

or more than one oral antipsychotic (OR 4.57 [2.22-9.39]), visiting the emergency department more than once (OR 8.7 [2.64-28.68]), and admission to the psychiatry unit (OR 13.91 [3.17-60.94]). In addition, those following up in PROP were younger and less likely to be in the oldest age group (over 54 years) [OR 0.11 (0.01-0.93)], less likely to be females (OR 0.39 [0.18-0.81]), and less likely to be diagnosed with “other psychotic disorder” as compared to schizophrenia (OR 0.14 [0.03 – 0.62]).

Conclusions: PROP was the first community treatment program to use the principles of assertive outreach in Lebanon. Our findings highlight that the assertive out-reach model of care is applicable to its target population in the context of psychiatric care in Lebanon, namely young individuals with psychosis, higher comorbidities and a severe course of illness.

Disclosure of Interest: None Declared

EPP0269

Cascadic failure and preferential decay via pruning mediated percolation on interdependent networks: implications for schizophrenia

K. Szalischnyó^{1,2*}, P. Érdi^{2,3} and D. N. Silverstein⁴

¹Psychiatry, Uppsala University, Department of Medical Sciences, Uppsala University Hospital, Uppsala, Sweden; ²Computational Sciences Department, Wigner Research Center for Physics, Budapest, Hungary; ³Department of Physics and Department of Psychology, Kalamazoo College in Kalamazoo, Kalamazoo, United States and ⁴Agora for Biosystems, Sigtuna foundation, Sigtuna, Sweden

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.457

Introduction: During adolescence the brain is dynamically changing. Destabilization and acceleration of the normal adolescent synaptic pruning process is likely a contributing factor to the neuropathology of schizophrenia. Details on whether normal pruning effects weaker synapses more or uniformly all synapses with different strengths, needs to be further evaluated. Widespread impairment in structural connectivity in schizophrenic patients involving several cortical and subcortical areas, has been previously described. In this computational study, we investigated a stochastic percolation process in interdependent networks, motivated by pathological synaptic pruning. We examined preferential decay in the connectivity decremental process, as well as differential pruning in interconnected subnetworks. Finally, the speed of the percolation process, as well as the potential for pharmacological interventions of percolation in random networks was explored. Statistical structural properties of decaying networks pinpointed several network attributes which the disintegration and phase transitions qualitatively depended on.

Objectives: The following objectives were explored: 1.) Apart from a random percolation process, we investigated preferential decay of the connections. We introduced different percolation rules for various connection types. 2.) Based on previous experimental results, we assumed that different interconnected neural subpopulations prune differently, therefore we explored differential pruning process in the subnetworks. 3.) The speed of the percolation was

studied and the pharmacological synaptic connectivity change was also analyzed.

Methods: We considered two inter-connected randomly connected networks, where the connections were removed during the percolation process. Simulations were partially performed using Octave on a Lenovo Thinkpad running the Linux operating system and partially performed on a supercomputer at UPPMAX (NAISS Small Compute 2023 Dnr: NAISS 2023/22-102).

Results: We found that the coupled network system shows rich percolation behaviors with phase transitions for various coupling strength and coupling patterns. The phase transitions of both layers are altered qualitatively between discontinuous, mixed and continuous. Recursively developing percolation in interdependent networks can cause complete fragmentation of these networks, resulting in cascadic failure which might be related to schizophrenia symptoms.

Conclusions: This computational study analyzes the pruning-mediated percolation in interdependent neural networks. Consequences of the pathological overpruning were related to the attributes of the interdependent network properties. Implications for schizophrenia development and predictions for compensational iatrogenic percolation was also pinpointed and discussed.

Disclosure of Interest: None Declared

EPP0270

Deep brain stimulation and psychosis as side effect: A case study

M. Selakovic*, C. Panetsou, T. Karkatsoulis and D. Tsaklakidou

Department of Psychiatry, ‘Sismanoglio’ General Hospital, Athens, Greece

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.458

Introduction: Deep brain stimulation (DBS) of the subthalamic nucleus (STN) is a therapeutic method used for decades in neurological diseases such as Parkinson’s disease (PD), Huntington’s disease (HD) or dystonia. HD is a rare, inherited, neurodegenerative condition that causes progressive motor deficits, psychiatric symptoms, and cognitive impairment.

Objectives: Moreover, after DBS as a psychiatric side effect has been marked and the etiology of that side effect is not well-understood.

Methods: A case study of a 51 years old male is presented, who developed involuntary movements, for the first time at the age of 17, being diagnosed with Chorea Huntington, was treated with medication without improvement of the symptoms, such as rigidity and bradykinesia. After ten years, based on guidelines, he was treated with DBS, the outcome of which showed complete improvement of neurological symptomatology. Nevertheless, he started to present delusional ideas of reference with his siblings, sleep disturbance, dysphoria and agitation.

