

Results: Clinicians generally reported higher anxiety levels than patients with SZ ($Z = -2.462$, $p = 0.014$), while no significant differences were observed for the bipolar disorder (BP) and schizoaffective disorder (SAD) groups. Regarding suicidal ideation, patients typically reported higher levels than clinicians, particularly in the SZ group ($Z = -3.507$, $p < 0.001$) and the SAD group ($Z = -2.007$, $p = 0.045$). Similarly, patients in the BP ($Z = -2.822$, $p = 0.005$) and SAD ($Z = -2.145$, $p = 0.032$) groups reported more hallucinations compared to clinician assessments, while clinicians reported higher levels of hallucinations in the SZ group ($Z = -3.451$, $p = 0.001$). In terms of delusions, clinicians generally reported higher levels than patients in the SZ group ($Z = -2.925$, $p = 0.003$). Additionally, neither insight (PANSS_G12) nor cognitive function (BACS Composite) significantly impacted the discrepancies between patient and clinician reports of suicidal ideation, hallucinations, or delusions.

Conclusions: The study highlights significant discrepancies in the reporting of anxiety, suicidal ideation, hallucinations, and delusions, especially in schizophrenia, where patients tend to underreport anxiety and psychotic symptoms but report higher suicidal ideation. Our findings point to the value of obtaining both patient and clinician assessments when evaluating psychosis.

Disclosure of Interest: None Declared

EPP440

Neurological Soft Signs and Thyroid Hormones in Schizophrenia

E. M. Tsapakis^{1*}, M. Treiber^{2,3}, S. Athanasiou¹, K. Chovardas¹, T. Kyziridis¹ and K. N. Fountoulakis¹

¹3rd Department of Psychiatry, Aristotle University of Thessaloniki, Thessaloniki, Greece; ²Department of Psychiatry and Psychotherapy, Medical University of Vienna and ³Comprehensive Center for Clinical Neurosciences and Mental Health (C3NMH), Medical University of Vienna, Vienna, Austria

*Corresponding author.

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Introduction: Neurological soft signs (NSS) are subtle sensory and motor deficits linked to neurodevelopmental disorders, schizophrenia, and thyroid disorders (TH). TH are essential for neurodevelopment and the modulation of the proinflammatory response. Indeed, a growing body of evidence suggests that thyroid function is altered in individuals with schizophrenia spectrum disorders (SSD).

Objectives: We aimed to evaluate the relationship between TH, NSS, and psychopathology in individuals with schizophrenia.

Methods: Opportunistic recruitment took place at the 3rd Department of Psychiatry at AHEPA University General Hospital of Thessaloniki, Greece. Inclusion criteria were an SSD diagnosis and age above 18 or below 65 years. Patients were excluded if they had a history of neurological or other somatic disorder, a history of substance abuse, an IQ estimate <70 , and if they were pregnant, or on treatment with glucocorticoids and/or thyroxine. Clinical symptomatology was assessed using the Positive and Negative Syndrome Scale (PANSS), and NSS were assessed using the Neurological Evaluation Scale (NES; Greek version). Blood samples were drawn after an overnight fast to measure serum levels of TSH, fT4, and fT3. We used the t-test to compare differences between sex and the Pearson correlation to test for correlations between PANSS scores, NES scores, and TH (R statistical software version 4.3.2).

Results: A total of 73 patients (31 female) with SSD were included [mean age 41.2 (SD 11.6) years]. TSH and fT4 levels were significantly higher in females, $p < 0.0005$ and $p = 0.020$, respectively. fT3, but not fT4 or TSH, was negatively correlated with age ($r = -0.479$, $p < 0.001$). A negative correlation between NES total score and fT4 ($r = -0.416$, $p = 0.014$) was only found in males. Serum fT3 levels exhibited no significant correlation with NES scores but the PANSS negative subscore was negatively associated with fT3 ($r = -0.471$, $p < 0.001$).

Conclusions: Our study suggests that TSH and fT4 abnormalities are more prevalent in females with SSDs. Moreover, it appears that with increasing age, the likelihood of hypothyroidism increases. Interestingly, in individuals with SSDs, lower fT4 levels predicted NSS severity but only in males, and lower fT3 levels predicted an increase in negative symptoms. Hypothyroidism has been reported to cause damage to the central nervous system and has been associated with increased apoptosis and altered expression of cerebellar neurons leading to impairment in motor function. In this sense, restoring fT3 and fT4 levels might have a positive effect on negative symptoms and NSS severity (in males), respectively. However, antipsychotic medication may affect TH levels in SSDs. Thus, future studies should examine a larger sample of drug-naïve individuals with SSDs, followed-up longitudinally in time to infer causality.

