

Narrative review revealed that personal transition to psychosis and positive family history of psychosis was strongly associated with suicidal attempt, while CAARMS (Comprehensive Assessment of At Risk Mental States) severity score was associated with suicidal ideation. Depression was strongly associated with both suicidal attempt and suicidal ideation, whereas positive symptoms and self-disturbance were associated with self-injury.

Conclusions: The prevalence of suicidal ideation and behaviour among UHR adolescent and youth is high and comparable to the general UHR population. Effective detection and management of suicide risk will be especially crucial in the adolescent UHR population. Existing measures that mitigate suicide risk in the general UHR population should be adopted for the youth and adolescent context.

Disclosure of Interest: None Declared

O084

Trends in antipsychotic polypharmacy and potential overtreatment with antipsychotics- We are not there yet!

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Introduction: Due to the potentially severe side effects of antipsychotics, overtreatment is an important concern. Previous research focussed on antipsychotic polypharmacy and excessively high doses.

Objectives: In this study, the aim is to map trends in potential overtreatment, antipsychotic polypharmacy, total antipsychotic dose and the subjective side effect burden. Moreover, the association of the total antipsychotic dose and antipsychotic polypharmacy with the subjective side effect burden will be investigated.

Methods: Data from a large (n>5000) naturalistic longitudinal cohort was used (PHAMOUS, 2013-2021). Potential overtreatment was defined as a total antipsychotic dose equivalent to >5mg risperidone, in combination with a high subjective side effect burden. Mixed effect models were used to investigate trends in potential overtreatment, antipsychotic polypharmacy, total antipsychotic dose and the subjective side effect burden. A mixed effect model was used to assess the association of total antipsychotic dose and antipsychotic polypharmacy with total subjective side effect burden.

Results: Overall, 15,717 observations nested in 5,107 patients were used. About one-third of patients were potentially overtreated, with no change over time. The prevalence of a dose above the equivalent of 5 mg risperidone decreased over time, while antipsychotic polypharmacy prevalence increased. The total subjective side effect burden slightly decreased. A higher dose and antipsychotic

polypharmacy was associated with a higher subjective side effect burden.

Conclusions: The subjective side effect burden did decrease the last decade. This might be caused by lower doses and more adequate use of polypharmacy. Still, the overtreatment rate is about one-third and the subjective side effect burden is still high. To reduce the subjective side effect burden and overtreatment, addressing inappropriate antipsychotic polypharmacy remains prudent.

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O086

Functional outcome in psychotic and affective inpatients: role of cognitive function

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Introduction: Functional outcome is a central clinical concern in inpatient psychiatry. Neurocognition is known to be an important factor in achieving a good functional outcome.

Objectives: We have previously investigated whether cognitive dysfunction improves over the course of inpatient treatment, where acutely admitted patients are offered a combination of pharmacological treatment and cognitive remediation (Maihofer et al. J Clin Med 2024, 13, 4843). We now investigate the extent to which the functional outcome of patients with psychotic and affective disorders is associated with cognitive function over time.

Methods: Adult inpatients aged 18-66 years (female = 57.9%, male = 42.1%) were assessed with the Screen for Cognitive Impairment in Psychiatry (German version, SCIP-G: Sachs et al. Schiz Res Cogn 2021, 25, 100197; Sachs et al. Schiz Res Cogn 2022, 29, 100259). According to ICD-10 research criteria, 83 patients received an F2 diagnosis (schizophrenia, schizoaffective and delusional disorders), 61 patients met the criteria for bipolar disorder or mania (F30/F31) and 90 for depression (F32/F33). All patients received state-of-the-art pharmacotherapy and cognitive remediation using the COGPACK® software package version 6.06. Functioning was assessed using the Global Assessment of Function (GAF).

Results: SCIP scores at baseline correlate significantly with SCIP scores at time point two ($r=.74$, $p<.001$). The SCIP at baseline is significantly correlated with patients' functional level ($r=.32$, $p=.01$). The higher the baseline SCIP score, the higher the GAF score ($r=.33$, $p=.01$). The higher the GAF score at baseline, the higher the SCIP score at time 2 ($r=.26$, $p=.039$). The higher the SCIP score at time 2, the higher the GAF score at time 2 ($r=.42$, $p<.001$).

Conclusions: During their stay in hospital, acutely admitted patients improved in function and neurocognition, regardless of their diagnostic classification. Functionality as measured by the GAF correlates significantly with cognitive ability as assessed by the SCIP-G.

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