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T148. FIRST EPISODE PSYCHOSIS, TRAUMA AND SUBSTANCE USE IN A HIGH HIV PREVALENCE SETTING IN SUB-SAHARAN AFRICA

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Background: HIV, substance use and trauma are associated with more severe symptoms and poorer outcomes in psychosis. We aim to describe the profile of adults with first episode psychosis (FEP) and associations with substance use and trauma in a cohort of patients in a low resource, high HIV prevalence setting in South Africa.

Methods: We recruited all adult patients (18-45 years) presenting with FEP to five psychiatric units in the eThekwini Municipality, KwaZulu-Natal Province. Psychiatric diagnosis was made using the MINI. We used the PANSS for psychotonic symptoms, WHO ASSIST for substance use and trauma in adulthood. Individuals who reported trauma in adulthood had higher hostility scores in the PANSS compared to those who experienced no trauma in adulthood (p=0.05).

Discussion: The study found participants with FEP had a high prevalence of HIV, particularly in females, and high prevalence of tobacco, alcohol and cannabis use. This suggests that these individuals are particularly vulnerable to the triple burden of psychosis, substance use and HIV. In addition, they had long DUP suggesting delay in accessing treatment, which all serve as poorer prognostic indicators in an already overwhelmed healthcare setting.

The high rates of trauma (more than half the sample reporting childhood trauma) is another major public health concern as trauma exposure has been associated with poorer physical and mental health outcomes. In this study the lack of association between childhood trauma and psychosis severity is inconsistent with literature and needs to be further explored. The association between adult exposure to trauma and increased hostility scores suggests the need to include psychological treatment strategies to address the trauma exposure to improve outcomes.

T149. CARDIOVASCULAR RISK AND VASCULAR AGE IN ADULTS WITH SCHIZOPHRENIA COMPARED TO A HEALTHY POPULATION: DATA FROM CORTEX-SP STUDY

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Background: Cardiovascular disease (CVD) is the most common cause of death in people with schizophrenia (SP). The European guidelines on CVD prevention recommend that people with high levels of individual risk factors should automatically have all their risk factors actively managed. It is suggested that CVD risk in SP should be assessed by general risk charts and to include specific relative risk chart for people with severe mental illnesses. Therefore, the purpose of the present study was to estimate CVD risk and vascular age in adults with SP and compared them with a healthy sample.

Methods: A total of 85 participants with SP (16.2% women, 42.1±10.0 yr old) were compared with 30 HEALTHY participants (60.0% women, 40.0±9.0 yr old). CVD risk was calculated using Systematic Coronary Risk Estimation (SCORE). Framingham Heart Score-Coronary Disease (FRS-CVD), relative risk SCORE and vascular age. Likewise, the variables assessed to calculate the risk charts were age, body mass index, smoking percentage, systolic blood pressure (SBP) through ambulatory blood pressure was more prevalent among males compared to females, p=0.10, 0.13 and 0.0001 for tobacco, alcohol and cannabis respectively. Lifetime cannabis use was associated with higher negative PANSS scores (mean score 32, SD 10) compared to non-users (mean score 17, SD 7), p=0.05. Sixty eight percent (n=41) reported any traumatic event. Sixty-two percent (n=37) experienced trauma before 18 years and 35% (n=21) reported traumatic experiences in adulthood. Individuals who reported trauma in adulthood had higher hostility scores in the PANSS compared to those who experienced no trauma in adulthood (p=0.05).

Fifteen (25%) of the cohort was HIV infected. Females were more likely to be HIV infected (58% HIV infected females compared to 9.8% HIV infection in males, p=0.0001). Eleven of the 15 HIV infected patients had been on antiretroviral treatment prior to the psychosis onset and four were newly diagnosed at the time of psychosis presentation. Of the 11 individuals on antiretroviral treatment, 6 (45%) were virologically suppressed.

There was no significant difference in PANSS scores by HIV status (p=0.5) and childhood trauma (p=0.5).

Discussion: The study found participants with FEP had a high prevalence of HIV, particularly in females, and high prevalence of tobacco, alcohol and cannabis use. This suggests that these individuals are particularly vulnerable to the triple burden of psychosis, substance use and HIV. In addition, they had long DUP suggesting delay in accessing treatment, which all serve as poorer prognostic indicators in an already overwhelmed healthcare setting.

The high rates of trauma (more than half the sample reporting childhood trauma) is another major public health concern as trauma exposure has been associated with poorer physical and mental health outcomes. In this study the lack of association between childhood trauma and psychosis severity is inconsistent with literature and needs to be further explored. The association between adult exposure to trauma and increased hostility scores suggests the need to include psychological treatment strategies to address the trauma exposure to improve outcomes.
monitoring during 24 hours and through a fasting biochemical profile, high-density lipoprotein cholesterol (HDL-C) and total cholesterol (TC).

**Results:** All HEALTHY variables were in normal values. Sample with SP showed overweight (body mass index=27.1±6.1 kg/m²) and higher (P<0.001) smoking percentage than HEALTHY (69.8% vs. 16.1%). Both groups presented normotensive BP values (SP=115±15 mmHg, HEALTHY=113±10 mmHg). Concerning cholesterol profile, SP showed lower to optimal values in HDL-C (39.0±12.0 mg/dL), yet both were in optimal TC levels (SP=189.7±44 mg/dL, HEALTHY=183.6±35.1 mg/dL). Considering SCORE, both groups were in low risk values with higher (P<0.001) values in SP (0.6±1.0 vs. 0.1±0.4). However, according to relative to risk SCORE and FRS-CVD, SP showed medium risk (2.0±1.0; 6.7±12.3), and HEALTHY low (1.0±0.4; 2.6±2.8) risk, respectively. Vascular age was higher (P<0.001) in SP than HEALTHY (48.0±26.0 vs. 36.0±24.0 yr).

