

EPP0103

Risk factors contributing to the possibility of conducting intensive home treatment and to the risk of hospitalization of 1045 home treated patients with Schizophrenia

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doi: 10.1192/j.eurpsy.2023.441

Introduction: Home Treatment (HT) teams are among the better-studied options to reduce admission at the hospital, having been described as an alternative to hospitalization in patients with schizophrenia. There may be certain risk factors which has already been described such as living alone (Dean and Gadd, *BMJ*, 1990; 301, 1021–1023; Schnyder et al., *Acta Psychiatr. Scand.* 1999; 99, 179–187), lack of awareness of the illness, uncooperativeness (Cotton et al., *BMC Psychiatry*, 2007; 7, 52) and fewer visits carried out (Morgan et al., *Aust. New Zeal. J. Psychiatry*, 2006; 40, 683–690) which together can negatively influence the possibility of conducting intensive home follow-up and, therefore, increase the likelihood of hospitalization.

Objectives: To describe de relative contribution of several risk factors to patient hospitalization related to the possibility of conducting intensive home follow-up of patients diagnosed with Schizophrenia following home treatment. Second, to determine de risk of hospitalization related to the possibility of conducting intensive home follow-up according to the presence of one or more risk factors of patients diagnosed with Schizophrenia following home treatment.

Methods: All patients with schizophrenia who were visited by a home treatment team in Barcelona between January 2017 and December 2021 were included in the study. To assess whether there was an increased risk of hospitalization associated with factors such as living alone, uncooperativeness (PANSS G8 item ≥ 4) and ≤ 1 home visit, two bivariate logistic regression analyses were conducted. We studied these factors as independent variables to assess the relative contribution to the risk of hospitalization, and we studied if the presence of 1, 2, 3 or 4 of these risk factors as independent variables worsened the risk of hospitalization.

Results: Uncooperativeness shows the highest contribution to the risk of hospitalization, followed by ≤ 1 home visit, lack of insight and living alone, all results reaching significance ($p=0.000$).

There is an increase in the risk of hospitalization depending of the presence of 1,2,3 or 4 of these risk factors (1 risk factor (Odds Ratio = 1.21), 2 risk factors (Odds Ratio = 5.28), 3 risk factors (Odds ratio = 13.53), 4 risk factors (Odds ratio = 29.18).

Conclusions: There are a number of factors directly related to the possibility of conducting intensive follow-up that appear relevant in the case of psychotic patients in acute crisis treated at home. This set of variables are the lack of awareness of the illness, lack of collaboration, living alone and the number of visits that have been made, all with statistically significant differences in our study. These

factors together also greatly increase the risk of hospitalization, becoming almost 30 times more likely when these 4 factors are present.

Disclosure of Interest: None Declared

EPP0104

Correlation between BDNF levels and folic acid levels at baseline in drug-naïve First Episode Psychosis

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doi: 10.1192/j.eurpsy.2023.442

Introduction: Schizophrenia is a severe and common psychiatric disorder characterized by disturbed brain development. Brain-derived neurotrophic factor (BDNF) mediates differentiation and survival of neurons as well as synaptic plasticity during the brain development. Several studies have shown decreased serum levels of BDNF in chronic, first episode, and drug naïve schizophrenia patients. Folate provides the substrate for intracellular methylation reactions that are essential to normal brain development and function. Abnormal folate metabolism has been implicated in schizophrenia. For example, reduced maternal folate intake associated with an increased risk for schizophrenia. Also, low blood levels of folate have been reported in patients with schizophrenia, and are associated with clinical manifestation especially in the negative symptom domain.

Objectives: With this study, we want to know how BDNF levels at baseline in *drug-naïve* FEP are associated with folic acid.

Methods: Fifty *drug-naïve* FEP treated between April 2013 and July 2017 at the ETEP Program at Hospital del Mar were included. Inclusion criteria were: 1) age 18-35 years; 2) DSM-IV-TR criteria for brief psychotic disorder, schizophreniform disorder, schizophrenia or unspecified psychosis; 3) no previous history of severe neurological medical conditions or severe traumatic brain injury; 4) presumed IQ level > 80 , and 5) no substance abuse or dependence disorders except for cannabis and/or nicotine use. All patients underwent an assessment at baseline including sociodemographic and clinical variables. Fasting blood samples were obtained before administering any medication at baseline and used to determine folic acid and BDNF levels.

Results: In our *drug-naïve* FEP sample, folic acid levels showed a significant positive correlation with BDNF levels at baseline ($r = 0.584$; $p = 0.003$). Moreover, we did a lineal regression model that showed that the baseline variables that better predict BDNF levels were folic acid levels, and cannabis use.

Conclusions: Our results are consistent with the findings from some of previous studies that also shows that lower folic acid levels are associated with lower BDNF levels at baseline in *drug-naïve*