Introduction: Emerging research suggests that retinal structure, assessed via optical coherence tomography (OCT), may be a potential biomarker in Schizophrenia Spectrum Disorders (SSD). However, the relationship between retinal and cognitive parameters in the early stages of the disease remains underexplored.
Objectives: To examine the correlation between retinal structure and cognitive functioning in patients with early-course SSD.
Methods: A cross-sectional sample of 26 SSD cases and 25 age- and gender-matched healthy controls (HCs) underwent OCT imaging. Peripapillary retinal nerve fiber layer (pRNFL), macular, and ganglion cell-inner plexiform layer (GCL+IPL) thicknesses were measured. Cognitive domains, including verbal memory (California Verbal Learning Test, CVLT[Delis et al. 2000]), working memory (WAIS-III Letter–Number Sequencing Subtest[Wechsler 2011]), processing speed (Trail Making Test-A, TMT-A[Reitan et al.Clin Neuropsychol 1995;9:50-6]), sustained attention (Conners' Continuous Performance Test, CPT[Rosvold et al.J Consult Psychol 1956;20:343]), executive function (Wisconsin Card Sorting Test, WCST[Heaton 2008]), and social cognition (Mayer-Salovey-Caruso Emotional Intelligence Test, MSCEIT[Mayer et al.Emotion 2003;3:97-105]), were assessed and then transformed into t-scores. A Principal Component Analysis(PCA) was conducted, and associations between retinal and cognitive parameters were explored with Pearson/Spearman correlations; statistical significance was set at $p<0.05$.
Results: SSD patients (mean age:31.9years[SD=1.2]; males n=11 [44%]; mean duration of illness:32.5months[SD=22.3]) exhibited thicker pRNFL in both the right (t=-2.25,p=0.03) and left (t=-2.08,p=0.04) eyes compared to HCs (mean age:32.7years [SD=1.9]; males n=13[50%]). A thicker pRNFL was associated with a poorer cognitive performance: verbal (r=-0.53,p=0.04) and working memory (r=-0.64,p=0.01) was correlated with average pRNFL thickness; processing speed was associated with superior temporal pRNFL thickness (rs=-0.54,p=0.02); sustained attention was correlated with inferior nasal pRNFL thickness (rs=-0.54,p=0.04); social cognition was correlated with average pRNFL thickness (r=-0.72, p=0.03) and temporal pRNFL thickness (r=-0.82, p=0.01). Executive function was not associated with retinal measures, and macular and GCL+IPL thickness did not correlate significantly with cognitive variables.
Conclusions: Our findings suggest relationships between increased pRNFL thickness and impaired cognitive functioning in early-course SSD patients. Previous studies have reported that pRNFL might be thicker during the initial stages of SSD and thins as the disease progresses, highlighting the role of inflammatory processes in both retinal changes and cognitive impairment. Further longitudinal multimodal research is warranted to explore the utility of retinal imaging in monitoring cognitive outcomes in SSD.

Disclosure of Interest: None Declared

EPP062

Benefits of combining Metacognitive Training (MCT) with Cognitive Remediation (CR) in the recovery of patients with psychotic spectrum disorders: Preliminary results

M. Korniyenko[1]*, J. Navarro[1], F. González-Higueras[2], J. Cid[3], E. Frigola-Capell[3], I. Birules[4], C. Vidal[5], G. Garrido[6], J. Crosas[7], A. Aznar[8], C. Palma-Sevillano[9,10], A. Sastre-Buades[11], J. Sevilla-Llewellyn-Jones[12], O. Vallina[13] and A. Barajas[1,14]

[1]Autonomous University of Barcelona, Barcelona; [2]Hospital Universitario de Jaén, Jaén; [3]Institut d'Investigació Biomèdica de Girona Dr. Josep Trueta (IdiBGI), Institut d'Assitència Sanitària, Girona; [4]Parc Sanitari Sant Joan de Déu; [5]Fundació els Tres Turons; [6]Consorci Sanitari de Terrassa; [7]Corporació Sanitària Parc Taulí; [8]Asociación Centro de Higiene Mental Les Corts; [9]Universitat Ramon Llull, Barcelona; [10]Consorci Sanitari del Maresme, Mataró; [11]Hospital Universitario Son Llatzer, Palma; [12]Hospital Clínico San Carlos, Madrid; [13]Servicio Cántabro de Salud, Torrelavega and [14]Serra Húnter Programme, Government of Catalonia, Barcelona, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.416

