

Results: There were significant differences between TBIs and conventional interventions for functioning ($d = 0.25$, $SE = 0.09$, $z = 2.72$, $p = <.01$), but not for quality of life ($d = 0.14$, $SE = 0.08$, $z = 1.78$, $p = .076$) in patients with psychosis.

Conclusions: On average, patients who received TBIs performed better in functioning, but not in quality of life. Functioning is impaired in patients with psychosis, so TBIs should be considered a complement and efficacious intervention, highlighting the power of these type of interventions in improving some outcomes.

Disclosure: No significant relationships.

Keywords: Psychosis; Technology-based interventions; Mobile interventions; schizophrenia

EPP0362

Psychopathological networks in psychosis and changes over time: A long-term cohort study of first-episode psychosis

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Introduction: First-episode psychosis is a critical period for early interventions to reduce the risk of poor outcomes and relapse as much as possible. There are now many studies revealing the patterns of course in the short and medium terms, but uncertainties about the long-term outcomes of symptomatology remain to be ascertained.

Objectives: First, we ascertained whether the structure of psychopathological symptoms, dimensions and domains of psychopathology remains invariant over time between first-episode psychosis and long-term follow-up. Second, we analysed the changes in the interrelationships of psychopathological symptoms, dimensions and domains of psychopathology between FEP and long-term follow-up at three levels.

Methods: We performed network analysis to investigate first-episode and long-term stages of psychosis at three levels of analysis: micro, meso and macro. The sample was a cohort of 510 patients with first-episode psychoses from the SEGPEP study, who were reassessed at the long-term follow-up ($n = 243$). We used the Comprehensive Assessment of Symptoms and History (CASH) for their assessments.

Results: Our results showed a similar pattern of clustering between first episodes and long-term follow-up in seven psychopathological dimensions at the micro level, 3 and 4 dimensions at the meso level, and one at the macro level. They also revealed significant differences between first-episode and long-term network structure and centrality measures at the three levels.

Conclusions: Our findings suggest that disorganization symptoms have more influence in long-term stabilized patients. The main results of the current study add evidence to the hierarchical, dimensional and longitudinal structuring of first-episode psychoses.

Disclosure: No significant relationships.

Keywords: Network Analysis; First-episode psychosis; Long-term; Psychopathology

EPP0364

Decreased Resting-state fMRI Local Coherence in Schizophrenia Patients with Poor Long-term Outcome

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Introduction: Schizophrenia is heterogeneous in terms of symptoms and outcome, but neurobiology of this heterogeneity is not well-studied. Local correlation analysis of fMRI data provides a measure of local coherence, i.e., average correlation between BOLD-signal in a voxel and its neighbours. Local correlation is a promising approach, and it seems important to find links between local brain coherence and schizophrenia outcome.

Objectives: We aimed to compare brain local coherence between schizophrenia patients with varied long-term outcomes and healthy controls (HC).

Methods: Patients with chronic schizophrenia spectrum disorders (37 males, mean age 41.5 ± 5.5) and HC (17 males, mean age 38 ± 7.7) underwent resting-state fMRI (3T). Cluster analysis based on PANSS and PSP allowed us to allocate patients into two subgroups ($N = 13/24$). The second subgroup had significantly more marked negative and general psychopathology symptoms and worse functioning than the first subgroup. Local coherence in the brain was compared between clinical subgroups and HC (ANOVA, $p < .001$ voxelwise, $p[FDR] < .05$ clusterwise).

Results: Local coherence in the paracingulate gyri bilaterally ($\{-2; 58; 14\}$; 2712 mm^3) differentiated the groups. *Post hoc* analysis revealed decreased local coherence in the subgroup with poorer outcome compared to HC, along with the absence of differences between the subgroup with better outcome and HC. There were no differences between clinical subgroups.

Conclusions: Hypoactivity of the cingulate cortex is related to negative symptoms (Bersani et al., 2014). Their severity, in turn, is strongly associated with outcome. Thus, local coherence in the cingulate cortex may be one of the factors which underlie outcome heterogeneity.

Disclosure: No significant relationships.

Keywords: resting-state fMRI; Local Correlation; outcome; schizophrenia

EPP0365

Course of the Metabolic Syndrome (Mets) in a First Episode Psychosis Sample

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Introduction: There is evidence that metabolic syndrome (MetS) is common in chronic psychosis but also exists in the early stages.

Objectives: To study the prevalence and course of MetS over a period of 2 year after a first episode psychosis. To determine whether there may be differences in its prevalence according to the type of antipsychotic used over two years.

