

disorder, namely orienting lines for first psychotic episodes, which is the most common psychiatric manifestation. This also enlightens the need for neurologic and psychiatric cooperation for these patients.

Disclosure of Interest: None Declared

EPP0240

Eveningness chronotype and depressive affective temperament associated with higher high-sensitivity C-Reactive Protein in Unipolar and Bipolar Depression

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Introduction: Several studies investigated the role of inflammation in the etiopathogenesis of psychiatric disorders, by also evaluating how CRP may exert a pathoplastic and/or psychopathological role in mood disorders.

Objectives: The aim of our cross-sectional study is evaluating the high-sensitivity C-reactive-protein (hsCRP) levels in a cohort of unipolar and bipolar depressive inpatients, in relation with psychopathological, temperamental and chronotype features.

Methods: Among 313 screened inpatients, we recruited 133 moderate-to-severe depressive patients who were assessed for hsCRP levels, chronotype with Morningness-Eveningness Questionnaire (MEQ) and affective temperament with Temperament Evaluation of Memphis, Pisa, Paris and San Diego (TEMPS).

Results: hsCRP levels were significantly higher among those with previous suicide attempt ($p=0.05$), death ($p=0.018$) and self-harm/self-injury thoughts ($p=0.011$). In addition, hsCRP levels were significantly higher among patients with hypertension ($p=0.020$) and dyslipidemia ($p=0.013$). Moreover, positive correlation were found between hsCRP levels and the number of illness of years ($p<0.001$). Significant positive correlation were found between hsCRP levels and depressive ($p<0.001$) and cyclothymic ($p<0.001$) affective temperaments, while a negative correlations were reported between hsCRP levels and hypertimic ($p<0.001$) and irritable ($p=0.029$) affective temperaments. Eveningness chronotypes subject displayed higher hsCRP levels compared to intermediate-type and morningness-type chronotypes ($p<0.001$). Linear regression analyses, adjusted for all covariates, demonstrated that higher scores at the TEMPS-M depressive, while lower scores at the hyperthymic and irritable affective temperaments [$F=88.955$, $R^2=0.710$, $p<0.001$] and lower MEQ scores [$F=75.456$, $R^2=0.405$, $p<0.001$] statistically significantly predicted higher hsCRP.

Conclusions: Eveningness chronotype and a depressive affective temperament appeared to be associated with higher hsCRP levels during moderate-to-severe unipolar and bipolar depression. Further longitudinal and larger studies should better characterise patients with mood disorders by investigating the influence of chronotype and temperament.

Disclosure of Interest: None Declared

EPP0241

Features of the inflammatory response at the long-term stages of juvenile schizophrenia

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Introduction: Immunological study of late stages of schizophrenia manifesting in young adult age is of considerable interest for clarification of pathogenetic patterns of the disease and optimization of further treatment of patients.

Objectives: To evaluate the relationship between the spectrum of inflammatory markers and psychopathological symptoms in patients with juvenile schizophrenia in a long-term follow-up study.

Methods: 34 patients with schizophrenia (F20) first manifested at the age of 16-25 years were followed-up for 20-25 years. The mean age of the patients at the time of follow-up study was 46.7 ± 3.2 years. PANSS and PSP scales were used to quantify the severity of psychopathological symptoms. The control group consisted of 20 healthy people. Plasma immune parameters included leukocyte elastase (LE) and $\alpha 1$ -proteinase inhibitor ($\alpha 1$ -PI) activity, and antibodies to S100B and myelin basic protein.

Results: Three types of juvenile schizophrenia follow-up outcomes were identified. The immunological heterogeneity of the types allowed us to distinguish groups of patients differing in the level of inflammatory activation. There were a significant increase in LE and $\alpha 1$ -PI in patients of the first type (with a predominance of personality dynamics), a significant increase in $\alpha 1$ -PI in patients of the second type (with actual negative disorders) compared to controls, and no significant differences with controls in LE and $\alpha 1$ -PI in patients of the third type (with relevant positive and negative disorders).

Conclusions: Residual psychopathological symptoms observed in the late stages of juvenile schizophrenia may be due to both low/moderate inflammation and genetic mechanisms.

Disclosure of Interest: None Declared

EPP0242

Inflammatory markers and indicators of systemic endotoxemia in patients with treatment-resistant schizophrenia

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