groups (low, lower middle, higher middle, and high). We used objective and subjective socioeconomic measures and assessed cognitive and behavioral executive functioning through various tests, including the Stroop and Hayling tests, verbal fluency tasks, and the BRIEF questionnaire.
Results: ANOVA analyses didn't show global differences between groups, but Fisher Post Hoc tests revealed that participants from the highest socioeconomic group (group 4) performed better on several tasks. Group 4 showed faster processing times on Stroop tasks, better scores on the Digit Span Task, verbal fluency tasks, and the Modified Card Sorting Test, indicating a better processing speed and stronger cognitive flexibility and working memory. Behavioral executive measures also favored group 4 in areas such as working memory and task control.
Conclusions: This study highlights the clear advantage of higher socioeconomic status in executive functioning. Further research could develop strategies to improve cognitive functioning and quality of life for individuals with a lower socioeconomic level.

Disclosure of Interest: None Declared

EPV1452

Modifiable risk factors and their joint effect on Schizophrenia: A perspective study

S. Chen[1]*, Q. Dong[2], E. Fernandez-Egea[3], X. Li[2], A. Dayimu[3], D. Liu[2], H. Wang[2], F. Jiang[2] and L. Xu[2]

[1]London School of Hygiene & Tropical Medicine, London, United Kingdom; [2]Shandong University, Shandong, China and [3]University of Cambridge, Cambridge, United Kingdom
*Corresponding author.
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Introduction: Schizophrenia is a severe psychiatric disorder affecting 50% of patients intermittently and 20% chronically, with high unemployment rates (80-90%) and reduced life expectancy. Although genetic and neurodevelopmental factors are established non-modifiable risk factors, knowledge gaps persist regarding prevention strategies, particularly the combined impact of modifiable risk factors.
Objectives: The aim of this study is to identify the modifiable risk factors and to estimate their joint effect on Schizophrenia.
Methods: We conducted an exposure-wide association study (EWAS) using the UK Biobank cohort to systematically evaluate 206 potentially modifiable factors associated with schizophrenia risk. The study population comprised individuals without schizophrenia at baseline, with diagnoses determined using ICD-10 criteria. We employed Cox proportional hazard regression models with Bonferroni correction (significance threshold: $P<1.91\times10^{-4}$) to identify significant factors. The identified factors were categorized into six domains: lifestyle, local environment, medical history, physical measures, psychosocial factors, and socioeconomic status (SES). Domain-specific, weighed, and standardized scores were calculated based on coefficients from Cox models, adjusting for covariates. Scores were stratified into tertiles (favorable, intermediate, unfavorable) for risk assessment. Population attributable fractions (PAFs) were calculated to quantify prevention potential.
Results: The study cohort included 498,351 participants (54.45% female; mean age: 56.55 years) followed for a mean duration of 14.37 years, during which 1,345 participants developed schizophrenia. We identified 86 significant modifiable factors, with disability (HR 6.23, 95% CI 5.48-7.07), depression (HR 5.06, 95% CI 4.93-5.20), and anxiety disorders (HR 3.69, 95% CI 3.12-4.36) showing the strongest associations. Our analyses suggested that transitioning unfavorable profiles to intermediate and favorable status (Estimation 1) could prevent 59.6% of schizophrenia cases, while shifting both intermediate and unfavorable profiles to favorable (Estimation 2) could prevent 90.4% of cases. In Estimation 2, the preventive potential was highest for SES (18.0%), followed by medical history (17.5%), lifestyle factors (17.0%), psychosocial factors (14.3%), physical measures (12.8%), and local environment (10.8%).

Image:

Table1. Weighted and unweighted PAF for the six domains

	Estimation 1			Estimation 2		
Domains	**Unweighted PAF**	**Communality**	**Weighted PAF**	**Unweighted PAF**	**Communality**	**Weighted PAF**
Lifestyles	0.239	0.282	0.116	0.536	0.252	0.170
Local environment	0.189	0.211	0.091	0.341	0.526	0.108
Medical history	0.107	0.236	0.051	0.552	0.317	0.175
Physical measures	0.273	0.319	0.132	0.402	0.144	0.128
Psychosocial factors	0.137	0.604	0.066	0.449	0.401	0.143
SES	0.289	0.349	0.140	0.567	0.360	0.180
Overall weighted PAF			0.596			0.904

Weighted PAF was calculated after considering the overlap between risk factors. In estimation 1, we shifted the unfavorable profile to intermediate favorable ones. In estimation 2, we shifted all factors to the favorable profile. SES, socioeconomic status.

Conclusions: This analysis identifies multiple modifiable risk factors for schizophrenia, demonstrating substantial prevention potential through multi-domain interventions. Socioeconomic, medical, and lifestyle factors emerge as key targets for prevention strategies. The consistency of associations across genetic risk strata suggests interventions could be beneficial regardless of genetic predisposition, informing targeted prevention strategies and public health policies.