Disclosure of Interest: None Declared

EPP441

Functional Outcomes Over 5 Years in First-Episode Schizophrenia Patients: Key Insights from a Longitudinal Cohort Study in Turkey

E. Ince Guliyev¹, S. N. Karabulut¹, M. Ceylan¹, C. C. Türkoğlu^{1*}, C. Horasan¹ and A. Üçok¹

¹Psychiatry, Istanbul University Faculty of Medicine, Istanbul, Türkiye

*Corresponding author.

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Introduction: First-episode schizophrenia (FES) is a critical period where early intervention can influence long-term outcomes. Tracking functional changes and finding their correlates are essential for understanding the disease process.

Objectives: This study aims to evaluate the progression of functional outcomes over a five-year follow-up in FES patients and to examine the clinical correlates of functioning in the fifth year.

Methods: This cohort study included 197 FES patients admitted to the Istanbul Faculty of Medicine Department of Psychiatry Psychotic Disorders Research Program. Global Assessment of Functioning (GAF), Brief Psychiatric Rating Scale (BPRS), and Scale for the Assessment of Negative Symptoms (SANS) scores were recorded, and a comprehensive neuropsychological battery was applied at baseline. FES patients were evaluated regularly with the same clinical scales and GAF scores. The baseline clinical and cognitive parameters and clinical parameters at 1st, 2nd and 5th years were compared with GAF scores over the years. A repeated measures ANOVA was conducted to examine the effect of time on GAF scores over a 5-year follow-up, as well as the effects of gender and education. SPSSv29 was used to conduct all statistical analyses, and significance levels were set at $p < 0.05$.

Results: Seventy-seven FES patients had a follow-up duration of at least five years. Of these, 36.4% ($n = 28$) were female, and the mean

age was 22.18 ± 6.09 years. The mean follow-up duration was 133.09 ± 56.94 months. The mean GAF scores were 51.44 ± 12.71 at baseline, 60.00 ± 9.48 at the end of the first year, 62.14 ± 9.04 at the end of the second year, and 62.89 ± 8.34 at the end of the fifth year. There was a significant effect of time on GAF scores, $F(2.56, 182.8) = 26.43$, $p < 0.001$, partial $\eta^2 = 0.29$, with scores improving significantly from baseline to year 1 ($p < 0.001$), and further improving by year 5 ($p = 0.034$). There was also a significant effect of time*gender interaction on GAF scores, $F(2.56, 40.9) = 6.17$, $p = 0.001$, although there is no direct effect of gender ($p = 0.740$). No direct effect of education or time*education interaction was found (p values > 0.05). Additionally, baseline RAVLT-5 ($r = 0.725$; $p < 0.001$), Stroop Time difference ($r = -0.718$; $p < 0.001$), WCST correct answers ($r = 0.644$; $r = 0.003$), category completed ($r = 0.630$; $p = 0.004$), and SANS scores ($r = -0.427$; $p = 0.42$) significantly correlated with GAF in the 5th year. Among the CTQ subscores, physical abuse was significantly correlated with GAF in the 5th year ($r = -0.415$; $p = 0.009$).

Image 1:

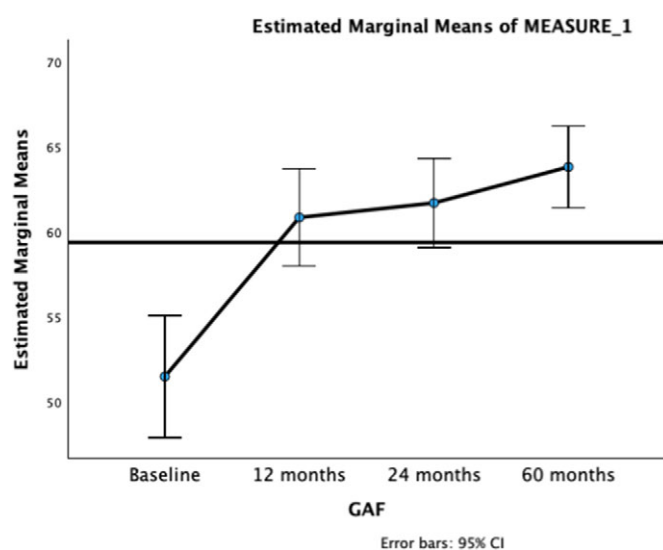
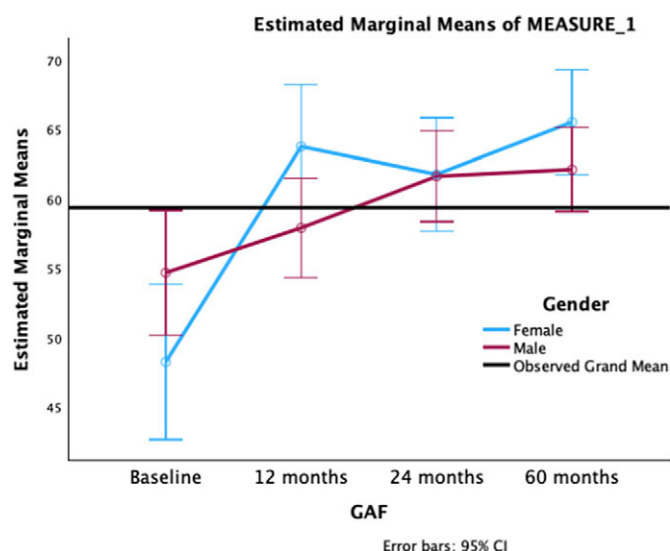


