

(i.e. Clozapine + another atypical antipsychotic) in treatment resistant schizophrenia patients.

Methods: We conducted an observational study in a sample of 20 patients diagnosed with treatment resistant schizophrenia, based on DSM-5 diagnostic criteria and psychopharmacologic history. Treatment choices were taken independently by clinicians in charge of each patient. 10 subjects underwent Lurasidone augmentation of Clozapine, whereas the remaining 10 subjects were treated as usual with Clozapine and another atypical antipsychotic. PANSS and BPRS scales to assess general psychopathology and UKU side effects scale were administered both at baseline and at follow-up (T1=1 month; T2=6 months).

Results: All patients treated with Lurasidone augmentation strategy achieved a significant reduction of both positive and negative symptoms, with no significant adverse effects to be reported. In particular, Lurasidone showed no impact on metabolic parameters nor on ECG features, namely the QTc interval. The psychopathological improvement appeared higher in patients who received Lurasidone than in those treated as usual. This was particularly evident in cognitive domains.

Conclusions: Our observation suggests that augmentation strategy with Lurasidone to Clozapine can lead to clinically significant improvements in psychopathology when compared to Clozapine combined with another atypical antipsychotic, with a good tolerability profile. In future we will increase the number of our sample and the duration of follow-up time. In order to have more relevant statistical results, further research on this topic is needed.

Disclosure of Interest: None Declared

EPP0369

Efficacy of betahistine in counteracting second-generation antipsychotics-induced weight gain: A meta-analysis with trial sequential analysis

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Introduction: Despite being effective in schizophrenia, second-generation antipsychotics are potent histamine-H1 receptor antagonists associated with weight gain. Histaminergic agonists can potentially counteract the weight gain effects of antipsychotics. Betahistine is a centrally acting histamine-H1 agonist and, therefore, may reduce antipsychotic-induced weight gain, but it has never been examined in a meta-analysis.

Objectives: This meta-analysis aims to examine the efficacy of betahistine in counteracting the weight gain effects of antipsychotics.

Methods: We searched PubMed, Scopus, Web of Science, and Cochrane Controlled Register of Trials (CENTRAL) for all relevant

trials. We used Hedges' g with its confidence interval as our effect size to correct for the small sample size. The primary outcomes of this study were changes in weight and body mass index (BMI). Changes in insulin resistance and lipid parameters were secondary outcomes.

Results: 165 studies were included in the title/abstract screening, and 5 studies with 217 patients were finally included. Betahistine led to statistically significant changes in weight (Hedges' g -1.13, 95% CI [-1.66, -0.60], $p < 0.0001$), BMI (Hedges' g -1.64, 95% CI [-2.39, -0.89], $p < 0.0001$), and waist circumference (Hedges' g -0.98, 95% CI [-1.47, -0.49], $p < 0.0001$). Nevertheless, betahistine did not lead to any significant changes in fasting glucose (Hedges' g 0.02, 95% CI [-0.41, 0.44], $p = 0.94$) or insulin levels (Hedges' g -0.07, 95% CI [-1.78, 1.64], $p = 0.94$).

Conclusions: Betahistine is an effective add-on treatment for second-generation antipsychotics to counteract weight gain experienced with these medications. Further trials are recommended to examine its effect on blood lipids and side effects.

Disclosure of Interest: None Declared

EPP0370

Efficacy of probiotics and fibers on metabolic disturbances associated with antipsychotics: A systematic review and network meta-analysis

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Introduction: Human gut microbiota plays an important role in metabolic health. Atypical antipsychotics can lead to metabolic abnormalities and changes in the gut microbiota. Multiple studies have examined the role of probiotics in suppressing antipsychotics-induced weight gain, but they have never been examined in a meta-analysis.

Objectives: This network meta-analysis aims to compare the effect of probiotics + fibers, probiotics only, and fibers only on metabolic abnormalities induced by atypical antipsychotics.

Methods: We searched PubMed, Scopus, Web of Science, and Cochrane Controlled Register of Trials (CENTRAL) for all relevant studies. We used mean difference with its 95% confidence interval as our effect size. Primary outcomes were body weight and body mass index (BMI), while secondary outcomes were changes in other cardiometabolic risk factors.

Results: We included 4 randomized controlled trials comprising 319 patients. For body weight, probiotics + fibers (MD -3.96, 95% CI [-5.16, -2.76]), fibers only (MD -1.91, 95% CI [-3.81, -0.01]), and probiotics only (MD -1.37, 95% CI [-2.07, 0.66]) were significantly superior to placebo. Probiotics + fibers (MD -1.52, 95% CI [-2.11, -0.92]), but not fibers only or probiotics only, was associated with significant changes in BMI. Probiotics + fibers was also associated

with significant changes in cholesterol (MD -0.37, 95% CI [-0.67, -0.07]), insulin levels (MD -3.37, 95% CI [-5.35, -2.10]), and insulin resistance index (MD -1.35, 95% CI [-1.94, -0.76]). There were no significant adverse events reported in the included studies.

