side effect profile and treatment adherence. The strength of the conclusion is limited by the design and the number of patients.

Disclosure: No significant relationships.
Keywords: schizophrénia; paliperidone palmitate long-acting; antipsychotic; Psychosis

EPP0485

Antipsychotic prescribing choices in patients with First Episode Psychosis

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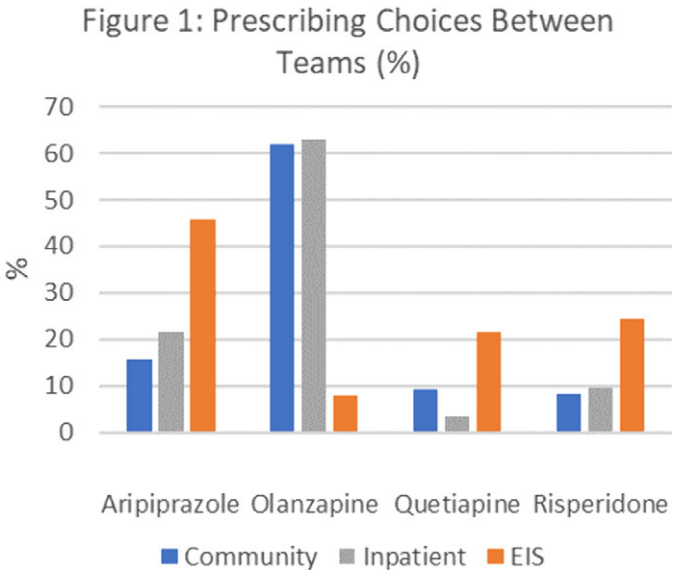
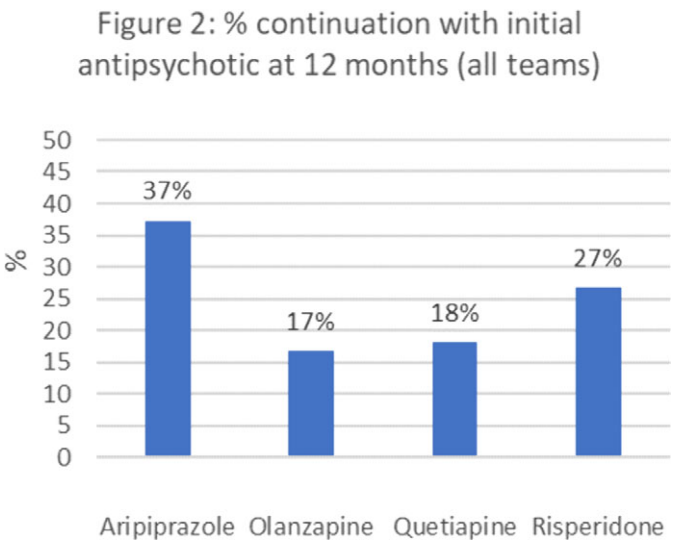
doi: 10.1192/j.eurpsy.2022.729

Introduction: As all first line options in treating First Episode Psychosis (FEP) are similarly effective there is a consensus among prescribing guidelines that clinicians and patients should consider side-effect profile as the 'driver' of initial choice of antipsychotic. Anecdotally it has been observed that different care teams prescribe particular medications preferentially.
Objectives: To evaluate the patterns of antipsychotic prescribing in patients with FEP at the time of initial treatment and over the first year with the Early Intervention Service (EIS).
Methods: Medical records of all patients who had completed 1 year of follow-up with EIS in Sussex Partnership Foundation Trust (n=274) were reviewed. The first antipsychotic prescribed and antipsychotic prescribed at 12-months was recorded alongside initiating care team (EIS, non-EIS community services, inpatient services).
Results: 99% (n=272) of patients were prescribed an antipsychotic. 46% were initiated by inpatient serves, 40% non-EIS community services and 14% EIS. Aripiprazole, olanzapine, quetiapine and risperidone accounted for 95% of initial prescriptions. Different care teams prescribed antipsychotics preferentially (p=<0.005) **(Fig.1)**. Rates at which initial medication was continued at 12-months varied according to initial prescription (P=<0.05) **(Fig.2)**.





Conclusions: The frequency that specialist EIS services prescribed aripiprazole as initial treatment contrasts the preference for olanzapine in other services. Olanzapine has a significant metabolic side effect profile, is sedating and was least likely to be continued at 12 months. This raises questions about why non-FEP specialist services prefer olanzapine and whether EIS services can support these services around initial medication choices more likely to be continued throughout the key first year of treatment.

