

ensure timely delivery of services. One of Canada's first early intervention services, the Prevention and Early Intervention for Psychosis program, set the guideline that all youth referred should receive an appointment within 72 hours. The availability of early intervention programs has increased significantly but the standards these programs have adopted to ensure timely delivery of services remains unknown.

Objectives: This project aims to identify the policies and practices in early intervention programs that ensure timely delivery of services. Secondly, the project aims to understand the level of awareness of the 72-hour recommendation and the level of adoption of this recommendation. Thirdly, the project aims to identify the factors that facilitate and hinder a program's ability to reach and maintain their benchmarks for timely delivery of services.

Methods: Participants included 17 service delivery providers from four early intervention programs located in socio-culturally distinct regions in Canada. Participants completed a survey about their program's service delivery policies and practices. We led individual semi-structured interviews with seven service providers to identify the barriers and facilitators to delivering timely care. We conducted frequency analyses of the survey data and thematic analysis of the interviews to identify emerging themes.

Results: Forty-one percent of survey respondents indicated that their program implemented formal policies to minimize the delay to the first appointment, with benchmarks ranging from 72 hours to 12 weeks. The majority of program managers interviewed were aware of the 72-hour benchmark, voiced satisfaction with standards, and felt that establishing standards was helpful to delivering quality services. Average time between referral and first appointment ranged from 10 days to 12 weeks; however, more than half of survey respondents were unaware of the average delay in their program. Notable barriers to implementation included patient non-responsiveness, insufficient staffing, and missing patient contact information from referrals. The service providers reported engaged staff, flexible schedules, and team-based care as facilitators to meeting service delivery benchmarks.

Conclusions: Benchmarks such as the 72-hour recommendation are an excellent step in improving timeliness of delivery of early intervention services. Common barriers to meeting benchmarks, such as patient adherence and staff resources may be difficult to overcome; however, implementing standardized referral forms and processes, increasing staff engagement, providing flexible schedules, and encouraging team-based care could improve timely delivery of services.

Disclosure of Interest: None Declared

EPP0718

Descriptive study of 100 patients with a diagnosis of psychosis treated with Paliperidone Palmitate 6-Month Long-Acting Injectable.

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doi: 10.1192/j.eurpsy.2024.796

Introduction: Psychotic disorders are serious mental illnesses that require long-term antipsychotic treatment that provides sufficient

efficacy, safety and therapeutic adherence. The latter is an essential factor that must be emphasized in clinical practice in order to avoid relapses. On this occasion, we have the need to know the long-term impact on our clinical practice and on the evolution of patients after the change in formulation of paliperidone palmitate 1 (PP1M) and 3 Month long-acting injectable antipsychotic (PP3M) to paliperidone palmitate 6 Month (PP6M).

Objectives: The present study describes a sample of patients with severe mental disorders (n= 100) treated with six-monthly paliperidone palmitate (PP6M) studying the diagnoses, socio-demographic characteristics, number of relapses, tolerability and treatment adherence of patients.

Methods: Prospective descriptive study with a sample selected by non-probabilistic consecutive sampling, retrospective type, in a time interval of 15 month (n= 100 outpatients). The patients selected were all those who received 6 monthly paliperidone palmitate treatment from May 2022 to September 2023. A descriptive analysis was performed. Mean and standard deviation were calculated for quantitative variables and N and percentage for categorical variables.

Results: Prospective study with consecutive sampling of 100 outpatients (62% men, 38% women; mean age 48 years) diagnosed with psychosis (76 % Schizophrenia, 21 % Unspecified psychosis, 3 % Delusional disorder) those who are administered PP6M long-acting injectable antipsychotic previously treated with PP1M (35%) and PP3M (65%).

After 15 months of the study, 4 patients (4%) have suffered a relapse, one of them (1%) requiring hospitalization. 5 patients (4%) declined to continue PP6M and have returned to their previous injectable. 1 patient (1%) has died of unknown causes outside the treatment. 90 patients continue treatment with PP6M (90% retention rate). 54 patients maintain antipsychotic monotherapy (54%). No additional adverse effects were reported after switching to PP6M. The subjective perception of satisfaction after the switch to PP6M by patients and caregivers was very high.

Conclusions: The present real clinical practice study shows that PP6M could be an effective and well tolerated treatment in patients with severe mental disorder, for patients diagnosed with psychosis, with a high rate of relapse prevention and high rates of compliance. Changing treatment from PP1M or PP3M to PP6M could help patients with severe mental disorder to normalize their lives and functionality.

