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Implications of immunity and inflammation in schizophrenia and related psychotic disorders

J. Perestrelo*, D. Mota, A. Coutinho, M. Santos, G. Lapa
Centro Hospitalar de Vila Nova de Gaia/Espinho, Psychiatry, Porto, Portugal

* Corresponding author.

Introduction Intricate interactions between the immune system and the brain might have important etiological and therapeutic implications for neuropsychiatric brain disorders. A probable association between schizophrenia and the immune system was postulated over a century ago, and is supported by epidemiological and genetic studies pointing to links with infection and inflammation.

Objective To describe some important areas of research regarding immune response in schizophrenia and related psychotic disorders and discuss potential mechanisms and therapeutic implications of these findings.

Aims Associations between immune response, inflammation and schizophrenia and related psychotic disorders are reviewed.

Methods A literature review of the theme is surveyed. Several articles were searched on MEDLINE with the keywords: schizophrenia, psychosis, inflammation, immunity, infection.

Results Schizophrenia is a multifactorial disease. It is associated with multiple genetic loci that confer risk, in addition to developmental and postnatal risk factors. Antipsychotic-naïve first-episode psychosis and acute psychotic relapse seems to be associated with increased serum concentrations of interleukin 6 and other proinflammatory cytokines, which are normalized after remission of symptoms with antipsychotic treatment.

Conclusions Inflammation and immune dysfunction might contribute to cognitive, negative, and positive symptoms in schizophrenia. Identification of specific inflammatory pathways for neuropsychiatric symptoms would provide novel targets for therapeutic intervention.

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

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LAI versus oral antipsychotic maintenance treatment of schizophrenia: A case-control study on subjective experience of treatment

F. Pietrini^{1,*}, M. Spadafora¹, L. Tatini¹, G.A. Talamba¹, E. Burchi¹, E. Calderani¹, S. Gemignani¹, L. Mallardo¹, C. Andrisano², G. Boncompagni³, M. Manetti⁴, A. Ballerini¹, V. Ricca¹

¹ University of Florence, Department of Neuroscience, Psychology, Drug Research and Child Health, section of Neuroscience, Florence, Italy

² University of Bologna, Department of Biomedical and Neuromotor Sciences, Bologna, Italy

³ Local Health Trust of Bologna, Department of Mental Health and Substance Abuse, Bologna, Italy

⁴ Campo del Vescovo Union, Therapeutic Psychiatric Community, La Spezia, Italy

* Corresponding author.

Introduction Limited research has been devoted to the subjective impact of switching antipsychotic maintenance treatment (AMT) from oral to LAI formulation in schizophrenia.

Objective To compare LAI AMT with oral AMT in terms of subjective experience of treatment, taking into account the effects on psychopathology.

Methods Twenty outpatients (7 males, mean age 40.55 ± 11.00 years) with remitted schizophrenia treated with either olanzapine or paliperidone and switching from oral to LAI AMT were recruited before the switch (LAI-AMT group). A group of 20 remitted schizophrenic subjects with oral AMT and matched for the main socio-demographic, clinical and treatment variables made up the controls (oral-AMT group). All participants were assessed by means of the PANSS and of the SWN-K at baseline (T0) and after 6 months (T1).

Results Between T0 and T1, general psychopathology of the PANSS and all but one of the SWN-K dimensions (except for “social integration”), showed significantly higher percent improvements in the LAI-AMT group compared to the oral-AMT group. After 6 months (T1), the LAI-AMT group showed significantly lower PANSS total and general psychopathology scores, as well as higher mean score of perceived “mental functioning” compared to the oral-AMT group. Item analysis of the general PANSS at T1 showed significant differences between the two groups in anxiety, tension, depression, guilt feelings, poor attention, and active social avoidance.

Conclusions Our data on switching from oral to LAI AMT in remitted schizophrenia suggest a better efficacy of the latter in terms of improvement of general psychopathology and subjective experience of treatment.

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

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EV1181

LAI versus oral antipsychotic treatment of schizophrenia: A 12-month prospective study on patient's attitude towards treatment and quality of life

F. Pietrini*, A. Ballerini, I. Burian, B. Campone, F. Chiarello, E. Ciampi, E. Corsi, N. Ferruccio, M. Moneglia, L. Poli, A. Santangelo, S. Spitoni, V. Ricca

University of Florence, Department of Neuroscience, Psychology, Drug Research and Child Health, section of Neuroscience, Florence, Italy

* Corresponding author.

Introduction It is still a matter of debate whether LAI antipsychotics are able to significantly improve patient's attitude towards treatment.

Objective The aim of this 12-month observational study was to investigate the impact of switching antipsychotic treatment from oral to LAI formulation on patient's attitude towards treatment and quality of life.

Methods A total of 41 schizophrenic patients (25 males, mean age 42.10 ± 11.88 years) were recruited. Patients were expected not to need significant changes in concomitant treatments. All patients were under a stabilized therapy with a single oral antipsychotic (either olanzapine or paliperidone) and were switched to the equivalent maintenance regimen with the long-acting formulation of the same antipsychotic (olanzapine pamoate or paliperidone palmitate). Patients were assessed before the switch (T0), and after 6 (T1) and 12 months (T2) of LAI antipsychotic treatment by means of the YMRS, MADRS, PANSS, DAI-10 and SF-36.

Results Our data evidenced an overall significant improvement of psychopathology, adherence and quality of life over the 12-month period (T0 vs. T2). In particular, while all of the measures significantly improved in the first semester (T0 vs. T1), only YMRS, positive PANSS and DAI-10 improved both in the first and in the second semester (T1 vs. T2), indicating an additional advantage of a prolonged LAI treatment on these clinical dimensions.

Conclusions The switch from oral to long-acting antipsychotic treatment may provide considerable advantages in improving patient's attitude towards (and therefore adherence to) treatment.