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Introduction: Patients with schizophreniform disorder (SD) and schizophrenia present similar symptoms, however, SD has a shorter duration, varying between at least 1 month and 6 months.

Objectives: To describe and analyse Schizophreniform disorder related hospitalizations in a national hospitalization database.

Methods: We performed a retrospective observational study using a nationwide hospitalization database containing all hospitalizations registered in Portuguese public hospitals from 2008 to 2015. Hospitalizations with a primary diagnosis of schizophreniform disorder were selected based on International Classification of Diseases version 9, Clinical Modification (ICD-9-CM) code of diagnosis 295.4x. Birth date, sex, residence address, primary and secondary diagnoses, admission date, discharge date, length of stay (LoS), discharge status, and hospital charges were obtained. Comorbidities were analysed using the Charlson Index Score. Independent Sample T tests were performed to assess differences in continuous variables with a normal distribution and Mann-Whitney-U tests when no normal distribution was registered.

Results: In Portuguese public hospitals, a total of 594 hospitalizations with a primary diagnosis of Schizophreniform disorder were registered during the 8-year study period. Most were associated to the male sex patients, 72.1% (n=428). The mean age at admission was 35.99 years and differed significantly between sexes (males - 34.44; females- 40.19; p<0.001). The median LoS was 17.00 days and the in-hospital mortality was 0.5% (n=3). Only 6.1% (n=36) of the hospitalization episodes had 1 or more registered comorbidities.

Conclusions: Hospitalizations with a primary diagnosis of Schizophreniform disorder occur more frequently in young male patients. This is the first nationwide study analysing all hospitalization episodes in Portugal.

Disclosure: No significant relationships.

Keywords: Big Data; Administrative Database; hospitalization; Schizophreniform

EPP0622

The efficacy of cariprazine in chronic schizophrenia – post hoc analyses of phase II/III clinical trials

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Introduction: Chronic schizophrenia patients are experiencing persistent and severe illness for more than 15-20 years and are usually suffering from long-term negative symptoms. Cariprazine, a novel D₃-D₂ partial agonist has been proven to be effective in the

treatment of acute schizophrenia, however its ability to treat chronic patients has not been assessed yet.

Objectives: The primary aim of the present post-hoc analysis is to assess the efficacy of cariprazine in treating patients with chronic schizophrenia (late-stage and residual schizophrenia patients).

Methods: Data from 3 phase II/III 6-week, randomized, double-blind, placebo-controlled trials with similar design in patients with acute exacerbation of schizophrenia were pooled and patients with more than 15 years of schizophrenia were analysed (late-stage patients). Furthermore, schizophrenia patients experiencing predominantly negative symptoms from a 26-week, randomized, double-blind, active-controlled, fixed-flexible-dose trial with an ICD-10 code of F20.5 were analysed post-hoc (residual patients).

Results: Altogether, 414 late stage (286 cariprazine and 128 placebo) and 35 residual (23 cariprazine and 12 risperidone) patients were identified. The pooled analysis evaluating mean change from baseline to week 6 in the PANSS total score indicated statistically significant difference in favour of cariprazine in the late stage (LSMD -6.7, p<0.01) subpopulation compared to placebo. The mean change from baseline in patients with residual schizophrenia in the cariprazine arm was -9.6 on the PANSS-FSNS scale, while -7.9 in the risperidone arm.

Conclusions: Based on the results, it seems that cariprazine might be a good treatment option for patients with chronic schizophrenia. Nonetheless, further studies are needed to confirm this.

Disclosure: I am an employee of Gedeon Richter Plc.

Keywords: cariprazine; schizophrenia

EPP0623

Descriptive analysis of adherence to mindfulness-based group therapies: online versus face-to-face interventions

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Introduction: The use of technological supports in psychotherapeutic interventions has been widespread in recent years. Since the COVID-19 pandemic, the increase has been greater. The feasibility of online group interventions has been proved in previous studies. Research comparing dropout rates in group interventions with clinical population that include mindfulness training is infrequent.

Objectives: To compare the difference in dropout rates between online and face-to-face mindfulness-based group interventions.

