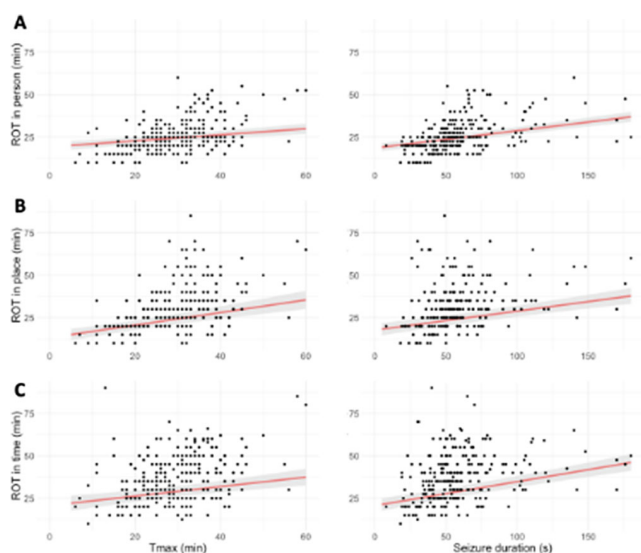


Image 2:



**Conclusions:** We show a relationship between restoration of the postictal EEG and clinical reorientation in person, place and time after ECT-induced seizures. This indicates that clinical reorientation probably depends on gradual cortical synaptic recovery. Increased seizure duration and the use of benzodiazepines were also related to increased ROT values. Longer seizures and use of benzodiazepines may induce longer postictal synaptic depression.

**Disclosure of Interest:** None Declared

## Schizophrenia and other psychotic disorders

### EPP0061

#### Relation between biomarkers and suicide attempts in patients with schizophrenia

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**Introduction:** An increased risk of suicide has been reported by psychiatric patients, including schizophrenia<sup>1</sup>. Numerous evidence suggests alterations in the grade of pro-inflammatory impact on suicidal behavior<sup>2</sup>, and this relation has been shown in patients with mood or anxious disorders<sup>3,4</sup>. However, the grade of inflammation impact suicidal behavior in patients with schizophrenia has hardly been investigated.

**Objectives:** Identify peripheral blood biomarkers of suicidal behavior in patients with schizophrenia, including inflammatory and lipid profile parameters.

**Methods:** Secondary analysis of a cross-sectional study. Sample: 254 patients with schizophrenia, aged 18-72. Assessments: ad-hoc demographic and clinical questionnaire, PANSS, CDS, CAINS,

PSP. Inflammatory and lipid parameters: C-reactive protein (PCR), interleukin 6 (IL-6); high-density lipoprotein cholesterol (HDL-C), low density lipoprotein cholesterol (LDL-C), total cholesterol (TC), triglyceridaemia (TG). Statistical analysis: Correlations, T Student, U Mann-Withney and lineal regression.

**Results:** Mean age: 40.49 (13.10). Men: 64.2%.

No statistically significant differences were found between patients with suicide attempts and those without in any of the inflammatory or lipid parameters ( $p > 0.05$ ). However, differences were found in terms of suicide attempts (yes/no) in the PANSS negative ( $T = -2.217$ ;  $p = 0.028$ ) and PANSS general psychopathy ( $T = -4.224$ ;  $p < 0.001$ ), in depressive symptoms ( $T = -6.967$ ;  $p < 0.001$ ), and the MAP subscale of the CAINS ( $T = -3.741$ ;  $p < 0.001$ ).

Among patients with suicide attempts ( $n = 42$ ; 16.52% of the sample) (mean = 1.90;  $sd = 1.73$ ; Range: 1-7), statistically significant correlations were found with PCR ( $r = 0.309$ ;  $p = 0.046$ ), but not with cytokines and lipid parameters. On the other hand, no correlations were found with age, sex, length of illness, and any of the clinical scales.

A multiple linear regression was performed considering the number of suicide attempts as the dependent variable and as independent variables, age, sex, and those that were significant in the bivariate analysis (PCR).

A predictive model was found that explains 9.60% of the variance of number of suicide attempts ( $F = 4.224$ ;  $p < 0.001$ ). The variable that entered the model was PCR ( $\beta = 0.309$ ;  $p = 0.046$ ).

**Conclusions:** The increase in inflammation (manifested by the elevation of PCR) is related to an increase in the number of suicides. On the contrary, no correlations were found with lipid parameters or interleukins.

**Disclosure of Interest:** None Declared

### EPP0062

#### Relevance of measurement of beta-2-microglobulin in schizophrenia

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**Introduction:** There are several arguments supporting the inflammatory hypothesis in schizophrenia (SCZ). Among the inflammatory markers, beta-2- microglobulin ( $\beta 2M$ ) is associated with abnormalities in neurogenesis and cognitive impairment described in (SCZ).

**Objectives:** The objectives of our study were to evaluate the level of  $\beta 2M$  in a group of patients compared with a control group and to investigate the sociodemographic, clinical, and environmental factors associated with elevated  $\beta 2M$  levels

**Methods:** We conducted a cross-sectional in outpatients with SCZ. We collected patients sociodemographic, environmental, and clinical data. We assessed psychopathology with the PANSS. We measured serum  $\beta 2M$  concentration.

**Results:** We included 30 patients with SCZ compared with 20 controls. Patients mean age was  $40,23 \pm 10,66$ . The mean level of  $\beta 2M$

was  $1.98 \pm 0.42$  mg/L for patients and  $1.65 \pm 0.56$  mg/L for control group. The difference was significant between the patient group and the control group ( $p < 10^{-3}$ ). No environmental or clinical factors have been associated with  $\beta 2M$  levels other than smoking status ( $p = 0.046$ ).