Disclosure: No significant relationships.
Keywords: schizophrénia; First Episode Psychosis; Prescribing; Antipsychotics

EPP0487

Efficacy of paliperidone palmitate 3-month formulation in preventing hospital admissions. 60 months of follow-up

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doi: 10.1192/j.eurpsy.2022.730

Introduction: Paliperidone Palmitate 3-month formulation (PP3M) has shown a significantly longer time to relapse compared to placebo, with similar efficacy and safety to Paliperidone Palmitate 1-month (PP1M). However, studies of longer duration are required.
Objectives: The main objective of this study is to determine the effectiveness of PP3M in the prevention of hospitalizations in patients with non-acute schizophrenia in a naturalistic outpatient psychiatric setting.
Methods: Sample: 30 patients diagnosed with schizophrenia (DSM 5) that started treatment with PP3M after being stabilized with PP1M (the treatment dose was not changed in the four months before study inclusion) The mean dose of PP3M was 401. 55 mg Quarterly basis, the following evaluations were performed during a follow-up period of 60 months: The Clinical Global Impression-

Schizophrenia scale (CGI-SCH) Treatment adherence, concomitant medication, and the number of hospitalizations. Efficacy values: Percentage of patients who remained free of admissions at the end of 60 months of follow-up. Other evaluation criteria: Average change from baseline visit to the final evaluation as assessed by score obtained on the following scale: GSI-SCH; percentage of patients on antipsychotic monotherapy, and treatment adherence rate.
Results: The percentage of patients who remained free of admissions at the end of the 60 months was 83.25%. Mean variations from baseline scores at 60 months were: (-0.36 ±0-37) on the GCI-SCH. The rate of adherence to treatment with PP3M after 60 months was 86.58%.
Conclusions: In our study, we found that paliperidone palmitate 3-month formulation effectively prevents admissions under daily clinical practice conditions.

Disclosure: No significant relationships.
Keywords: hospital admissions; Paliperidone Palmitate 3-month formulation; schizophrénia; Efficacy

EPP0489

Clozapine and urinary incontinence

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doi: 10.1192/j.eurpsy.2022.731

Introduction: Clozapine is an atypical antipsychotic, which has been shown to have superior efficacy in the remission of positive and negative symptoms in patients with treatment-resistant schizophrenia, compared to other antipsychotics. However, its benefits have been limited by the lethal adverse effects that this drug can cause, the most common, agranulocytosis. Other less serious and more common adverse effects are sedation, hypersalivation, hypo and hypertension, weight gain and urinary incontinence. It is estimated that approximately 1% of patients treated with Clozapine suffer from urinary incontinence. Data that varies from 0.3% to 42% in the articles reviewed, being undervalued in some of these for many reasons; it is stigmatizing and the patient is ashamed to express it.
Objectives: The objective of this study is to assess the percentage of urinary incontinence in patients in treatment with clozapine, taking into account the presence or absence of this side effect as the main variable, and the diagnosis, gender and dose of clozapine as secondary variables.
Methods: A retrospective observational study was carried out in which 40 patients belonging to the Adult Mental Health area of the Nuestra Señora del Prado Hospital, were collected, all of them diagnosed with some type of psychotic disorder and undergoing treatment with Clozapine.
Results: Of the total of patients studied, 25% presented urinary incontinence as an adverse effect, and of these, 60% were with doses equal to or greater than 400 mg of Clozapine.
Conclusions: We must be careful and bear this side effect in mind in all patients taking Clozapine.

Disclosure: No significant relationships.
Keywords: urinary incontinence; adverse effects; clozapine; schizophrénia

EPP0492

Immune-related genes are differentially associated with negative symptoms subdomains in patients with schizophrenia

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doi: 10.1192/j.eurpsy.2022.732

Introduction: Negative symptoms (NS) are a core feature of schizophrenia. NS show heterogeneity proven by factor analysis, which revealed two distinct negative symptoms subdomains: diminished expression (DE) and avolition/apathy (AA) (Marder et al. 2017, Fleischhacker et al. 2019). Some studies showed the different effects of these subdomains on clinical features of schizophrenia that suggest different pathophysiological mechanisms for their development (Stanculete 2021). It has been also shown that the levels of peripheral interleukins (IL) specifically correlate with NS (Enache et al. 2021), in particular, increased IL levels were determined in patients with deficit syndrome compared to non-deficit schizophrenia (Goldsmith et al. 2018).
Objectives: To search for the association of genes for IL-4, IL-6, IL-10 and C-reactive protein (CRP) with NS subdomains.
Methods: The total sample included 551 patients (women 51,4%, aged 18-72 years) with ICD-10 diagnosis of schizophrenia. NS were assessed by PANSS. PANSS-derived factors include AA (items N2, N4, G16) and DE (N1, N3, N6, G5, G7, G13). Genotyping was performed for the following polymorphisms: C-589T IL-4, C-174G IL-6, C-592A IL-10, G-1082A IL-10, CRP (rs2794521).
Results: There are effects of C-592A IL-10 (p=0.017) and G-1082A IL-10 (p=0.012) on AA subdomain. Post-hoc Bonferroni corrected comparisons show that carriers of the haplotype AA (C-592A)- AA (G-1082A) have the highest AA score. A significant effect of CRP (rs2794521) on AA is identified (p=0.007). There is a trend towards the association of C-589T IL-4 and C-174G IL-6 with AA. No association of these polymorphisms with DE was found.
Conclusions: AA and DE may have different genetic background.

Disclosure: No significant relationships.
Keywords: immune-related genes; negative symptoms; schizophrénia

EPP0494

Superoxide dismutase activity of serum IgG in acute illness and remission period of schizophrenia

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