Results: Six studies were included from a total of 119 retrieved records (PubMed: 52, Scopus: 66, ClinicalTrials.gov: 1). Study 1: Patients with DD somatic type (n=14) presented a decreased gray matter volume in cerebellar lobules compared to healthy controls (HC) (n=32, left lobule VIIIa) and non-somatic DD (n=18, lobule V). Cerebellar volumes did not seem to differ between HC and non-somatic DD. Study 2:Abnormalities of voluntary saccadic eye movements, linking frontal and cerebellar functions, were found in DD patients (n=34) compared to HC (n=40). Study 3: Abnormal smooth pursuit eye movements in DD (n=15) compared with HC (n=40) and similar to schizophrenia (n=40). Case reports (n=3): DD associated with Dandy-Walker variant (partial vermian hypoplasia), unruptured intracerebral aneurysm of basilar artery, and megacisterna magna.
Conclusions: Cerebellar deficits in patients with DD has been reported, particularly in those presenting somatic delusional contents.

Disclosure of Interest: None Declared

EPP0506

Phenomenology, clinical aspects and therapeutic implications of delusional memories in Delusional Disorders: A Systematic Review

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Introduction: Delusional memories or retrospective delusions have been extensively reported in subjects during or after intensive care stays. In major psychoses, authors have classically observed delusional memories impacting the prognosis and mental well-being.
Objectives: Our aim was to review the phenomenology, psychological/biological factors contributing to delusional memories in delusional disorder (DD), and potential treatment strategies.
Methods: Systematic review using PubMed, Scopus, SciELO and Web of Science electronic databases (inception-September 2022). Search terms: ("delusional memories" OR "retrospective delusions") AND ("Schizophrenia, Paranoid") [MeSH]. Studies were included if they reported psychopathology, clinical characteristics or treatment strategies of "delusional memories" in DD. Team members: AGR, JAM, MS, MB, MF, ACP, FD, MVS.
Results: A total of 786 records were retrieved, including six studies. Psychogenesis:A novel cognitive neuropsychological research model (based on hypnosis) in erotomania delusions suggest a potential recall and reinterpretation of delusions beliefs in highly hypnotizable subjects. Biological basis: Frontal lobe (or executive) dysfunction does not seem to contribute to delusional memories in De Clérambault syndrome (erotomania). Phenomenology: 1)General knowledge was essentially intact, while the perceptual characteristics of delusional memories were stronger than real memories. 2)Correlations were found between delusional ideation, positive dimension of schizotypy (r=0.18), and false memories (r=0.27). 3) Jumping-to-conclusions and liberal acceptance bias influence delusional memories. Treatment:Efficacy of 1)Cognitive Behavioural Therapy (CBT) (significant reduction delusions), and 2)Metacognitive control over false memories.
Conclusions: This is the first review exploring the genesis and management of delusional memories in DD. Memory deficits/executive dysfunctions do not seem to be the only cause of this phenomenon.

Disclosure of Interest: None Declared

EPP0507

The different effect of adverse childhood experiences on Theory of Mind brain networks in schizophrenia and healthy controls

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Introduction: Deficit in Theory of Mind (ToM) is a core feature of schizophrenia (SZ), while adverse childhood experiences (ACEs) can contribute to worsen ToM abilities through their effect on brain functioning, structure and connectivity.
Objectives: Here, we investigated the effects of ACEs on brain functional connectivity (FC) during an affective and cognitive ToM task (AToM, CToM) in healthy control (HC) and SZ, and whether FC can predict the performance at the ToM task and patients' symptoms severity.
Methods: The sample included 26 HC and 33 SZ. In an fMRI session, participants performed a ToM task targeting affective and cognitive domains. Whole-brain FC patterns of local correlation (LC) and multivariate pattern analysis (MVPA) were extracted. The significant MVPA clusters were used as seeds in further seed-based connectivity analyses. Second-level analyses were modelled to investigate the interaction between ACEs, the diagnosis, and the task, corrected for age, sex, and equivalent doses of chlorpromazine ($p<0.05$ FWE). FC values significantly affected by ACEs (Risky Family Questionnaire) were entered in a cross-validated LASSO regression predicting symptoms severity (Positive and Negative Syndrome Scale, PANSS) and task performance measures (accuracy and response time).
Results: In AToM, LC showed significant different effects of ACE between HC and SZ in frontal pole, caudate and cerebellum. MVPA showed significant widespread interaction in cortico-limbic

regions, including prefrontal cortex, precuneus, insula, parahippocampus, cingulate cortex, temporal pole, thalamus, and cerebellum in AToM and CToM. SBC analyses found significant target regions in the frontal pole, cerebellum, pre and postcentral gyrus, precuneus, lateral occipital cortex, angular gyrus, and paracingulate gyrus. LASSO regression predicted PANSS score (R^2=0.49) and AToM response latency time (R^2=0.37).
Conclusions: Our findings highlighted a widespread different effect of ACEs on brain FC in ToM networks in HC and SZ. Notably, the FC in these regions is predictive of behavioral ToM performance and clinical outcomes.