Methods: This study was carried out in a Mental Health Unit in Colmenar Viejo (Madrid, Spain). One hundred thirty-five adult patients with anxiety disorders were included in group interventions (74 face-to-face; 61 online). The group treatments were Acceptance and Commitment Therapy and a Mindfulness-based Emotional Regulation intervention, during 8 weeks, guided by two Clinical Psychology residents. A descriptive analysis of dropout

rates (participants attending 3 or fewer sessions out of the total number of participants starting the intervention) was performed.

Results: Of the 135 patients included, 8 did not participate in the interventions (5 face-to-face; 3 online), which represents a 5.93% rejection rate; 6.76% for the face-to-face intervention and 4.92% for the online intervention. Of the remaining sample (127 participants), a total dropout rate of 12.6% was obtained, with 8.69% in the face-to-face intervention versus 17.24% online.

Conclusions: A higher dropout rate was obtained in online interventions compared to face-to-face, with an increase of almost double. Research on specific factors that may interfere with treatment adherence to online group interventions is needed.

Disclosure: No significant relationships.

Keywords: group psychotherapy; online intervention; Mindfulness; dropout rate

EPP0624

Art therapy and psychosis – experiences from the University psychiatric hospital „Sveti Ivan“

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Introduction: The language of visual arts speaks to us in a way that words cannot. Acknowledging the therapeutic effects of artistic expression, art therapy – a psychotherapeutic approach that integrates expressive characteristics of art and explorative characteristics of psychotherapy – has developed. From its beginnings, it has been used with people with psychotic disorders and is enlisted in NICE guidelines as psychological therapy for psychosis and schizophrenia.

Objectives: To understand and to activate the potential of artistic expression in people with psychotic disorders treated on acute ward, in day hospitals and as a form of long-term therapy in the Patients club of the University psychiatric hospital „Sveti Ivan“.

Methods: Art therapy programme is conducted separately on acute ward (Ward for integrative psychiatry), day hospitals (Day hospital for integrative psychiatry and Day hospital for psychotic disorders) and in the Patients club with patients with psychotic disorders. The workshops are adjusted for people with psychotic disorders to enable them to strengthen their sense of self, to empower them and to express their authentic feelings in a safe environment.

Results: The artwork of people who have taken part in the art therapy programmes for psychosis of the University psychiatric hospital „Sveti Ivan“ will be presented and will serve as an example of an art therapy process, therapeutic goals, as well as the significance of this method for psychotic disorders.

Conclusions: Art therapy can be of great benefit for people with psychosis both on acute wards and as a long-term therapy.

Disclosure: No significant relationships.

Keywords: art therapy; clinical practice; Psychosis

Suicidology and Suicide Prevention 02

EPP0625

Risk of suicide attempt and suicide in young adult refugees compared to their Swedish-born peers: a register-based cohort study

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Introduction: Refugees, especially minors, who often have experienced traumatic events, are a vulnerable group regarding poor mental health. Little is known, however, of their risk of suicidal behaviour as young adults.

Objectives: We aimed to investigate the risk of suicidal behaviour for young adult refugees who migrated as minors. The moderating role of education and history of mental disorders in this association was also investigated.

Methods: In this register linkage study, all 19-30-year-old Swedish-born (n = 1,149,855) and refugees (n = 51,098) residing in Sweden on December 31st, 2009 were included. The follow-up period covered 2010-2016. Cox models were used to calculate hazard ratios (HRs) with 95% confidence intervals (CIs). The multivariate models were adjusted for socio-demographic, labour market marginalisation and health-related factors.

Results: Compared to Swedish-born, the risk of suicide attempt was lower for all refugees (HR 0.78, 95% CI 0.70-0.87), and accompanied refugee minors (HR 0.77, 95% CI 0.69-0.87), but estimates did not differ for unaccompanied refugee minors (HR 0.83, 95% CI 0.62-1.10). Low education and previous mental disorders increased the risk of suicide attempt in both refugees and Swedish-born, with lower excess risks in refugees. Findings for suicide were similar to those of suicide attempt.

Conclusions: Young adult refugees have a lower risk of suicidal behaviour than their Swedish-born peers, even if they have low educational level or have mental disorders. Young refugees who entered Sweden unaccompanied do not seem to be equally protected and need specific attention.

Disclosure: No significant relationships.

Keywords: suicide attempt; Refugee; Unaccompanied minor; Suicide

EPP0626

Long-term suicide risk of children and adolescents with attention deficit and hyperactivity disorder – a systematic review

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