Methods: The study involved 98 women 16 to 25 years (20.9 ± 5.14 years) with depression within the framework of various nosologies (F31.3-4; F33.0-1; F60.0-9; F21.3-4; F20.01-2; F25.1). Two groups of patients without a history of psychosis were identified: group 1 (n = 47) - without symptoms of psychosis risk, group 2 (n = 51) - with depression associated with psychopathological symptoms of psychosis risk. The control group consisted of 42 healthy women of the corresponding age. The severity of depressive symptoms was assessed using the HDRS-21, the severity of negative and positive symptoms was determined using the SANS and SAPS. In group 2, the severity of attenuated positive symptoms was determined using the SOPS. The activity of the leukocyte elastase (LE) and α1-proteinase inhibitor (α1-PI), as well as the level of autoantibodies (AB) to S100B and MBP, were determined in plasma.
Results: The groups were characterized by a statistically significant increase in both LE and α1-PI ($p<0.05$), and the level of AB compared to the control ($p<0.05$), but no significant differences were found. In group 1, clinical and biological correlations were found between LE activity and the total score on the SANS ($r=0,44$, $p=0.002$). In group 2, a negative correlation was found between LE activity and the age of onset of the disease ($r=-0.3$, $p=0.046$).
The clustering of patients by LE activity and their distribution by immunological groups showed that 29.4% and 27.5% of patients in groups 1 and 2, respectively, were characterized by a high level of inflammatory markers and the absence of an autoimmune component to neuroantigens, which is a sign of a more favorable course of the pathological process. On the contrary, 70.6% and 72.5% of patients in groups 1 and 2, respectively, were characterized by the type of inflammatory response associated with an increase in the level of AB and varying degrees of insufficiency of the functional activity of neutrophils, which is considered an unfavorable factor that aggravates the course of the disease.
Conclusions: Comparison of the spectrum of inflammatory markers in juvenile depression with different risk of developing psychosis indicate their significant immunological heterogeneity. The immunotype characterized by a high level of AB and insufficient LE activity can presumably be considered as a predictor of the risk of developing psychosis.

Disclosure of Interest: None Declared

EPV1525

Quantitative and functional characteristics of monocytes and neutrophils in patients with treatment-resistant schizophrenia

S. Zozulya[1]*, Z. Sarmanova[1], I. Otman[1], V. Kaleda[1] and D. Tikhonov[1]

[1]FSBSI "Mental Health Research Centre", Moscow, Russian Federation
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.2039

Introduction: Despite significant progress in the treatment of schizophrenia, the number of patients with schizophrenia who do not respond to treatment remains constant. Identification of biomarkers of therapeutic resistance in the schizophrenia can help in early prediction of these conditions, as well as in the development of new approaches to treatment. Inflammation is considered as one of the possible mechanisms involved in the development of the pathological process in the formation of resistance to therapy in schizophrenia. The main cells of innate immunity, neutrophils and monocytes, are involved in the implementation of the inflammatory response.
Objectives: To compare the subpopulation composition of monocytes and the level of other inflammatory markers in patients with treatment-resistant schizophrenia and in the control group.
Methods: The study included 17 men with treatment-resistant schizophrenia (TRS) (27.0±8.0 years) and 15 healthy individuals without signs of mental and inflammatory diseases. The relative content of neutrophils and monocytes in the blood, as well as the ratio of monocyte subpopulations, estimated by the expression level of CD14 and CD16 receptors, were determined by flow cytofluorometry. The functional activity of neutrophils was determined spectrophotometrically by the activity of leukocyte elastase in plasma. The level of autoantibodies to S100B in plasma was estimated by ELISA.
Results: A significant increase in the relative content of monocytes ($U=28.0$, $p<0.01$) and a decrease in neutrophils ($U=35.0$, $p=0.036$) were found in TRS patients compared to the controls. An increase in a proportion of the "transitional" CD14+CD16− subpopulation ($U=61.5$, $p=0.04$) and a decrease in the "classical" CD14++CD16− subpopulation ($U=60.5$, $p=0.036$) were accompanied by the proportion of "intermediate" inflammatory CD14++CD16+ and "non-classical" CD14+CD16+ subpopulations that did not differ from controls. A moderate increase in leukocyte elastase activity ($U=34.0$, $p=0.001$) and a high level of S100B autoantibodies ($U = 55.0$, $p = 0.02$) were found in blood plasma of patients. The proportion of "intermediate" CD14++CD16+ monocytes was negatively correlated with the level of autoantibodies to S100B ($r= -0.55$, $p=0.021$). It should be noted that this spectrum of immune parameters differs from the corresponding profile that we identified in patients with schizophrenia who responded to treatment. The main differences concern the proportion of "intermediate" monocytes, the relative content and functional activity of neutrophils.
Conclusions: The identified quantitative and functional characteristics of monocytes and neutrophils in patients with TRS indicate the possible involvement of the cellular component of immunity in the development of resistance to treatment and may be associated with the severity of the disease in a long-term pathological process in the brain.