Disclosure of Interest: None Declared

EPP0719

The relationship between depression and overall, general psychopathology, positive, and negative symptoms in people with schizophrenia spectrum disorders: a cross-sectional study

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doi: 10.1192/j.eurpsy.2024.797

Introduction: Depressive symptoms are a common occurrence in people suffering from schizophrenia spectrum disorders (SSDs), representing a separate domain that interacts in peculiar ways with positive and negative symptoms. Nonetheless, available evidence on the relationship between depression and key clinical dimensions of SSDs is limited.

Objectives: To increase the knowledge regarding depression in SSDs, we performed a cross-sectional study aimed to investigate the association of depressive symptoms with overall, general psychopathology, positive, and negative symptoms in individuals with SSDs.

Methods: Adult people with SSDs were recruited from two psychiatric inpatient units in the northern area of the Metropolitan City of Milan from May 2020 to March 2023. Study participants with a Calgary Depression Scale for Schizophrenia score >6 were rated as depressed. Symptom severity was assessed by using the Positive and Negative Syndrome Scale (PANSS). Variables associated with depression at the univariate level were included into two multiple logistic regression models to analyse the association between depression and PANSS overall score as well as General Psychopathology, Positive, and Negative sub-scores.

Results: A total of 231 subjects with SSDs were included. Among them, approximately one third (N=78; 33.8%) reported depressive symptoms. Multiple logistic regression models suggested that depression in individuals with SSDs was associated with higher overall ($p<0.001$) and General Psychopathology ($p<0.001$) PANSS scores. Conversely, an inverse relationship between depression and positive symptoms was found ($p=0.002$). Negative symptoms were not associated with depression ($p=0.210$).

Conclusions: Our findings suggest that people affected by comorbid SSDs and depression have more severe overall and General Psychopathology symptoms according to PANSS scores, as well as lower levels of positive symptoms. Further investigations are needed to evaluate the generalisability of these findings and to improve the clinical management of people with SSDs and depression.

Disclosure of Interest: None Declared

EPP0720

Relation between the first psychotic episode in schizophrenia patients and IL-1 β plasma levels – Serbian population study

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doi: 10.1192/j.eurpsy.2024.798

Introduction: According to immunological theories of schizophrenia prenatal and postnatal exposure to pathogens may contribute to the etiopathogenesis, suggesting that chronically activated immune system cells (macrophages and T lymphocytes) constantly secrete proinflammatory cytokines which affect the development and function of central nervous system.

Objectives: In the present work we aimed to evaluate IL-1 β plasma levels in schizophrenic patients during their first psychotic episode and to compare the obtained results to those from healthy subjects.

Methods: Plasma was obtained from 32 drug-naive schizophrenic patients, without history of substance abuse or addiction, immediately after their admission to the medical ward, while the control samples were obtained from 20 healthy volunteers.

Results: Levels of IL-1 β were measured using ELISA assay, which measures IL-1 β protein in a range from 7.81 to 500 pg/ml. Results revealed that the levels of IL-1 β in patients with first psychotic episode were not increased and were below the limit of detection in all studied samples. The same was found in the samples belonging to the control group.

Conclusions: These data contribute to the poll of knowledge and a still unresolved dogma about the etiopathogenesis of schizophrenia since the results obtained by some studies are also questioning this marker. Thus, whether or not an increase of IL-1 β is congenital, acquired during the prodromal phase or absent until the time of first psychotic episode has not yet been investigated.

Disclosure of Interest: None Declared

EPP0721

Increased emergency room visits without corresponding rehospitalizations in cannabis users with psychosis

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doi: 10.1192/j.eurpsy.2024.799

Introduction: Epidemiological studies have established a complex relationship between cannabis consumption and a heightened risk of psychotic disorders, including schizophrenia. However, this connection is multifaceted, influenced by genetics, environment, and individual psychology. Surprisingly, despite a surge in emergency room (ER) visits associated with cannabis consumption and psychosis, there haven't been significant increases in hospital readmissions. This rise in ER visits can be attributed to the increasing social acceptance of cannabis and its legalization in some regions, increasing the likelihood of adverse effects. Furthermore, the higher potency of contemporary cannabis can trigger psychotic reactions, particularly in those consuming elevated levels of THC, its primary psychoactive component.

Objectives: This study aimed to compare the rates of readmissions and ER visits one year after hospital discharge among patients diagnosed with schizophrenia and other psychotic disorders, stratified by cannabis consumption.