Conclusions: Probiotics + fibers, probiotics only, and fibers can be effective in controlling antipsychotics-induced metabolic abnormalities, with probiotics + fibers being the most effective regimen. All three treatments were safe and well tolerated by patients.

Disclosure of Interest: None Declared

Quality Management

EPP0371

Factors related to presenteeism: a focus group interview study with Portuguese and Swiss nurses

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Introduction: Nurse presenteeism has long been of global concern, with impacts on nurse staffing levels, patient care, and hospital costs.

Objectives: This international study aimed to explore the factors associated with presenteeism among frontline nurses and nurse managers in acute, primary, and long-term healthcare settings in Portugal and Switzerland.

Methods: A qualitative descriptive study involving online Focus Groups (FGs). The FGs included 55 participants and lasted 5 months (from March 2021 to July 2021). A purposive sampling strategy was used to select nurses. The inclusion criteria were as follows: (a) working in a public or private healthcare setting with at least one month of experience in their current workplace (which is officially considered the time required for integration); (b) working at least 20% of a full-time equivalent position; and (c) having a bachelor's, master's, or PhD degree. This study followed the COREQ checklist.

Results: Participants included 55 nurses: 49 females and 6 males. Three main reasons for presenteeism were identified: unfamiliar terminology; the paradoxical effect of 'being present' but absent; and presenteeism as a survival strategy. Six contributing factors were also recognized: (a) institutional disinterest toward employees; (b) paradigm shift: the tension between person-centered and task-centered care; (c) sudden changes in care practices due to the COVID-19 pandemic; (d) a lack of shared work perspectives with hierarchical superiors; (e) the financial burden of being absent from work; and (f) misfit of human responses (Laranjeira et al., 2022).

Conclusions: This study has generated in-depth knowledge about concepts and causes of presenteeism and has instructive for a broad audience of nurse managers and leaders. Our thematic analysis shows that presenteeism can be explained by factors related to the pressure to attend work, by individuals' constraints and commitment and by the organizational environment.

References: Laranjeira, C., Pereira, F., Querido, A., Bieri, M., & Verloo, H. (2022). Contributing Factors of Presenteeism among Portuguese and Swiss Nurses: A Qualitative Study Using Focus Groups. *International journal of environmental research and public health*, 19(14), 8844.

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EPP0372

Measuring and improving the quality of mental health care: bringing patient-reported outcome et experience measures (PROMs et PREMs) in psychiatric settings

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Introduction: Patient-reported outcome and experience measures (PROMs and PREMs) are increasingly acknowledged as critical to enhancing patient-centred, value-based care. However, research is lacking on the function and relevance of these instruments in acute psychiatric care.

Objectives: The main objective of this study was to evaluate the domain of subjective well-being as a relevant indicator of the quality of hospital care, distinct from measures of symptom improvement and satisfaction with care reported by patients, assuming they only incompletely reflect inpatients' unmet needs and expectations. [YA5] [SE6]

We hypothesised that the patients' measures of subjective well-being (generic PROMs) at discharge are only partially related to the satisfaction with the experience of care (PREMs), that in turn differs from the clinician's experience of the provided care, and symptom improvement (disease-specific PROMs).

Methods: Two hundred and forty-eight inpatients of a psychiatric university hospital were included in the study between January and June 2021. Subjective well-being was assessed using standardised generic PROMs on well-being, symptom improvement was assessed using standardised disease-specific PROMs, and experience of care with PREMs. PROMs were completed at admission and discharge, PREMs were completed at discharge. Clinicians rated their experience of provided treatment using adapted PREMs items.

Results: Change in subjective well-being (PROMs) at discharge was significantly ($p < .001$), but moderately ($r^2 = 28.5\%$), correlated to improvement in symptom outcomes, and weakly correlated to the experience of care (PREMs) ($r^2 = 11.0\%$), the latter being weakly explained by symptom changes ($r^2 = 6.9\%$). Patients and clinicians assessed differently the experience of care.

Conclusions: Findings confirmed our hypothesis showing that across mental disorders improvement in subjective well-being was weakly correlated to the experience of care and moderately, negatively, correlated to symptom outcomes. Improvement in symptoms was found to be the strongest predictor of increase in subjective well-being at discharge, but it explained only a moderate part of its variance.

In conclusion, this study shows that PROMs and PREMs have potential as key indicators of high quality care across mental health services, and supports the case for measuring subjective well-being as a relevant indicator in its own right, particularly in psychiatric