consultations and are erratic in therapeutic compliance. Injectable medication, although present in G2 and in a lower percentage in G3, and the infrequent involuntary treatment in both, may be considered as possible intervention points. An assertive multidisciplinary approach, focused on current treatment and relapse prevention (including social structures and rehabilitation centers), will be the key to their treatment.

Disclosure of Interest: None Declared

EPP0656

Sociodemographic and clinical characteristics of the population with a first psychotic episode attended in the mental health services of area 5 of Madrid (Spain)

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Introduction: Risk of functional impairment and progression to chronic illness in people with a first episode of psychosis (FEP) has motivated early intervention programs, showing promising results. Defining the characteristics of people with FEP at local level enables the clinicians to adjust interventional models to the reality of the population. The area 5 of Madrid (Spain) is referred to La Paz University Hospital and it serves a catchment area of roughly 527,000 people.
Objectives: We aim to identify sociodemographic and clinical characteristics of patients in the area 5 of Madrid (Spain) who meet the criteria of FEP.
Methods: A descriptive retrospective study including 179 people (age range 18-40 years) who were attended in mental health services of La Paz University Hospital (area 5 of Madrid, Spain), between January 2019 and May 2020, having suffered a psychotic episode in the last five years.
Results: The average age of people with FEP was 29.32 years, with a higher proportion of men (62%). The mean duration of untreated psychosis (DUP) was 3.64 months and 47% of patients consume cannabis. We found disparities in DUP among the different districts in the area and we also observed differences depending on the district for inclusion in rehabilitation programs or psychotherapy. The following averages were obtained for the aggregate sample: 1.01 hospitalization/year, 1.42 emergency room visits/year, 1.81 years of illness and a mean dosage equivalent to olanzapine 6.75 mg/day. The incidence of psychosis in our area has been 7.01 cases per 100000 inhabitants/year.
Conclusions: The incidence of psychosis has been as expected according to data recorded at previous studies in Spain. The results obtained in our sample have included a lower DUP and a higher use of cannabis than those described in the literature. We have also found differences when observing the inclusion of patients in different treatments (psychotherapy, rehabilitation), which may be related to the differences in the DUP by districts. Further exploration in this field is needed to draw causal conclusions.

Disclosure of Interest: None Declared

EPP0657

The Positive and Negative Syndrome Scale for Schizophrenia Autism Severity Scale (PAUSS) in a sample of early-onset psychosis

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Introduction: The Positive and Negative Syndrome Scale for Schizophrenia Autism Severity Scale (PAUSS) scale can be derived from the Positive and Negative Schizophrenia Syndrome Scale, enabling an assessment of psychotic and autistic dimensions with a single tool.
Objectives: The aim of the study was to investigate the prevalence of autistic traits and the diagnostic, developmental, clinical, and functional correlates of this phenotype in a sample of early-onset psychosis (onset before age 18 years; EOP).
Methods: Prospective observational 2 year- follow-up study in a sample of young people with a first-episode of EOP. Demographic, perinatal, developmental, cognitive, clinical, and functional data were collected. PAUSS total scores and socio-communication and repetitive behaviors subscores were calculated. We used the proposed cut-off points for adult populations to define prevalence of autistic traits (PAUSS≥30). Subgroups of patients with and without autistic traits were identified based on the total PAUSS terciles. We used the Cronbach's alpha test to assess the PAUSS internal consistency. Linear mixed models were performed to compare changes in PAUSS during follow-up between diagnostic subgroups [i.e., non-affective psychosis (including schizophrenia and schizophreniform disorder), affective psychosis (including bipolar disorder, schizoaffective disorder and major depressive disorder with psychotic features), and other psychosis (including brief psychotic disorder and psychosis not otherwise specified)]. Developmental, clinical, and functional variables were compared

