Regained functioning, i.e., a GFS score >=61. Partial ECR did not meet these criteria.

Results: At one year follow-up, 47% met the criteria for no-ECR, 29% the criteria for ECR and 24% the criteria for partial ECR. Baseline predictors of the no-ECR group corresponded to previously identified predictors of long-term TR. Only 35 (17%) participants met the full criteria for TR at this point. Of the 97 in the no-ECR group, 18 (19%) were in an ongoing trial (p<0.001 vs ECR/partial ECR) and 21 (22%) were using the same medication over the whole follow-up year (p =.008 vs ECR /partial ECR) despite lack of significant clinical effect.

Conclusions: We show that the mostly used consensus definition of TR identifies only a proportion of FEP patients without sufficient clinical and functional improvement at one year follow-up. The main reason for not meeting the criteria is a lack of two adequate antipsychotic trials at this point of time. However, only half of these were in an ongoing trial despite recommendations in clinical guidelines.

Disclosure of Interest: None Declared

EPP0661

Examining the association between exposome score for schizophrenia and cognition in schizophrenia, siblings, and healthy controls: Findings from the EUGEI study

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Introduction: Schizophrenia spectrum disorders (SSD) are frequently associated with disturbances in both neurocognition and social cognition. The patoetiology of SSD derives from a complex interaction between genes and environment. Exposome score for schizophrenia (ES-SCZ) is a cumulative environmental exposure score for schizophrenia which have shown potential utility in risk stratification and outcome prediction.

Objectives: To investigate whether ES-SCZ is associated with cognition in patients with SSD, unaffected siblings, and healthy controls.

Methods: The present cross-sectional study included 1141 patients with SSD, 1332 unaffected siblings, and 1495 healthy controls, recruited in the Netherlands, Spain, Serbia, and Turkey. The Wechsler Adult Intelligence Scale (WAIS) was used to evaluate neurocognition, while the Degraded Facial Emotion Recognition (DFAR) task was used to assess social cognition. ES-SCZ was calculated based on our previously validated method. Associations between ES-SCZ and cognitive domains were analyzed by applying regression models in each group (patients, siblings, and controls), adjusted by age, sex, and country.

Results: According to our preliminary analyses, no significant associations were found between ES-SCZ and cognition in patients with SSD. ES-SCZ was negatively associated with WAIS in unaffected siblings (B=−0.40, p=0.03) and controls (B=-0.63, p=0.004) and positively associated with DFAR in siblings (B=0.83, p=0.004). No significant association between ES-SCZ and DFAR was found in healthy controls.

Conclusions: Our findings show that neurocognition and social cognition are oppositely associated with ES-SCZ. Longitudinal studies may clarify whether there is a cause-effect relationship between ES-SCZ and cognition. Further research should investigate whether ES-SCZ interacts with molecular genetic risk for schizophrenia to improve clinical chcracterization and outcome prediction in people with SSD.

Disclosure of Interest: None Declared

EPP0662

Night-time/daytime Protein S100B serum levels in paranoid schizophrenic patients

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Introduction: S100B is a calcium-binding astrocyte-specific cytokine, that is considered a biomarker of neurodegeneration; which may be involved in the imbalance of the inflammatory response observed in several brain disorders, including major depression and schizophrenia. Two meta-analyses have reported higher serum levels of S100B in patients with schizophrenia respect to healthy controls.

Different studies have described circadian and seasonal variations of biological variables, such as melatonin or cortisol. It has been reported that there is not circadian rhythm of S100B blood levels in healthy subjects. However, it is not known whether there are circadian oscillations in S100B blood concentrations in patients with schizophrenia.

Objectives: The aim of this study is to describe S100B serum levels in patients with schizophrenia and to analyse whether they follow a circadian rhythm.

Methods: Our sample consists in 47 patients in acute phase and stabilized status. Blood samples were collected at 12:00 and 00:00 hours by venipuncture. Serum levels of Protein S100B were measured three times: at admission, discharge and three months after discharge. Protein S100B was measured by means of ELISA (Enzyme-linked immunosorbent assay) techniques.