

Conclusions: Our data support an altered E/I balance in schizophrenia and innovatively show a direct link between aperiodic activity and the cognitive disruption. This relationship is further confirmed by the identification of two profiles, characterized by distinct neuropsychological and neurophysiological measures, with a flatter aperiodic slope, corresponding to an altered E/I balance, being associated with more severe cognitive impairment and illness severity. The clinical relevance is highlighted by the interplay between symptoms severity and neuropsychophysiological patterns on subjective well-being.

Disclosure of Interest: None Declared

EPP068

The Influence of Birth Weight on Cognitive Reserve and its impact on one-year Functioning in First-Episode Psychosis patients

M. F. Forte^{1*}, S. Amoretti², A. Sánchez-Torres³, L. Pina-Camacho⁴, E. Vieta¹ and C. García-Rizo⁵

¹Bipolar Disorders Unit, Hospital Clinic, Institute of Neurosciences, UB, IDIBAPS, CIBERSAM, Barcelona, Spain; ²Group of Psychiatry, Mental Health and Addictions, VHIR, CIBERSAM, Barcelona, Spain, Barcelona; ³IdiSNA, Navarra Institute for Health Research, Pamplona, Spain, Pamplona; ⁴Child and Adolescent Psychiatry Department, Hospital General Universitario Gregorio Marañón, Madrid, Spain, Madrid and ⁵Barcelona Clinic Schizophrenia Unit, UB, IDIBAPS, CIBERSAM, Barcelona, Spain., Barcelona, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.421

Introduction: Cognition is key to long-term outcomes in first-episode psychosis (FEP). Obstetric complications affect working and verbal memory in schizophrenia (Amoretti *et al.* Psychol Med, 2022;52:2874-2884). Among them, birth weight (BW), an indicator of prenatal development, has been studied in relation to cognition (Krishna *et al.* Int J Geriatr Psychiatry, 2019;34:1139-1169). Higher cognitive reserve (CR) is associated with better cognitive and functional outcomes (Amoretti *et al.* Psychol Med, 2022;52:526-537). It is hypothesized that low BW impacts fetal brain development, reducing CR and later functioning (Krishna *et al.* Int Psychogeriatr, 2021;1-14)

Objectives: To examine the relationship between BW and functioning one year after the onset of psychosis, mediated by CR and cognitive performance

Methods: 117 FEP patients and 224 healthy controls (HC) were recruited. BW was collected as a continuous variable in grams. The Functioning Assessment Short Test (FAST) assessed functioning. CR was quantified via premorbid IQ, educational attainment, and lifetime participation in leisure and social activities. A complete neurocognitive assessment was performed. Correlational analyses explored relationships between BW, CR, and cognition in FEP and HC. Serial mediation analysis (PROCESS Model 6) examined indirect effects of BW on functioning through CR and cognition

Results: No significant differences were found in BW between patients and HC ($p=0.719$). HC had higher CR than patients ($p<0.001$) (Figure 1). In patients, BW correlated with CR ($r=0.20$, $p=0.027$), though no correlation was found in HC ($r=0.10$, $p=0.216$) (Figure 2). The mediation model confirmed that BW was associated with CR ($\beta=0.01$, $p=0.015$), CR was linked to verbal memory ($\beta=2.21$, $p=0.001$) and verbal memory with functioning ($\beta=0.07$, $p=0.004$). The direct and total indirect effects of BW on functioning were

non-significant. Among the indirect paths, only the one involving CR and verbal memory was significant (95%CI [0.0001, 0.0016]) (Figure 3).

Image 1:

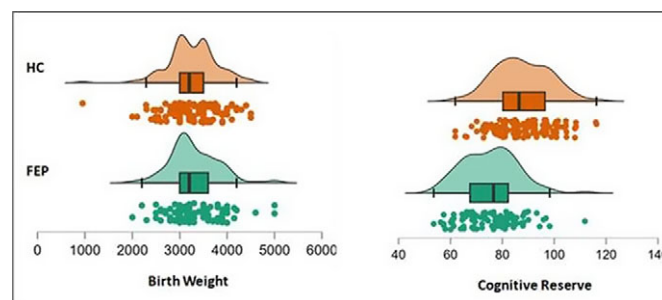


Image 2:

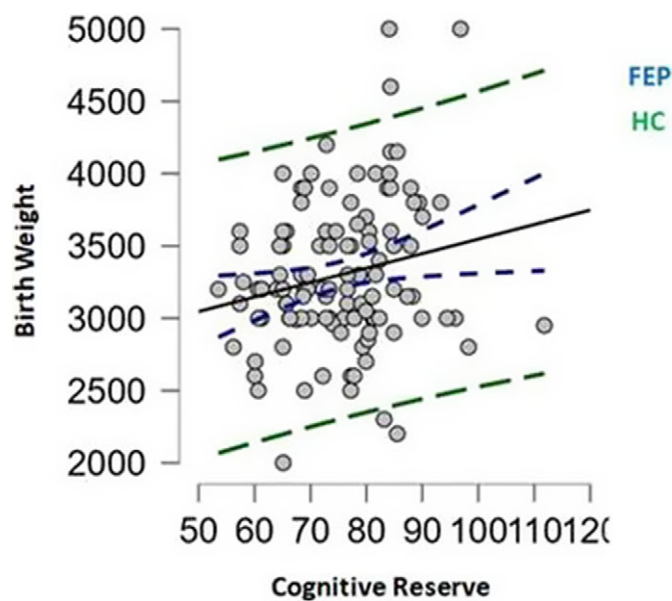
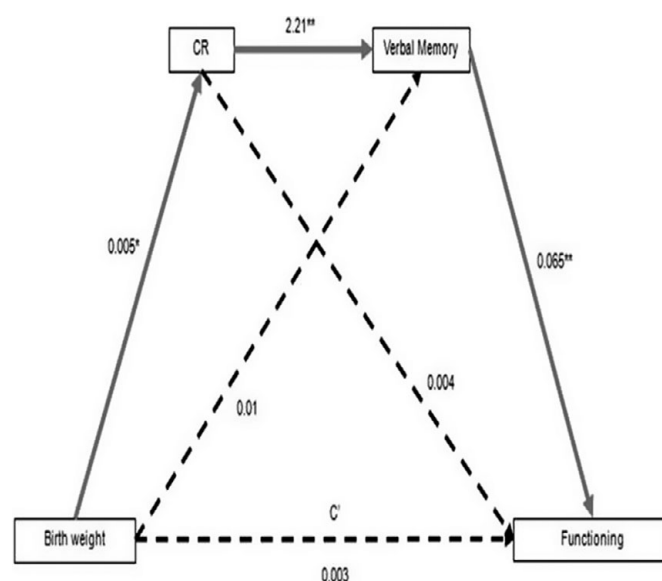


Image 3:



Conclusions: While BW did not have a direct impact on psychosocial functioning, it does influence CR, which in turn affects verbal memory.

Disclosure of Interest: None Declared

EPP069

CPAN: Validation of a novel transdiagnostic dimensional psychosis rating scale

L. Hermán^{1*}, E. Vass¹ and J. M. Réthelyi¹

¹Department of Psychiatry and Psychotherapy, Semmelweis University, Budapest, Hungary

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.422

Introduction: Psychiatric assessment of psychotic disorders has traditionally relied on categorical classification systems, but there is a shift towards a dimensional approach in DSM-5 and ICD-11. Schizophrenia is increasingly viewed as a spectrum disorder, with genetic studies indicating shared risk factors among schizophrenia, schizoaffective disorder, and bipolar disorder. However, there is currently no widely used transdiagnostic dimensional assessment tool in clinical practice. At Semmelweis University we have developed a scale which takes into account four major symptom groups (catatonia, affective-, positive and negative symptoms) and several important “specifiers” (disorganisation, bipolarity, prodromal symptoms, childhood onset, etc.). Clinicians should assess their patients with CPAN based on the long-term clinical presentation, contrary to PANSS and other cross-sectional tools, since our theory is that long-term traits represent underlying “biology” in a more precise manner than the rapidly changing status of patients, and therefore should show higher correlation with biomarkers like genetic and imaging data.

Objectives: We aimed to test the clinical usability of CPAN and its alignment with DSM-5 diagnostic categories and medication correlations in outpatient settings. Additionally, we planned a validation process to assess the tool’s validity, interrater reliability, and test-retest reliability.