between subgroups with and without autistic traits with logistic regression analysis.
Results: 248 patients with PIT were included (age 15.69 ± 1.86 years, 38.65% female). The prevalence of autistic traits in EOP was 7.04%, with significantly higher prevalence in the group of patients with non-affective psychosis (15.20%) than in other diagnostic groups. PAUSS scores significantly decreased over time, with no significant differences in the trajectories of the total PAUSS and its subscores among the three diagnostic subgroups during the 2-year follow-up. The PAUSS showed good internal consistency at all visits (Cronbach's alpha > 0,88). Patients with autistic traits presented longer duration of untreated psychosis, longer duration of the first inpatient admission, poorer social adjustment in childhood, poorer functionality, greater clinical severity, and poorer response to treatment during follow-up than patients without autistic traits.
Conclusions: The PAUSS is an easy-to-apply tool that can be useful to differentiate psychosis subgroups with worse prognosis.

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Schizophrenia and other psychotic disorders 06

EPP0659

Biological subtyping of schizophrenia and relationship with clinical features: a neuroimaging study

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Introduction: The heterogeneity of schizophrenia (SCZ) regarding clinical features including symptomatology, disease course and their inter-relationships with underlying biological substrates remain incompletely understood.
Objectives: In a bid to reduce illness heterogeneity using biological substrates, our study aimed to employ brain neurostructural measures for subtyping SCZ patients, and evaluate each subtype's relationship with clinical features such as illness duration, psychotic psychopathology, and deficit status.
Methods: We recruited 240 subjects (160 SCZ patients, 80 healthy controls) for this study. All participants underwent brain structural magnetic resonance imaging scans and clinical assessments using the Positive and Negative Syndrome Scale. Biological subtypes of SCZ were identified using "Heterogeneity through discriminative analysis" (HYDRA), a clustering technique which accounted for relevant covariates and the inter-group normalized percentage changes in brain volume were also calculated.
Results: We found two neuroanatomical subtypes (SG-1 and SG-2) which were found amongst our patients with SCZ. The subtype SG-1 was associated with enlargements in the third and lateral ventricles, volume increase in the basal ganglia (putamen, caudate, pallidum), longer illness duration, and deficit status. The subtype SG-2 was associated with reductions of cortical and subcortical structures (hippocampus, thalamus, basal ganglia).
Conclusions: These findings have clinical implications in the early intervention, response monitoring, and prognostication of SCZ. Future studies may adopt a multi-modal neuroimaging approach to enhance insights into the neurobiological composition of relevant subtypes.

Disclosure of Interest: None Declared

EPP0660

Identifying early signs of Treatment Resistance in First Episode Psychosis to revise and aid further treatment

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Introduction: Approximately 1/3 of patients with first episode psychosis (FEP) will not benefit from antipsychotic medications and are considered treatment resistant (TR). TR is currently defined as sustained lack of remission with functional loss in the context of two adequate trials of different antipsychotics. Studies suggest that early initiation of clozapine treatment support a better course of illness in TR. Most treatment guidelines recommend clozapine after two antipsychotic failures. In practice, increased dosages of other antipsychotics or polypharmacy are tried out first. Identifying early signs of TR and revising treatment is thus important. Since the TR definition requires adequate lengths of treatment attempts, they are difficult to apply in FEP.
Objectives: The aim of the current study is to 1) investigate if a shorter observation period can be used to identify subgroups of FEP patients with early signs of TR (no indication of early clinical recovery - NoECR) and 2) investigate differences in antipsychotic treatments over the first year compared to patients in full or partial early recovery (ECR/ partial ECR).
Methods: Participants 18 to 65 years in their first year of treatment were recruited from major hospitals in Oslo. The participants met the DSM-IV criteria for schizophrenia, schizophreniform disorder, schizoaffective disorder, and psychotic disorder NOS. A total of 387 completed baseline clinical assessments and 207 one-year follow-up. The SCID-I for DSM-IV was used for diagnosis, symptoms were measured with the SCI-PANSS. Treatment history was gathered through interviews and medical charts. No-ECR was defined as a) Not meeting remission criteria for at least 12 weeks at follow-up, and b) Not regained functioning, i.e., a GFS score < 60. ECR was defined as a) Meeting the criteria for remission and b)