Disclosure of Interest: None Declared

EPP0508

Multimorbidity patterns and health care utilization among older adults with schizophrenia

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Introduction: Older adults with schizophrenia often have multiple chronic conditions, or multimorbidity, yet most prior research has focused on single medical conditions.
Objectives: To characterize multimorbidity patterns and utilization among older adults with schizophrenia to understand how multimorbidity affects this population and their clinical service needs.
Methods: This retrospective cohort study included veterans aged 50 years and older with schizophrenia and followed their comorbid diagnoses and utilization (outpatient, inpatient, and emergency) from 2012 to 2019. Comorbid diagnoses included myocardial infarction, congestive heart failure, stroke, chronic obstructive pulmonary disease (COPD), cancer, dementia, traumatic brain injury, hepatitis C, osteoarthritis, renal disease, chronic pain, sleep disorder, depression, dysthymia, posttraumatic stress disorder (PTSD), general anxiety disorder, alcohol use disorder, other substance use disorder, and tobacco use disorder. Latent class analysis was used to identify latent profiles of psychiatric and medical comorbidity. Chi-square and F-tests were used to assess differences in demographics, comorbidities, and utilization across the latent classes.
Results: The cohort included 82,495 adults with schizophrenia. Three distinct multimorbidity classes were identified: Minimal Comorbidity (67.0% of the cohort), High Comorbidity (17.6%) and Substance Use Disorders and Related Conditions (SUDRC) (15.4%). The Minimal Comorbidity class had <10% prevalence of all comorbid diagnoses. The High Comorbidity class had >20% prevalence of congestive heart failure, COPD, dementia, renal disease, sleep disorder, and depression. The SUDRC class had >70% prevalence of alcohol and drug use disorders and >20% prevalence of COPD, hepatitis C, depression, and PTSD. Although the High Comorbidity class had the highest rates of chronic medical conditions, the SUDRC class had the highest rates of emergency and inpatient medical care and emergency, inpatient, and outpatient mental health care utilization. Comparing across classes, all p-values were <.001 for utilization.
Conclusions: Older adults with schizophrenia are a heterogeneous group with distinct multimorbidity classes and different patterns of utilization. Those with high prevalence of substance use disorders had the highest rates of emergency and inpatient medical and overall mental health care utilization. Tailoring integrated care services to target specific clinical needs could improve outcomes for this population.

Disclosure of Interest: None Declared

EPP0509

Electrophysiological correlates of reward anticipation in subjects with schizophrenia using topographic analysis of variance (TANOVA) – an ERP study

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Introduction: The neurobiological underpinnings of negative symptoms in schizophrenia remain unclear. Previous studies have revealed that in schizophrenia, the anticipatory component of the hedonic experience (anticipatory anhedonia, failure to anticipate reward or pleasurable experiences) is more markedly impaired than the consummatory aspect of pleasure (consummatory anhedonia, in the moment experience of pleasure during pleasurable situations). Several neuroimaging focused on reward prediction deficit have shown dysfunctions in the neuronal circuits that sustain these processes in patients, but findings have not been consistent.
Objectives: The current study aimed at investigating the impairment of reward anticipation in subjects with schizophrenia (SCZ) during the "Monetary Incentive Delay task" (MID task), employing the topographic analysis of event-related potentials (ERPs) with EEG recordings. Furthermore, the associations with negative symptoms and anticipatory and consummatory hedonic experience were investigated.
Methods: EEG data were recorded in thirty SCZ and twenty-three matched HC, during the MID task in which reward and loss cues (incentive cues of positive and negative value) of different magnitude, as well as neutral cues were presented. Anticipation and experience of pleasure were measured by the Temporal Experience of Pleasure Scale (TEPS), while negative symptom dimensions by the Schedule for the Deficit Syndrome (SDS). For the EEG data analysis, the topographic analysis of variance (TANOVA) that uses the global field power of difference maps was used to evaluate between-group differences in scalp topography. Correlation analyses between hedonic experience, negative symptoms and ERPs were performed.
Results: The TANOVA interaction effect (group x cue) was significant in the time window between 140.6 and 195.3 msec after cue