Introduction: Psychotic disorders are a major cause of global disability. While antipsychotic treatments are effective, their impact is limited. Metacognitive Training (MCT) reduces positive and negative symptoms, but neurocognitive deficits hinder therapy. Cognitive Rehabilitation (CR) may help improve these skills. Combining both therapies could offer better results, but studies are lacking to confirm whether there is any real improvement.
Objectives: Compare the efficacy of combined CR+MCT therapy vs. MCT alone in clinical and functional recovery in nonaffective psychotic disorders.
Methods: This ongoing randomized trial includes 85 patients (56.5% female, mean age 40.40±10.17), with 38 receiving CR +MCT and 47 receiving MCT only. Sociodemographic and clinical data (WHO-DAS-II, PANSS, GAF, and criteria for clinical remission and functional recovery) were collected pre-and post-treatment. Generalized linear models were used, with post-treatment scores as the dependent variable, baseline scores, and RC+MCT group as covariates.
Results: No significant differences were found between groups. However, CR+MCT showed a greater reduction in positive symptoms ($M_{\text{post-pre}}$ = -3) vs. MCT ($M_{\text{post-pre}}$ = -2.2) with no changes in negative symptoms. CR+MCT presented a higher percentage of clinical remission (12,1%) vs MCT (0%) post-treatment. Both groups improve in functional recovery, with greater results in MCT alone (10,9%$_{\text{CR+MCT}}$ vs 22,8%$_{\text{MCT}}$). CR+MCT also had greater reductions in functional disability ($M_{\text{post-pre}}$ = -3,4) vs. MCT alone ($M_{\text{post-pre}}$ = -2,2).
Conclusions: The group that has received the combined RC+MCT therapy has shown better results in clinical remission and functional recovery, the last in terms of disability, than the MCT-only group. The small sample size limits statistical significance.

Disclosure of Interest: None Declared

EPP063

First episode of psychosis in patients over 35 years of age, the forgotten population. A descriptive and comparative study

G. Pérez Guerrero[1]*, R. Pérez Iglesias[2], J. Vázquez Bourgon[2], P. Suárez Pinilla[2], D. Sierra Biddle[2], M. L. Ramírez Bonilla[2], P. Cordero Andrés[2] and M. D. C. Flor Gómez[2]

[1]Psychiatry, Hospital Regional Universitario de Málaga, Málaga and [2]Psychiatry, Hospital Universitario Marqués de Valdecilla, Santander, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.417

Introduction: Early Intervention in Psychosis (EIP) services have been youth-focused since their inception. Recently, NICE recommend the expansion of the age acceptability criterion to 65 years, from the previous cut-off of 35 years.
Objectives: The aim of this study is to compare the demographic and clinical characteristics between patients below and above 35 years of an epidemiological cohort of first-episode psychosis patients treated in the Early Intervention Service of Cantabria (ITPCan).
Methods: This is an study of the 207 consecutive patients aged from 17 to 65 who were admitted to the Service of University Hospital Marqués de Valdecilla, Spain, from January 2020 to July 2024. Descriptive statistics and between groups comparisons are reported.
Results: A large proportion (51.2%) of those who presented a first episode of psychosis did so after the age of 35. The over 35s were predominantly female (65,1%), whilst the under 35s were predominantly male (58.4%) ($\chi2$=11.495, P=0.01).
No significant differences were found between the age groups in terms of the need for psychiatric care in the different facilities (emergency care, day hospital, acute unit admission or mid-stay unit admission), nor in the presentation of autolytic attempts or the requirement for mechanical restraint.
DUP was significantly higher in the over 35s (u=4183.5, P=0.006), with a median of 4 months versus a median of 2 in the under 35s. As for the use of drugs, 36.6% of the under 35s regularly consume cannabis compared to 6.6% of the over 35s ($\chi2$=15.783, P=0), while there are no differences in the consumption of tobacco or alcohol. There was a higher proportion of patients over 35 with diabetes (4.7% vs. 0%, $\chi2$=4.407, P=0.036), hypercholesterolemia (20.8% vs. 4%; $\chi2$=11.750, P=0.001) and a history of cardiovascular disease (7.5% vs. 1%, $\chi2$=4.678, P=0.03), but no significant differences were observed between groups in the history of cerebrovascular disease or hypertension.
In reference to diagnosis, non-affective psychosis was more frequent in both groups (73.3% in under 35s and 90.6% in over 35s), with the diagnosis of delusional disorder being more frequent in the group over 35s (18.9% vs 1%, $\chi2$=16.127, P=0). On the other hand, the diagnosis of manic episode with psychotic symptoms was significantly higher in those under 35 years of age (22.8% vs 9.4%, $\chi2$=6.867, P=0.009).
Conclusions: Despite the high proportion of patients who have a late onset of psychosis, specially women, this remains an understudied group. EIP services focused on young people are gender and age inequitable. There are some clinical and demographic differences between the two age groups and EIP services should ensure that the treatments offered are tailored to the needs of both groups.

