Introduction: Psychosis is characterized by hallucinatory and delusional experiences. Although, it was mostly considered to be present among clinical populations, there is strong evidence it can also be found in the general population. Limited reviews currently exist on the quality of the assessment methods designed to evaluate psychotic-like experiences in the general population. None of them assessed whether the existing instruments measure the same construct and, consequently, neglected problems associated with the "jingle-jangle fallacy" (Weidman et al., 2017; Flake and Fried, 2020). This fallacy might account for contradictions in the literature, as well as, issues with generalizability of the results.

Objectives: The goal of our study is to better understand the agreement between various instruments used to assess hallucinations and paranoia-like experiences.

Methods: We conducted a systematic search of the scales assessing hallucinations and paranoia-like experiences among the general population. Labels for the content analysis were created based on their definition in literature by the first authors and revised by another researcher. Three researchers coded each item independently of each other. We then estimated to which extent any item overlaps with any item from the other scale included in the analysis. We used Jaccard index to assess similarities between sets (from 0 with no overlap among scales) to 1 (complete overlap). The analysis was done in R and Excel.

Results: For 263 items from 11 hallucination scales, we estimated 38 labels with a mean overlap of 0.19 (very weak). CAPS demonstrated the highest mean overlap of 0.26. The highest overlaps were observed between MUSEQ and CAPS (0.5), MUSEQ and SPQ (0.4), and between LSHS-R and RHS (0.4). For the paranoia scales, the analysis of 183 items drawn from 12 scales resulted in 18 labels. The mean overlap across these labels was 0.30 - a weak association. The PIQ exhibited the highest mean overlap at 0.42, whereas the PSQ displayed the weakest overlap with a value of 0.17.

Conclusions: The overlap between hallucination scales was very weak. This disparity may be due to different instruments adopt varying interpretations of the hallucination continuum (Laroi, 2012). The weak overlap in paranoia scales may be less problematic, as theoretical models and empirical data suggest a more clear continuum of suspiciousness within the general population (Freeman et al., 2005) that maps our results. It is necessary to establish certain common grounds regarding what experiences represent which sides of the continuum, both in their variability, and severity in the field.

Disclosure of Interest: None Declared

EPP177

From Gut to Mind: Microbiota's Impact on Schizophrenia

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Introduction: The human body hosts a vast array of commensal microbes known as the gut microbiota, which plays a crucial role in various physiological functions, including immune system maturation, digestion, and central nervous system development. Recent studies suggest a significant link between gut microbiota and psychiatric disorders, particularly schizophrenia. Imbalances in gut microbiota composition have been associated with symptom severity and treatment response in schizophrenia patients.

Objectives: This study aims to synthesize current knowledge on the role of gut microbiota in the severity of symptoms and the prediction of treatment response in schizophrenia, highlighting its potential as a biomarker for therapeutic strategies.

Methods: We conducted a systematic literature review following PRISMA guidelines, focusing on articles published between 2014 and 2024. Using databases like PubMed and Google Scholar, we searched for keywords related to gut microbiota, schizophrenia, first episode psychosis, treatment response, and symptoms severity.

Results: Our review included eight studies that utilized 16S rRNA sequencing to analyze fecal microbiota. The findings revealed significant correlations between specific gut microbiota profiles and the severity of psychiatric symptoms. Notably, families such as Lachnospiraceae and Bacteroidocacae were linked to increased symptom severity, while others, including Flavobacteriaceae, Enterococcaceae and Flintibacter butyricus , correlated with symptom remission. Additionally, variations in gut microbiota composition were predictive of treatment outcomes, suggesting its role as a potential biomarker for response to antipsychotic treatments.

Conclusions: The gut microbiota presents a promising avenue for understanding the complex interplay between microbial communities and psychiatric health. By identifying specific microbiota profiles associated with symptoms and treatment responses in schizophrenia, we can pave the way for novel personalized therapeutic approaches.

