 23 unaffected relatives, without history of other mental, neurological or somatic disease and a group of 37 healthy volunteers. No subject in any of the three groups met criteria for substance use disorders.

All three groups were clinically evaluated, and a functional magnetic resonance during Resting State was performed.

Functional images were reoriented to the first scan, normalized to the MNI EPI template and smoothed with an 8 mm Gaussian kernel, with SPM. The CONN-FMRI Toolbox v1.2 was used to create individ-