Disclosure of Interest: None Declared

EPP064

Long-Term Survival and Mortality in Schizophrenia: Insights from a 10-Year Follow-Up Study

A. V. Popa[1,2*], A. Teodorescu[1,2] and P. I. Ifteni[1,2]

[1]Faculty of Medicine, Transilvania University of Brașov and [2]Psychiatry, Clinical Hospital of Psychiatry and Neurology of Brașov, Brașov, Romania
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.418

Introduction: Schizophrenia is a severe mental disorder linked to a life expectancy 15-20 years shorter than the general population[1], due to higher rates of cardiovascular disease, cancer, metabolic disorders, and increased risk of suicide and accidental deaths[2].
Objectives: This study aims to analyze survival and causes of death in a cohort of schizophrenia patients over a 10-year period, providing insights into mortality patterns in this population.
Methods: This 10-year retrospective study followed 635 schizophrenia patients, aged 18 or older, enrolled from 2010 to 2013 at the Clinical Hospital of Psychiatry and Neurology, Brasov, Romania. Patients with schizo-affective or other psychotic disorders were excluded. Data included demographics, clinical history, and survival outcomes, with causes of death confirmed by a Forensic Medical Specialist.
Results: The study included 635 patients diagnosed with schizophrenia. The mean age at baseline was 48,01 ± 11.36, 42.04% were males, and the mean age of onset of schizophrenia was 26.68 ± 8.01.The average duration of illness was 21.27 ± 11.41 years. Among the cohort, 20.31% patients were treated with LAIs antipsychotics, and 17.16% were on clozapine. Of the 635 patients followed, 123 (19.4%) died during the 10-year follow-up. The average age at death was 59.04 ±11.96. According to the 2023 Eurohealth report and the World Health Organization, the overall life expectancy in Romania is 76.3 years [3]. The data on schizophrenia patients suggests a significant disparity between their average age at death and the overall life expectancy in Romania. Schizophrenia patients in Romania live, on average, about 17 years less than the general population. Of the deceased, 13% died in psychiatric wards, and 17.88% were in chronic care at the time. Among the deceased patients, 18 were on typical antipsychotic LAIs. None of the patients in the deceased cohort were on atypical LAIs. Cardiovascular disease was the leading cause of death (27.64%), followed by infections (17.07%) and cancer (12.19%). Metabolic causes accounted for 4.06%, respiratory for 1.62%, hepatic for 3.25%, and both neurological and gastrointestinal causes for 0.81%. The cause of death was undetermined in 15.45% of cases. Violent deaths accounted for 17.07% of cases, with 8 suicides and 13 accidents. Out of the 13 accidental deaths, 7 were due to choking-related asphyxiation during eating. Four of these patients were on haloperidol, 2 on quetiapine, and 1 on flupenthixol.
Conclusions: The 17-year lower life expectancy for schizophrenia patients highlights the urgent need for targeted public health interventions and improved preventive care. Additionally, the high mortality from cardiovascular disease, cancer, and infections, along with choking-related risks from antipsychotic medications, underscores the importance of careful medication management to enhance patient safety and survival.

Disclosure of Interest: None Declared

EPP065

Disentangling the contribution of inflammatory markers and kynurenines to cognitive impairment in schizophrenia

J. Sapienza[1,2*], G. Agostoni[1], S. El Sagher[3], M. D'Incalci[4], M. Spangaro[1], M. Bechi[1], M. Buonocore[1], F. Cocchi[1], S. Comai[5], R. Cavallaro[3] and M. Bosia[3]

[1]Neurosciences, IRCSS San Raffaele, Milan; [2]Humanities and Life Sciences, IUSS, Pavia; [3]Vita-Salute San Raffaele University, Milan, Italy; [4]Neurosciences, Vita-Salute San Raffaele University, Milan and [5]Department of Pharmaceutical and Pharmacological Sciences, University of Padua, Padua, Italy
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.419