Disclosure of Interest: None Declared

Psychopathology

EPV1526

Distinguishing Obsessive-Compulsive Symptoms in Schizophrenia-Spectrum Disorders and Obsessive-Compulsive Disorder: The Role of Basic Self Disturbances

V. Alves Barata[1]*, J. Bastos[1] and T. Filipe Ferreira[1]

[1]Hospital Prof. Doutor Fernando Fonseca, Lisbon, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.2040

Introduction: Obsessive-compulsive symptoms (OCS) are frequently observed in both obsessive-compulsive disorder (OCD) and schizophrenia-spectrum disorders (SSD), creating significant diagnostic challenges. Historically, Karl Jaspers defined "true obsessions" as a struggle against intrusive ideas that appear nonsensical and "alien" to the personality, demarcating this concept from delusions and overvalued ideas, in which cases the person

would be convinced of the relevance of the content. However, since the 1980s, the concepts of insight and resistance in OCD have been deemphasized in diagnostic criteria, broadening the definition of OCD to include cases with poor or absent insight. The broadening of these criteria has blurred the distinction between OCD and SSD and has narrowed the diagnosis of schizophrenia to primarily delusional and hallucinatory conditions, overlooking obsessive phenomena in this disorder.

Objectives: The primary goal of this review is to differentiate the phenomenological features of OCS in OCD from those in SSD, focusing on the connection between obsessive-compulsive phenomena and disturbances in the basic self in SSD.

Methods: A literature review was conducted using the keywords "obsessive-compulsive symptoms"; "schizophrenia"; "obsessive-compulsive disorder"; "phenomenology" in the Pubmed and Google Scholar databases.

Results: The findings suggest that the underlying nature and subjective experience of OCS may differ substantially between OCD and SSD. An essential component of this differentiation is the exploration of basic self-disturbances, which refer to profound disruptions in an individual's sense of ownership of experience and agency of action - elements often impacted in SSD but less so in OCD. Patients with SSD often experience OCS in a more alien and automatic manner, with intrusive thoughts and compulsions lacking a clear sense of personal ownership or agency. These obsessions are more likely to blend with delusional thinking and other psychotic features, reflecting broader disturbances in the basic self. The lack of insight and the feeling that obsessive thoughts are externally imposed or intruding from outside the self is a hallmark in these cases. As for compulsions, these may serve as maladaptive strategies to manage or compensate for self-disturbances, rather than purely to neutralize distress as seen in OCD.

Conclusions: Accurate differentiation of OCS in SSD from those in OCD requires clinicians to focus on the quality of self-experience, particularly in terms of insight, ownership and agency. Recognizing how certain obsessive phenomena in SSD reflect disturbances in the basic self is crucial for improving diagnostic accuracy and ensuring appropriate treatment.

Disclosure of Interest: None Declared

EPV1527

Progress in the neurolinguistic assessment in schizophrenia (SZ) – the SchizoLang pilot study

X. Ansorena[1]*, S. Mancini[2], J. Díaz[3], A. M. Sánchez-Torres[4] and M. J. Cuesta[3]

[1]Instituto de Investigación Sanitaria de Navarra (IDISNA), Pamplona; [2]Basque Center on Cognition, Brain and Language, San Sebastian; [3]Servicio de Psiquiatría, Hospital Universitario de Navarra and [4]Departamento de Ciencias de la Salud, Universidad Pública de Navarra, Pamplona, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.2041