Methods: A sample of 300 patients participate in the PEPsNa Early Intervention Programme. SMet was determined at baseline and at 6, 12, 18 and 24 months. The type of antipsychotic used at each assessment moment is collected (none, aripiprazole, paliperidone, others). Adult Treatment Panel III (ATP III) criteria were used to define MetS.

Results: The prevalence of MetS at baseline is 4.44% and increases to 7.96% at 6 months, 10.1% at 12 months, 8.62% at 18 months and 9.01% at 24 months. The prevalence of MetS increases at 6 ($p<0.021$) and 12 months ($p<0.003$) compared to baseline and then remains stable. Only at 6 months assessment there are significant differences (F-Fisher $p<0.022$) in the presence of MetS (15.8%) in the paliperidone group treatment (oral or LAI).

Conclusions: Metabolic syndrome (MetS) exists from the early stages of psychosis and increases in the first 6-12 months and remains stable thereafter. The type of antipsychotic treatment only seems to have an influence at 6 months, with no differences at other follow-up times.

Disclosure: No significant relationships.

Keywords: First-episode psychosis; metabolic syndrome; antipsychotic treatment

EPP0366

Research of time processing disorder within the investigation of specific traits of schizophrenia

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Introduction: Schizophrenia is essentially related to one's self-perception and the relationship to the world. One possible explanation for symptoms of schizophrenia in activities is the disruption of timing, which can develop into a disorder of activity perception and attribution.

Objectives: Our study aimed to investigate the specificity of time perception disorder within the schizophrenia-bipolar spectrum, within the time interval around one second.

Methods: In the study, N = 15 schizophrenic (M = 37.28 years, SD = 9.49 years), N = 9 bipolar (M = 49.44 years, SD = 8.48 years), N = 10 schizoaffective (M = 41.32 years, SD = 10.75 years) patients with compensated clinical condition and N = 28 healthy control subjects (M = 36.5 years, SD = 9.9 years) participated. Time processing was examined with a perceptual (discrimination) and a productive (synchronization) task.

Results: Concerning the interval discrimination, patients with schizophrenia and schizoaffective disorder lag behind controls in the majority of indicators (0.373–0.772). In terms of production

and reproduction, the deviation of schizoaffective patients indicates a moderate difference, but subjects with schizophrenia show a large effect size, and subjects with bipolar disorder demonstrate a small effect size.

Conclusions: Our results suggest that the schizophrenic group exhibits a comprehensive time-processing disorder and in this respect can be distinguished from the bipolar affective and the control group. People with schizoaffective disorder show an intermediate performance in reproduction between the schizophrenic and bipolar groups, while in the case of discrimination deficit, they approach schizophrenics.

Disclosure: No significant relationships.

Keywords: subjectivity; schizophrenia-bipolar spectrum; interval discrimination; interval production

EPP0367

Late-onset schizophrenia patients with social phobia receive higher doses of antipsychotics compared patients without social phobia: results of an observational study

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Introduction: Social phobia is frequent comorbidity in schizophrenia. It's clinical correlates and consequences for clinical practice in late-onset schizophrenia (LoS) are unclear.

Objectives: The study aimed to compare clinical correlates and therapeutic options in LoS patient with and without social phobia.

Methods: 16 LoS patients with social phobia (ICD-11 diagnosis, age 59.6 ± 6.2 , 25% males) were compared with 16 LoS patients without social phobia (69.9 ± 10.9 , 0% males). Results of clinical assessment (PANSS, HDRS-17), cognitive examination (MMSE, MoCA), CT data were analysed. Type of antipsychotics (conventional/conventional) was registered, dose of antipsychotics and antidepressants was ranged from 1 (low) to 3 (high). Mann-Whitney test and χ^2 statistic was used.

Results: There was no group differences in age, age manifestation, illness duration, number of psychotic episodes, PANSS and HADRS scores, rates results of cognitive tests, atrophy scores, length of hospital state, types of received antipsychotics. LoS patients with social phobia received more frequently medium and high doses of antipsychotics than LoS patient without social phobia ($\chi^2(2) = 6.432$, $p = 0.040$).

Conclusions: Increased doses of antipsychotics in patients with social phobia don't correlate with severity of psychotic symptoms and may reflect some treatment resistance as well as misinterpretation of symptoms of social phobia as insufficient retreat of the psychosis. Active detection of social phobia is significant for treatment optimization.

Disclosure: No significant relationships.

Keywords: old age; late onset schizophrenia; antipsychotics; social phobia