Results: Obviously, DBS improved neurological symptomatology permanently. The medical history of our patient has shown the recurrence of psychiatric symptoms as a few mandatory psychiatric

hospitalizations and his condition has improved with olanzapine 20 mg/ daily and L.A.I. of paliperidone (once /monthly).

Conclusions: By far, DBS, as a treatment modality, has great potential to modify disease outcomes and potentially cure the devastating genetic neurodegenerative disorder such as chorea. The cases with psychiatric side effects of DBS have been described so rarely, that it's difficult to formulate conclusions that can be applied to the whole population of patients treated with DBS. In our opinion, in some cases it is possible to effectively treat the psychotic symptoms without resignation from the benefits of DBS.

Disclosure of Interest: None Declared

EPP0271

Psychotic experiences in university students: prevalence, correlates and association with non-specific psychological distress

N. Werbeloff* and N. Sobol

School of Social Work, Bar Ilan University, Ramat Gan, Israel

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.459

Introduction: Subclinical psychotic experiences (PEs) are far more prevalent than psychotic disorders, with an estimated prevalence of 7.2% (Linscott & Van Os. Psychol Med 2013;43 (6) 1133-1149). PEs are particularly prevalent in late adolescence and young adulthood, when obtaining academic education is one of the main developmental tasks. University students are at the peak age of onset of mental disorders, and often experience high levels of social and academic stress that may contribute to the onset of psychopathology. Hence, estimating the prevalence and correlates of PEs among university students is particularly important.

Objectives: To estimate the prevalence of PEs in a sample of Israeli students; assess whether rates of PEs differ by selected sociodemographic characteristics; and examine the association between PEs and non-specific psychological distress.

Methods: 150 students from universities and colleges in Israel participated in a cross-sectional online survey. All students were over the age of 18 and were not diagnosed with psychotic disorders. Participants completed self-report questionnaires, including the Prodromal Questionnaire - Brief Version (PQ-B), Kessler Psychological Distress Scale (K10) and sociodemographic details. The PQ-B yields a score for the total number of items endorsed (range 0–21), and a total distress score (range 0–105). A cutoff of ≥ 8 distressing symptoms was used to identify participants at high-risk for psychosis.

Results: 21 participants (14.0%) reported 8 or more distressing PEs. PEs were more common in males and among those with a psychiatric illness (Table 1). PEs were not associated with marital status, religiosity, or immigrant status. While a greater number of PEs was positively associated with non-specific psychological distress ($r=0.589$, $p<.001$), there was no association between distress caused by PEs and non-specific psychological distress ($r=0.145$, NS).

Table 1. Sociodemographic characteristics by group

		PEs-	PEs+	χ^2 , p
Sex	M	29.5%	52.4%	4.32, .038
	F	70.5%	47.6%	
Marital Status	Married	17.1%	23.8%	0.56, NS
	Unmarried	82.9%	76.2%	
Immigrant	No	89.9%	85.7%	0.34, NS
	Yes	10.1%	14.3%	
Religiosity	Secular	74.4%	57.1%	2.67, NS
	Other	25.6%	42.9%	
Psychiatric illness	No	87.6%	61.9%	8.87, .003
	Yes	12.4%	38.1%	

Conclusions: The findings confirm that self-reported PEs are much more prevalent than clinically diagnosed psychotic disorders, particularly among young adults. As PEs were found to be associated with non-specific psychological distress, and as they are known forerunners for severe mental disorders, it is important to address mental health issues in school settings and promote prevention and early intervention programs.

Disclosure of Interest: None Declared

EPP0272

Retrospective Assessment of Metabolic Syndrome and Cardiovascular Disease Risk Following Monthly and Three-Month Long-Acting Paliperidone Palmitate Treatment in Schizophrenia

S. N. Ispir*, E. Yıldız, H. R. Demirel, H. Söylemez and M. Aydın

Psychiatry, Selcuk University Faculty Of Medicine, Konya, Türkiye

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.460

Introduction: Patients with schizophrenia exhibit a higher prevalence of metabolic syndrome and cardiovascular diseases compared to the general population, resulting in increased mortality rates. The extent of this risk may vary based on the specific treatment employed.

Objectives: This study aims to compare the risk assessments of metabolic syndrome and cardiovascular diseases in schizophrenia patients who transitioned from monthly long-acting paliperidone palmitate (PP1M) treatment to three-month long-acting paliperidone palmitate (PP3M) treatment during both treatment periods.

Methods: The research was conducted at the Psychiatry Clinic and Psychotic Disorders Outpatient Clinic of Selcuk University Faculty of Medicine. Eligible participants included patients under PP3M treatment for a minimum of 6 months and undergoing continuous monitoring in the psychotic disorders outpatient clinic. Sociodemographic and clinical data, scales, laboratory values, and measurements taken both before and during the use of PP3M and PP1M were retrieved from file records, encompassing assessments,