

context-free variables such as resources before new interventions can be introduced.

Disclosure: No significant relationships.

Keywords: Psychosis; organisational climate; Cognitive remediation; early intervention

EPP0238

Real-world treatment patterns and outcomes in patients initiating lurasidone for the treatment of schizophrenia in Europe

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Introduction: Lurasidone is a second-generation antipsychotic shown to have a lower risk of weight gain and a lower incidence of metabolic adverse events compared with some medications in the same class.

Objectives: To describe treatment patterns, clinical outcomes and adverse drug reactions (ADRs) over 12 months following lurasidone initiation in patients with schizophrenia.

Methods: This was a multi-centre observational study involving data collection from patients' medical records, conducted in seven mental health centres in the United Kingdom (UK) and Switzerland. The study included patients aged ≥ 18 years who initiated lurasidone after 1 January 2016 for the treatment of schizophrenia. Data were collected from medical records both retrospectively and prospectively using a standardised data collection form. Data collected included patient characteristics, treatment history, lurasidone regimens, clinical outcomes and ADRs.

Results: Forty-eight patients participated in the study. The median (interquartile range [IQR]) age at lurasidone initiation was 33.5 (25.5–50.3) years and 31 (65%) patients were male. The median (range) lurasidone starting dose was 37 mg daily (9.3–148 mg). Thirty-eight (79%) patients continued lurasidone for the entire 12-month follow-up period. Among the 14 (29%) patients with documented relapse, the median (IQR) time to relapse was 3.4 (1.5–7.9) months. Five ADRs were recorded in patient notes judged as related to lurasidone: agitation, nausea, akathisia, somnolence and vomiting (one patient each).

Conclusions: In this real-world study of patients with schizophrenia in the UK and Switzerland, 79% of patients continued lurasidone for at least 12 months, and ADRs were reported rarely in patient notes.

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Keywords: schizophrenia; Antipsychotics; lurasidone; observational

EPP0239

Working Memory Deficit and Attentional Distractibility in Schizophrenia

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Introduction: Meta-analyses suggest that patients with schizophrenia show deficit in working memory – both verbal and visual – and are more distractible. Working memory disturbances are even regarded as the central deficit in schizophrenia by some researchers. Theta synchronization (especially over fronto-central areas) is related to cognitive control and executive functioning during working memory encoding and retention.

Objectives: The main goal of the study was to gain more understanding of the nature of working memory deficit and attentional distractibility in schizophrenia.

Methods: 35 patients with schizophrenia and 39 matched controls were enrolled in our study. Participants performed a modified Sternberg working memory task that contained salient and non-salient distractor items in the retention period. A high-density 128 channel EEG was recorded during the task. Event-related theta (4–7 Hz) synchronization was analyzed during working memory encoding (learning) and retention (distractor filtering) in a later time window (350–550 ms).

Results: Patients with schizophrenia showed weaker working memory performance and increased attentional distractibility compared to the control group: patients had significantly lower hit rates ($p < 0.0001$) and higher distractor-related commission error rates ($p < 0.0001$). Theta synchronization was modulated by condition (learning < distractor) in both groups but it was modulated by salience only in controls (salient distractor > non-salient distractor, $p[\text{patients}] = 0.95$, $p[\text{controls}] < 0.001$).

Conclusions: Our results suggest that patients with schizophrenia show diminished cognitive control compared to controls in response to salient distractors. Difficulties in cognitive control allocation may contribute to the behavioral results observed in this study.

Disclosure: No significant relationships.

Keywords: working memory; schizophrenia; cognitive control; frontal-midline theta

Mental Health Care 01 / Research Methodology

EPP0241

Cross-cultural analysis of the stigmatising attitudes of psychiatrists across Europe and measurement invariance of the Opening Minds Stigma Scale for healthcare providers

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Introduction: Since the literature investigating the stigmatising attitudes of psychiatrists is scarce, this is the first study which examines the phenomena across Europe. The Opening Minds Stigma Scale for Health Care Providers (OMS-HC) is a widely used questionnaire to measure stigma in healthcare providers towards people with mental illness, although it has not been validated in many European countries.

Objectives: A cross-sectional, observational, multi-centre study was conducted in 32 European countries to investigate the attitudes towards patients among specialists and trainees in general adult and child psychiatry. In order to be able to compare stigma scores across cultures, we aimed to calculate measurement invariance.

Methods: An internet-based, anonymous survey was distributed in the participating countries, which was completed by n=4245 psychiatrists. The factor structure of the scale was investigated by using separate confirmatory factor analyses for each country. The cross-cultural validation was based on multigroup confirmatory factor analyses.

Results: When country data were analysed separately, the three dimensions of the OMS-HC were confirmed, and the bifactor model showed the best model fit. However, in some countries, a few items were found to be weak. The attitudes towards patients seemed favourable since stigma scores were less than half of the reachable maximum. Results allowed comparison to be made between stigma scores in different countries and subgroups.

Conclusions: This international cooperation has led to the cross-cultural validation of the OMS-HC on a large sample of practicing psychiatrists. The results will be useful in the evaluation of future anti-stigma interventions and will contribute to the knowledge of stigma.

Disclosure: No significant relationships.

Keywords: mental health related stigma; measurement invariance; attitudes of psychiatrists; cross-cultural analysis

EPP0244

COVID-19, Telemedicine and Emergency Department Referrals: Patient Presentations and Follow-up Times to a Community Mental Health Team

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Introduction: The COVID-19 pandemic caused changes to how healthcare services are utilised and delivered.

Objectives: We examine the impact of COVID-19 on the pattern of emergency patient presentations referred on to the community mental health team and the impact of utilising telemedicine on time to follow-up.

Methods: We retrospectively reviewed all clinical records of patients currently attending our service. We identified presentations to the emergency department (N=119) who were subsequently referred on for mental health follow-up.

Results: Patients being referred to our team from emergency departments were significantly younger during, mean age 33.1 years (SD=12.3) compared to before the pandemic, mean age 40.0 years (SD=14.5), p=0.006 and a higher proportion were new patients during, 55.8%, compared to pre-pandemic period 33.3%, p=0.015. There was also a higher proportion of patients presenting with