**Discussion:** Patients suffering from SP compared to HEALTHY showed higher CVD risk and vascular age. These results strongly suggest the promotion of a healthy lifestyle behavior in order to optimize risk factors.

**T150. SEX DIFFERENCES IN PEOPLE WITH PSYCHOSIS: FINDINGS FROM A REPRESENTATIVE SAMPLE IN KOSOVO**

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**Background:** The need for mental health care services is particularly high in low and middle income countries (LMICs) where socio-economic factors have a deep impact on treatment and management of psychosis. Lack of funds and qualified professional represent the main challenge to treatment gap leaving between 36% and 45% of people with psychosis without care for their condition thus having a huge impact at individual and societal level. Although data from epidemiological research show that prevalence of psychosis is equal between sexes, some differences in terms of needs for care might be relevant, particularly in a context that has been affected by dramatic socio-economic and cultural changes.

In this study we explore in a representative sample of people with psychosis from Kosovo¹, as part of a large multi-country study (EU-funded IMPULSE project), whether demographic, socio-economic and clinical differences exist between male and female patients.

**Methods:** Data on demographic, socio-economic characteristics, use of psychosocial treatment and medication was collected; general level of psychopathology and negative symptoms were assessed through the Brief Psychiatric Rating Scale, Brief Symptom Inventory and Clinical Assessment Interview for Negative Symptoms. Male and female patients were compared in terms of demographic, socio-economic and clinical characteristics using Chi-square and independent sample t-test as appropriate.

**Results:** The sample (n=103) was composed by 33 female and 70 male patients with psychosis. The two groups did not show any statistically significant difference in age, employment, level of education; however, marital status seems to differ with higher proportion of women being separated (p=0.009). No differences emerged in monthly income, while a trend of significance (p=0.079) suggested that female patients had slightly higher financial benefits than their male counterpart. While there was no difference in terms of psychiatric diagnosis, higher depressive (p=0.017) and paranoid symptoms (at trend level, p=0.054) were reported by females patients. There were no differences on antipsychotic medication. Attendance of a psychosocial treatment was higher in male than in female patients (80% vs 57.6%; p=0.017) without any difference though in the type of approach. Overall, patients who attended a psychosocial treatment had lower negative symptoms (p<0.001) compared to those who did not.

**Discussion:** Female patients with psychosis were found to have a worse clinical presentation compared to male patients, and to have a lower attendance to psychosocial treatment. Regardless of sex, psychosocial treatment seems to be associated to less negative symptomatology.

More research is needed to better characterize clinical presentation of people with psychosis in LMICs and to understand whether access to mental health service, particularly psychosocial intervention, is accountable to clinical characteristics or to contextual factors, social and/or economic in nature. Offering psychosocial intervention to this clinical population could alleviate burden of the illness in this clinical population.

**T151. THE FINDINGS OF CAROTID AND CARDIAC ULTRASONOGRAPHY IN YOUNG SCHIZOPHRENIC PATIENTS**

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**Background:** Patients with schizophrenia (SCZ) are at high risk of cardiovascular disease before reaching geriatric age and tend to prematurely die from CVD. Data of the direct measurement of cardiac function in patients with SCZ before middle age remain limited. We attempt to compare the results of carotid and cardiac ultrasoundography of young schizophrenic patients with those of mentally healthy adults.

**Methods:** We recruited 27 physically healthy adults with schizophrenia (DSM-IV) aged less than 45 years and 27 age-matched controls to undergo the carotid and cardiac ultrasound echo-color Doppler to obtain the carotid intima-media thickness (cIMT, to detect the presence and extent of atherosclerosis in an artery) and cardiac function. Blood pressure, body mass index, and clinical information were also obtained.

**Results:** Among the echocardiography parameters, SCZ patients had significantly higher heart rate (p<0.005) and ejection fraction (EF, parameter of pumping ability of the heart) (p<0.001), and lower right ventricular diastolic pressure (RVSP, equaling the pulmonary artery pressure) (p<0.05) and pulse pressure (the systolic minus the diastolic pressure, predicting the risk of CVD) (p<0.01) than those of control subjects. The mean CPZ equivalent of second generation antipsychotics (SGA) taken by SCZ patients was significantly positively correlated to the RVSP (r=0.46, p<0.029). There were no differences in body mass index, cIMT, and other echocardiography parameters between these two groups.

**Discussion:** Higher heart rate and EF may reflect the autonomic over-activity in SCZ patients. Contrary to our hypothesis, the risk of pre-clinical cardiac dysfunction and vascular atherosclerosis is not elevated in SCZ patients before midlife. However, higher dosage of SGA may increase the risk of pulmonary hypertension.

**T152. AZERI RECENT ONSET ACUTE PHASE PSYCHOSIS SURVEY (ARAS COHORT): PRELIMINARY REPORTS FROM AN OBSERVATIONAL COHORT OF FIRST EPISODE PSYCHOSIS IN IRAN**

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**Background:** Azeri Acute phase/Recent onset psychosis Survey (ARAS) is the first from central Asia to study the course of patients with recent onset