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EPV1453

Physician's Suicidal Behaviours in Europe: Thoughts and Beliefs of Trainees and Early Career Psychiatrists

U. Cikrikcili[1]*, D. G. Salas[2], L. Schmitz[3], A. Szczegielniak[4], A. de Arriba - Arnau[5], S. Rosson[6], A. Salaj[7], D. Cenci[8], Z. Ucar[9], C. Tapoi[10], L. Lefevre[11], Y. Ünal-Sayali[12], P. Tirlea[10], M. Pinto da Costa[13] and J. L. Castroman[14]

[1]Institute of Behavioral Neurology and Dementia Research, Magdeburg,

Germany; [2]Department of Addictive Disorders, Psychiatric Services, Aargau, Brugg, Switzerland; [3]Department of Psychiatry for Affective Disorders, Sahlgrenska University Hospital, Gothenburg, Sweden; [4]Department of Psychoprophylaxis, Faculty of Medical Sciences in Zabrze, Medical University of Silesia, Katowice, Poland; [5]Department of Psychiatry, Hospital Universitari de Bellvige - Psychiatry and Mental Health, IDIBELL. CIBERSAM, Carlos III Health Institute. Department of Clinical Sciences, Faculty of Medicine and Health Sciences, Universitat de Barcelona , Barcelona, Spain; [6]East London NHS Foundation Trust, London, United Kingdom; [7]Tuzla State Hospital Psychiatry Outpatient Clinic, Istanbul, Türkiye; [8]Department of Translational Medicine, Major University Hospital of Charity, Psychiatry Institute, Eastern Piedmont University, Novara, Italy; [9]Ankara Egitim Arastirma Hastanesi Psikiyatri Klinigi, Ankara, Türkiye; [10]Prof. Dr. Alexandru Obregia Clinical Psychiatry Hospital, Bucharest, Romania; [11]CHU de Montpeller Hopital Lapeyronie, Department d'Urgences et Post-Urgences Psychiatriques, Montpeller, France; [12]Zentralinstitut für Seelische Gesundheit, Marburg, Germany; [13]Psychology & Neuroscience, Institute of Psychiatry, King's College London, London, United Kingdom and [14]University of Santiago de Compostela , Santiago de Compostela A Coruna, Spain
*Corresponding author.
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Introduction: The rising rate of suicides among physicians is a critical and concerning issue that has not garnered enough attention. Personal, social, economic factors and working conditions are complicating this problem and a holistic approach is required to work towards a solution.
Objectives: The aim of this study was to investigate the views of psychiatry residents and young psychiatrists working in EPA member countries on the causes, consequences and solutions of physician suicides.
Methods: Under the umbrella of EPA Suicide Prevention and Suicidology Section, a 24-question survey regarding thoughts and beliefs on physicians's suicide was developed by a group of young researchers participating in EPA Summer School 2023. The questionnaire was disseminated through EPA Early Career Psychiatrists (ECP), European Federation of Psychiatric Trainees (EFPT) email groups, communication platforms for sub-working units, and various national psychiatric associations via their email and social media channels. The goal is to collect data over at least six months. Preliminary results will be shared with participants at the EPA 2025 Congress.
Results: When the initial data is analysed, it is seen that 160 people answered the questionnaire. 69% of the participants were female, 29.4% were male, 1.2% preferred not to say. The proportion of specialists was 64.4% and 35.6% of residents. Detailed responses to the questionnaire and the suggestions of the participants will be shared in detail with the congress participants in the presentation.
Conclusions: This study aims to explore the perspectives of residents and early-career specialists on an issue that is stigmatized within the medical community and often avoided in open discussions. Understanding how young physicians perceive and evaluate this issue amidst increasingly challenging living and working conditions will provide valuable insights, guiding future interventions aimed at addressing and mitigating this burden.

Disclosure of Interest: None Declared

EPV1455

Implementation of a low-threshold, community-based consultation for young adults with early symptoms of mental disorders – a study protocol

V. Komanek-Prinz[1], A. Schleussner[1], S. Hartmann[1], C. Diefenbach[1]* and A. Reif[1]

[1]Department of Psychiatry, Psychosomatic Medicine and Psychotherapy, Goethe University Frankfurt, University Hospital, Frankfurt am Main, Frankfurt/Main, Germany
*Corresponding author.
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Introduction: If untreated, mental health disorders are a leading cause of premature death due to physical illness and suicide. Typical onset is around the age of 15, and about 75% emerge by the age of 25. Thus early diagnostics and treatment to prevent chronic outcomes by early interventions is indispensable. We set up an intervention project in Frankfurt/Main, Germany, focusing on this vulnerable group aged 18 to 29.
Objectives: The project aims to assess if a low-threshold, early-on psychosocial consultation model significantly reduces early symptoms of mental disorders among young adults and to evaluate whether community-based consultations reduce stigma and increase early service utilisation. We intend to measure changes in mental health literacy. Alongside consultations, we identify cooperation partners and give workshops to raise awareness and reduce stigma.
Methods: A team of university psychologists and psychiatrists developed the project with community organisations and local foundations. Consultations take place in a non-stigmatizing, informal setting: the space is not within a clinic, centrally located and easily accessible. Services may be utilised anonymously and without registration of health insurance. We offer qualified diagnostics, brief solution-focused counselling, psychoeducation, early pharmacological treatment, group therapy and referral pathways to specialised care when needed. Using questionnaires, we will refine the program for potential up-scaling. Since September 5th, 2024, 12 patients aged between 17 and 34 years have already made use of the offer. Pre-intervention symptoms at baseline were initially assessed while post-intervention symptom assessments will take place 3 months later. Qualitative data will be analysed via thematic coding. Quantitative data for symptom alteration will be collected via Likert scales and analysed using paired t-tests and regressions. Qualitative feedback will be collected via surveys. We hypothesise that psychological well-being will improve post-intervention. Additionally, we expect an increased mental health literacy, alongside increased utilisation and acceptance of mental health services.
Results: Yet to follow.
Conclusions: Community-based mental health consultations represent a feasible early intervention strategy for young adults. Results are expected to support expanding such models to other community structures and refining protocols for scalability. We aim to optimise service delivery, assess long-term outcomes, and examine cost-effectiveness for potential implementation on a broader scale.

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