Image 2:



Conclusions: GAF scores improved significantly over the 5-year follow-up in FES patients, with notable improvements occurring in the first year. Baseline cognitive performance, negative symptoms, and childhood trauma were found to be significant correlates of functioning, highlighting potential targets for early intervention.

Disclosure of Interest: None Declared

EPP442

Voices in patients with schizophrenia talk in short, simple sentences

P. Del Olmo^{1*}, P. Fuentes-Claramonte^{1,2}, J. Soler-Vidal^{1,2}, F. Neuhaus^{1,3}, L. López-Araquistain^{1,4}, L. Barbosa¹, P. Salgado-Pineda^{1,2}, S. Sarro^{1,2}, R. Salvador^{1,2}, J. Rosselló-Ximenes⁵, P. J. McKenna^{1,2} and E. Pomarol-Clotet^{1,2}

¹FIDMAG Germanes Hospitalàries Research Foundation; ²CIBERSAM, ISCIII, Barcelona, Spain; ³Maastricht University, Maastricht, Netherlands; ⁴Hospital Sant Rafael and ⁵Departament de Filologia Catalana i Lingüística General, Universitat de Barcelona, Barcelona, Spain

*Corresponding author.

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Introduction: Auditory verbal hallucinations (AVH) are prevalent in schizophrenia and are often distressing. However, relatively little is known about their linguistic structure, although a number of authors have commented that they tend to take the form of short, syntactically simple sentences (Tovar *et al* Schizophr Res 2019; 206 111-117; Corona-Hernández *et al* Schizophr Res 2022; 241 210-217). It has been suggested that these features may be related to the high frequency with which AVH feature insults and commands (which are normally short and simple).

Objectives: We aimed to quantify sentence length and complexity of AVH in schizophrenia patients, and to examine how far length reductions were attributable to presence of insults and commands. We also examined the same variables in real speech from patients with schizophrenia and healthy controls.

Methods: We transcribed verbatim AVH from 11 patients with very frequent AVH following a previously used protocol (Fuentes-Claramonte *et al* Sci Rep 2021; 23 18890). Mean sentence length and mean dependency distance (a measure of syntactic complexity) were calculated using the *udpipe* package in R. Insults and commands were also coded. For comparison, (real) speech samples were collected and transcribed from patients with schizophrenia (N=14) and healthy controls (N=15). All groups were matched for age, sex and estimated premorbid IQ.

Results: We found that AVH sentences were on average significantly shorter ($t_{(37)} = -6.51$, $p < 0.001$; see Fig. 1A) and syntactically simpler ($t_{(37)} = -4.37$, $p < 0.001$; see Fig. 1B) than in the (real) speech of healthy controls. AVH sentences were also shorter (Fig. 1A) and simpler (Fig. 1B) than the speech of schizophrenia patients, although the latter comparison only approached significance ($t_{(37)} = -4.09$, $p < 0.001$ and $t_{(37)} = -2.31$, $p = .08$, respectively). After insults and commands were removed from the analysis, AVH sentences were still shorter ($t_{(37)} = -6.09$, $p < 0.001$) and simpler ($t_{(37)} = -3.89$, $p < 0.001$) than those in the speech of controls, and shorter ($t_{(37)} = -3.68$, $p < 0.01$) than those in the speech of patients, but not simpler ($t_{(37)} = -1.86$, $p = 0.213$).