Disclosure of Interest: None Declared

EPP178

Rethinking Pathways: Innovative Approaches to Identify Individuals Experiencing First-Episode Psychosis and Connect Them to Care

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Introduction: Psychotic disorders, particularly schizophrenia, are severe mental illnesses associated with high rates of disability and functional impairment, causing significant individual burden and incurring high societal costs. Typical onset of schizophrenia is in late adolescence or early adulthood and the complex management requires often life-long pharmacological and non-pharmacological treatment. Early symptom recognition and timely intervention can improve the course of illness and result in better outcome and prognosis, effective management leads to a functional recovery. However, recent reports have identified significant gaps in access to timely assessment and shared decision-making interventions, with inadequate care pathways. In the face of an unprecedented demand for mental healthcare for young people, it can be challenging for health services to deliver high-quality mental healthcare which, according to the World Health Organization, should be timely, effective and evidence-based, safe and person-centered. The project covers nine countries in Europe.

Objectives: Building on the European Brain Council Rethinking Schizophrenia Beyond The Voices Policy Report (2024), the survey and literature review aim to: (1) evaluate the effectiveness of integrated models of youth mental healthcare on a broader range of outcomes, including both mental health outcomes, such as clinical symptoms, functioning and quality of life and health service outcomes, including access and satisfaction with care in young people; and (2) identify the common components of integrated care pathways for young people with first episode psychosis.

Methods: Using the care pathway as a tool at the first step of the research, a cross-country survey was co-designed with the Board of experts and anonymously launched earlier this year. By complementing the survey, the literature review on the care pathway will address quality and continuity of care from the first onset of psychosis and schizophrenia to long-term care in the selected countries including existing guidelines and overview country health situation assessments.

Results: Patients and mental health professionals' insights will be collected. Obtained data will also be analysed by the stakeholders and used to formulate recommendations for policy makers, care payers, mental health professionals, patients and their families (both country specific and at the EU level).

Conclusions: A policy report, based on the consensus, will be released at the Brain Awareness Week 2025 with results and recommendations which will provide valuable insight into understanding the needs of patients with first-episode psychosis and defining the optimal care pathways to engage with them. In order to show that there is a progress in the field of care for schizophrenia patients, the utilization of new technologies is included.

Disclosure of Interest: None Declared

EPP179

Oxytocin-augmented group psychotherapy for negative symptoms in patients with schizophrenia spectrum disorders – a study protocol

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Introduction: New treatments for negative symptoms (NS) in schizophrenia spectrum disorders (SSD) are urgently needed. NS are believed to stem from disruptions between the mesocortico-limbic dopamine system and networks for socioemotional processes. Oxytocin (OXT) enhances connectivity between the neural networks, improving social cognition and NS. Lower plasma OXT levels are linked to greater NS severity and social cognition deficits in SSD. While OXT increases social cognition in healthy individuals, its effects in SSD are inconsistent. The social salience hypothesis suggests OXT's effect varies with social context. Our pilot study showed reduced NS with OXT administration in a positive social setting using mindfulness-based group therapy (MBGT).

Objectives: This trial aims to assess the effects of combining OXT with MBGT on each of the five NS in individuals with SSD. We hypothesize that OXT nasal spray administered before MBGT will significantly reduce NS compared to placebo. The primary outcome is the change in NS, measured by the Positive and Negative Syndrome Scale (T1 - T0 score difference) after 4 weeks and as secondary outcome on the Brief Negative Symptom Scale (BNSS) as well as changes of stress and affect.

Methods: The research design is a triple-blinded, randomized, placebo-controlled study comparing OXT to placebo. Manual-based MBGT sessions, led by experienced psychotherapists, occur weekly for four weeks with groups of up to six patients. Participants receive intranasal OXT (24 I.U.) or placebo 30 minutes before sessions, aligning with the peak effect window (30-80 min) for optimal social behavior reinforcement. Plasma oxytocin levels are measured by radioimmunoassay. Recruitment will be at the Department of Psychiatry, Charité, Berlin, including both genders in mixed-sex groups, controlling for contraceptive use and menstrual cycle phase. Nasal sprays are indistinguishable. The primary outcome will be analyzed using ANCOVA, with treatment condition and training group as covariates. Based on pilot and previous study effects, a conservative effect size of $f = 0.25$ is assumed. With 1:1 randomization, 80% power,