sample size of the prospective studies. The latter open up research perspectives in the identification of UHR subjects, taking into account other markers to better describe the profile of those who will present transition to psychosis.

Disclosure of Interest: None Declared

EPP0237

Effect of Neutrophil to Lymphocyte ratio on antidepressant treatment response: moderating effect of sex and mediating effect of Hippocampal volumes.

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Introduction: In recent years much focus has been put on the role of immune/inflammatory alterations in affecting Major Depression (MDD) development and antidepressant efficacy. Neutrophil-to-lymphocyte ratio (NLR) is an inexpensive inflammatory marker shown to be elevated in depressed patients, with large population studies reporting this effect only in women. However, its relation to treatment response is much less clear. Reduced hippocampal volumes (HV) are among the few consistent brain structural predictors of poor treatment response, and they have been shown to be influenced by inflammatory status.
Objectives: To investigate the effect of NLR on treatment response in MDD patients, testing a possible moderating role of sex. To investigate the effect of NLR on HV and test a possible mediating role of the latter in the relation between NLR and treatment response.
Methods: Our study was performed on a sample of 120 MDD inpatients suffering from a non psychotic depressive episode (F=78; M=42). Depression severity was assessed via the Hamilton Depression Rating Scale (HDRS), both at admission and discharge; as a measure of treatment response, delta HDRS was calculated subtracting the two scores. NLR was calculated for each subject. Patients underwent 3T MRI acquisition and bilateral HV were estimated.
Results: We found a significant moderating effect of sex on the relationship between NLR and Delta HDRS ($p < 0.001$): a negative relation was found in women ($p < 0.001$) and a positive one in men ($p = 0.042$). NLR was found to negatively affect left HV in the whole sample ($p = 0.027$) and in women ($p = 0.038$). A positive effect on Delta HDRS was found for both left ($p = 0.038$) and right ($p = 0.027$) HV. Finally, we found a significant indirect effect of NLR values on Delta HDRS through left HV in women (95% BCa CI [-0.948, -0.017]); the direct effect of NLR on Delta HDRS also remained significant ($p = 0.002$).
Conclusions: Sex was found to moderate the relation between NLR and treatment response. The detrimental effect in women is in line with previous reports linking inflammation to hampered antidepressant effect; the positive one in men is more surprising: however, the only studies to date on the effect of NLR on antidepressant efficacy report a positive effect in patients with psychotic depression. In women we found NLR to affect treatment response partially through its effect on left HV, providing a possible, albeit incomplete, mechanistic explanation of the effect of inflammatory status on antidepressant efficacy.

Disclosure of Interest: None Declared

EPP0239

Autoimmune psychosis: a review of diagnostic and treatment guidelines

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Introduction: Over this decade, there has been progressive growth and evolution of the concept of autoimmune encephalitis. However, international consensus overly focus on major neurological signs, while discarding some attenuated presentations, sometimes with just psychiatric manifestations. It was only very recently that a new concept arouse from this disorder, named autoimmune psychosis, which can mimic schizophrenia. Unfortunately, there is still a lack of a structured approach of psychotic patients to cover this disorder. This has numerous implications, namely on management and prognosis of these patients. Not only, these patients have an increased risk of neuroleptic malignant syndrome, but it is also important to intervene early in the course of disease.
Objectives: To conduct a review of the diagnostic and treatment guideliens of autoimmune psychosis
Methods: The authors conducted a non-systematic review, by resorting to the pubmed database, on the concept of autoimmune psychosis and updated proposals of diagnostic orienting lines.
Results: Recently, in 2016, Graus et al proposed diagnostic criteria for possible autoimmune encephalitis, in which the authors acknowledge subacute onset of psychiatric symptoms as a possible clinical manifestation. The authors accept normal diagnostic tests, provided that new neurological focal findings exist. Since then, there have been described a list of signs/symptoms, which should raise suspicion for this diagnostic on psychiatric patients, so called red flags. In accordance to diagnostic guidelines for autoimmune psychosis, defined by Pollak et, the presence of this symptoms should lead clinicians to perform diagnostic exams, as MRI, eletroencephalogram and blood serological tests and lumbar puncture. However, others criticize this initial lineup arguing that some patients could be missed, because they do not have any neurological signs, and so they propose new diagnostic criteria.
Conclusions: Autoimmune psychosis represents an attenuated clinical form of autoimmune encephalitis, although demanding the same medication and prompt initiation of treatment as other autoimmune encephalitis. It is important to acknowledge that there are patients who are seronegative and that some of the diagnostic exams mentioned have sometimes limited availability. As acknowledged by Guasp et al, there are patients with first psychotic episodes that have an autoimmune etiology, but because of the lack of neurological signs, could potentially be missed of treatment. So, it is important to establish formal diagnostic guidelines for this

disorder, namely orienting lines for first psychotic episodes, which is the most commson 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 psychopatological 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 α1-proteinase inhibitor (α1-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 α1-PI in patients of the first type (with a predominance of personality dynamics), a significant increase in α1-PI in patients of the second type (with actual negative disorders) compared to controls, and no significant differences with controls in LE and α1-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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