**Conclusions:** Further research with larger samples investigating the different stages of SCZ especially early psychosis would be needed to confirm the relevance of this biomarker in SCZ.

**Disclosure of Interest:** None Declared

**EPP0064**

**Aberrant Salience, Psychotic-Like Experiences, and Anxiety: a Case-Control Study**

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**Introduction:** In this research, we investigate how Aberrant Salience (AS), Psychotic-Like Experiences (PLEs), and anxiety are interlinked in both healthy individuals and subjects with psychotic disorders. AS is a trait contributing to a susceptibility to psychosis and anxiety, while PLEs are subclinical states often leading to psychosis. We hypothesize that AS impacts the occurrence and severity of PLEs, which in turn influences anxiety.

**Objectives:** The goal is to offer a more nuanced understanding of the risk factors leading to psychotic disorders and to shed light on anxiety psychopathogenesis in healthy and psychotic populations.

**Methods:** We used self-reported questionnaires like the Aberrant Salience Inventory (ASI), Community Assessment of Psychic Experiences (CAPE), and Symptom Check List-90-revised (SCL-90-R). Data analysis included descriptive statistics and mediation analysis, adjusting for age, gender, and education. Controls were sourced through convenience and snowball sampling, while out-patients diagnosed with Schizophrenia Spectrum Disorder, Bipolar Disorder with psychotic features, or Major Depression with psychotic features were recruited from Florence University Hospital.

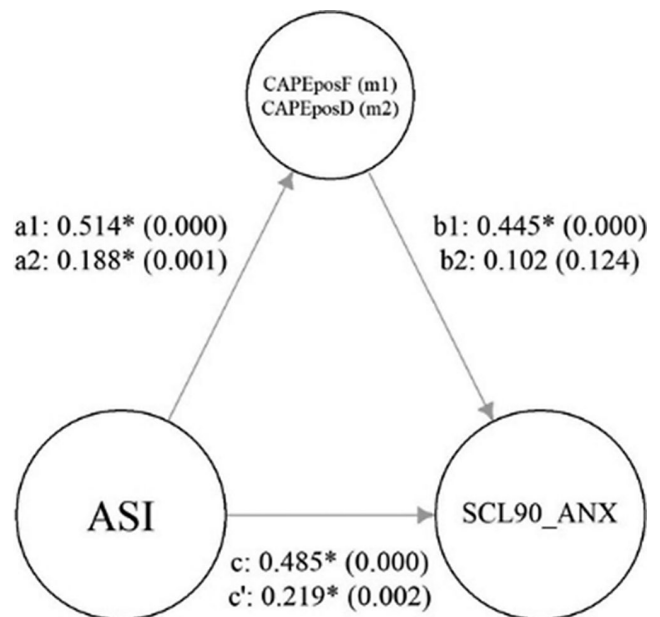
**Results:** A total of 207 participants were included, with 163 controls and 44 patients. Descriptive statistics are shown in **Table 1**. Mediation analysis showed that PLEs frequency acted as a mediator between AS and anxiety only in the control group (**Figure 1**), not in patients (**Figure 2**).

**Table 1.** Descriptive statistics - Mean  $\pm$  Std. Deviation.

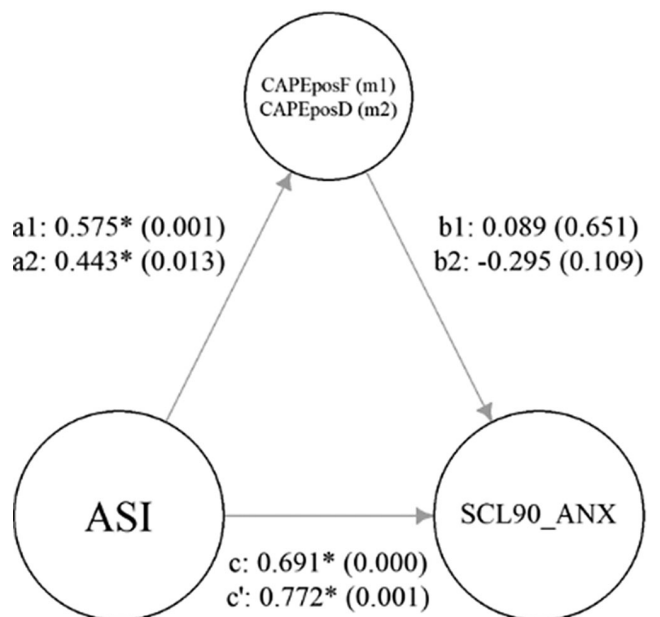
	Control Group (N=163)	Psychotic Group (N=44)	p-value
ASI	11.690 $\pm$ 6.098	14.360 $\pm$ 7.163	<b>0.014</b>
CAPEposF	1.391 $\pm$ 0.340	1.617 $\pm$ 0.488	<b>0.001</b>
CAPEposD	1.792 $\pm$ 0.615	1.941 $\pm$ 0.694	0.167
SCL-90-R-ANX	0.678 $\pm$ 0.600	0.905 $\pm$ 0.643	<b>0.030</b>

**Legend:** ASI, Aberrant Salience Inventory; CAPEposF, Community Assessment of Psychic Experiences - positive dimension - Frequency; CAPEposD, Community Assessment of Psychic Experiences - positive dimension - Distress; SCL-90-R-ANX, Symptom Check List-90-revised, Anxiety.

**Image:**



**Image 2:**



**Conclusions:** PLEs triggered by AS led to anxiety in the control group but not in psychotic patients. The discrepancy could be due to reduced novelty and awareness of experiences in the patient group. This may affect how bodily responses to PLEs are perceived and suggests the need for specialized treatment approaches for anxiety in these two groups.

**Disclosure of Interest:** None Declared