Introduction: Individuals with SZ show alterations at all levels of language: discourse, lexical-semantics, comprehension and syntax/ morphology. Linguistic capacities are associated with worse occupational, social and quality of life related outcomes (Ehlen et al. Front Psych 2023; 14). Still, language assessment is probably overseen in the cognitive assessment of individuals with SZ

Objectives:

1. To review the role of language in the cognitive assessment in SZ
2. To introduce the SchizoLang pilot study

Methods: We reviewed the available cognitive assessment tools in SZ to determine whether language is adequately represented. Consequently, we describe the SchizoLang pilot study

Results: Available instruments for the assessment of cognition in SZ do not adequately evaluate language. Importantly, fluency tests are not representative of language. Table 1 shows the major cognitive assessment tools in SZ.

Table 1. Cognition assessment instruments in schizophrenia (adapted from Vita et al. Eur J Psychiat 2022; 65 1-24)

The Schizolang pilot study: bridging neurolinguistics and Psychiatry to characterize language in Schizophrenia

The aims of this pilot study are:

To explore which linguistic domains are altered in people with SZ

To explore the relationship between language and (a) formal thought disorders, (b) psychiatric symptoms, (c) neuropsychological alterations, (d) deficits in psychosocial functioning, and (e) quality of life

ACS.esp

ACs.esp is a digital battery for the assessment language in aphasia based on neurolinguistic research. It shows good preliminary validity and reliability (Ansorena et al. 2022; SSTaal, 95 237–240). ACS.esp includes novel measures (see Table 2): an extensive discourse protocol, tasks for sentence planning, and sentence comprehension and production at the syntactic and grammatical levels.

Table 1. ACS.esp's structure with its factors, subfactors, input, stimuli and tasks. Auditory tasks are colored in blue and visual tasks in brown

ACs.esp is a digital battery for the assessment language in aphasia based on neurolinguistic research. It shows good preliminary validity and reliability (Ansorena et al. 2022; SSTaal, 95 237–240). ACS.esp includes novel measures (see Table 2): an extensive discourse protocol, tasks for sentence planning, and sentence comprehension and production at the syntactic and grammatical levels.

Image:

Instrument	Domains	Language tasks
BACS (Keefe et al., 2004)	Verbal memory; Working Memory; Motor speed; Verbal fluency; Attention and Speed of processing; Reasoning/problem solving	Verbal fluency
SCIP (Purdon, 2005)	Speed of processing; Attention; Verbal fluency; Verbal memory	Verbal fluency
MCCB (Nuechterlein et al., 2008)	Speed of processing; Attention/ vigilance; Working memory; Verbal memory & learning; Visual memory & learning; Reasoning/problem solving; Social cognition	-
B-CATS (Hurford et al., 2018)	Speed of processing	-
BNA (Fervaha et al., 2014)	Speed of processing; Working memory	-
SCoRS (Keefe et al., 2006)	Speed of processing; Attention/vigilance; working memory; reasoning/problem solving; memory; language production	1 – 4 scores based on ratings of clinicians, informants and patients 4 items: "Do you have difficulty with…" (a) Keeping your words from being jumbled together?, (b) Speaking as fast as you would like?, (c) Understanding what people mean when they are talking to you?, and (d) Following conversations in a group?
CGI-CogS (Ventura et al., 2008)	Speed of processing; Attention/ vigilance; Working memory; Verbal memory & learning; Visual memory & learning; Reasoning/problem solving; Social cognition	-
CAI (Ventura et al., 2010)	Speed of processing; Attention/vigilance; Working memory; Verbal memory & learning; Reasoning/problem solving; Social cognition	-

Legend: **BACS**: Brief Assessment of Cognition in Schizophrenia; **B-CATS**: Brief Cognitive Assessment Tool for Schizophrenia; **BNA**: Brief Neurocognitive Assessment; **CAI**: Cognitive Assessment Interview; **CGI-CogS**: Clinical Global Impression of Cognition in Schizophrenia; **COWA test**: Controlled oral word association test.; **MCCB:** MATRICS Cognitive Consensus Battery; **SCIP**: Screen for Cognitive Impairment in Psychiatry; **SCoRS**: Schizophrenia Cognition Rating Scale