Methods: In our pilot study, six clinicians assessed 104 outpatient patients using CPAN, analyzing DSM-5 diagnoses and medications. Patients were clustered into four groups based on leading symptoms. In the validation study, 100 inpatients with severe psychotic symptoms will be assessed three times by two raters—one from the clinical team and one independent. We will compare CPAN’s validity to PANSS results and assess test-retest reliability with three assessments.

Results: The pilot study demonstrated that CPAN is user-friendly, taking 1-2 minutes for familiar clinicians to complete. Four symptom clusters were identified: 1) schizophrenia with catatonic symptoms, 2) schizophrenia without catatonic symptoms, 3) schizoaffective disorder with negative symptoms, and 4) schizoaffective disorder without negative symptoms/bipolar disorder. Prescription patterns were correlated with symptom groups, but detailed analysis was limited due to the small sample size. Validation results are pending.

Conclusions: CPAN is a practical tool for assessing long-term symptom presentation in patients with psychotic disorders. Widespread use of this scale could provide valuable real-life data linking

symptoms to medication use and clinical outcomes. The ongoing validation study will further establish the scale’s validity and reliability

Disclosure of Interest: None Declared

EPP070

Validation of Ecological Sustained Attention Test for Schizophrenia

R. Komemi^{1*}, T. Goldberger¹, A. Ariel¹, A. Zagory¹, M. Nahum¹ and L. Lipskaya-Velikovsky

¹Hebrew University, Jerusalem, Israel

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.423

Introduction: Sustained attention deficit is a core feature of schizophrenia, however, its between-subjects and within-subject fluctuations are little understood. Moreover, although the pertinence of sustained attention for daily functioning has been widely discussed in the literature, research has not consistently demonstrated this association in schizophrenia. One possible reason is a use with non-ecological tasks for evaluation of SA, which may not fully capture real-world attentional demands. Indeed, existing tools demonstrate low ecological validity.

Objectives: This study aimed to develop daily-life task-based test of SA - Ecological Sustained Attention Task (Eco-SAT), and investigate its reliability and criterion, construct, and ecological validity in schizophrenia.

Methods: Eco-SAT was developed based on well-established CPT paradigm (320 trials presented for 500-3000ms, 12 min) simulating vacuum cleaning task. Twenty-one individuals with schizophrenia (age: M=42, SD=12.5; female: N=12, 57%) and 34 matched by age and gender healthy controls completed the Eco-SAT, non-ecological CPT, measures of cognition (MATRICS consensus cognitive battery: BACS, TMT, RBVMT & CFT), schizophrenia symptoms, and daily functioning using Observed Tasks of Daily Living test (OTDL, functional capacity) and Adults Subjective Assessment of Participation in daily life in an interchangeable order during one session.

Results: Eco-SAT demonstrated excellent test-retest reliability for Average RT (ICC = 0.84). Schizophrenia patients performed Eco-SAT significantly worse than controls on Average RT (U=545, $p < 0.01$), and variance RT (U=518, $p < 0.01$). Eco-SAT showed correlations with non-ecological SA task (all parameters; $0.45 < r < 0.75$, $p < .001$), MATRICS sub-tests of BACS (d prime, average RT, RT variance: $-0.54 < r < 0.3$, $p < .5$), TMT-B (average RT: $r = 0.3$, $p < .05$), RBVMT (average RT, RT variance: $-0.5 < r < -0.4$, $p < .01$), and CFT (average RT, RT variance: $-0.35 < r < -0.34$, $p < .001$), positive schizophrenia symptoms (hit rate: $r = 0.3$, $p < .05$) and the OTDL (RT variance, d prime, hit rate: $-0.35 < r < 0.3$, $p < .05$).

Conclusions: The study provides initial evidence of the psychometric properties of the Eco-SAT, an ecological measure of sustained attention in schizophrenia. Criterion validity was established for all Eco-SAT indices, while reliability, construct validity, and ecological validity were demonstrated for specific indices. The results suggest that average RT and RT variance are the most trustworthy indices. Although further research is required, these findings indicate that this ecological measure may offer a more