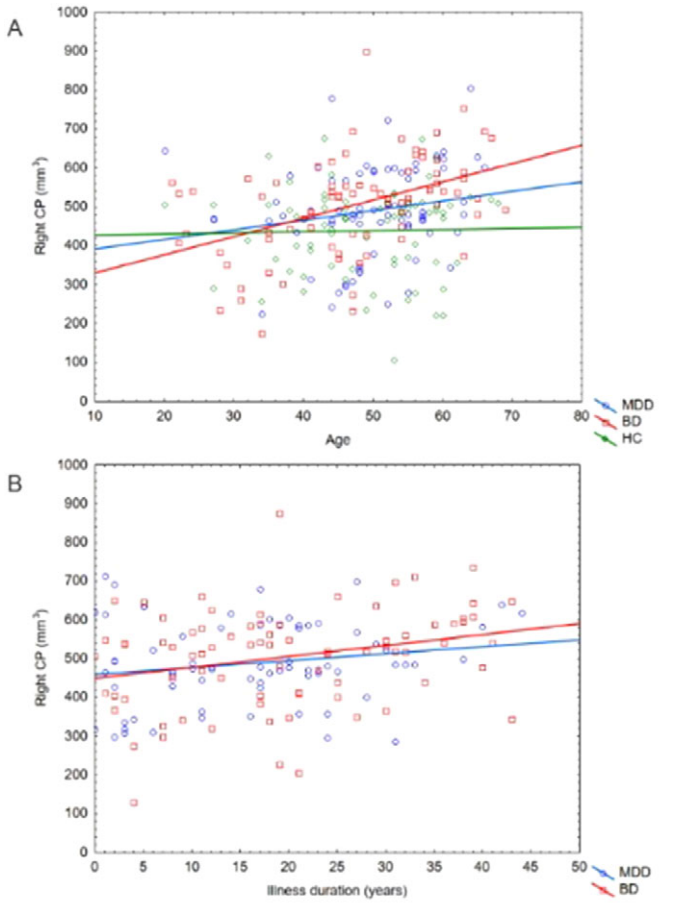
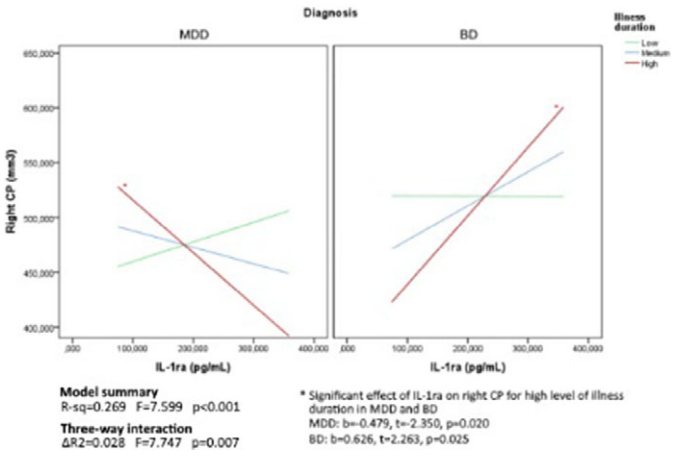
Image:



In A) effect of age by group on right CP volume; in B) illness duration by diagnosis interaction in predicting right CP volume.

Image 2:



Conclusions: Our findings propose CP as a proxy of inflammation in depression, being significantly predicted by peripheral immune markers in MDD and BD. In particular, the signature of inflammation in depression, could represent the neurotoxic load of the disease over the illness, with a worse effect in BD, with possible disruption of brain barriers permeability and an opposite effect of tightening and central segregation in MDD. Further analyses are needed to better elucidate this neurobiological mechanisms across mood disorders.

Disclosure of Interest: None Declared

EPP0236

Biological markers of impending psychosis :A systemaic literature review

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Introduction: Despite the encouragingresearch findings concerning the predictive validity of the psychosis risk criteria, they are still insuffisant to justify treatment recommandations and attempts at preventive interventions for this early, non-specific illness phase. So far, diagnosis of the prodromal symptoms is largely based on patient reports of symptoms and/or collateral reporting, and yet remains relatively devoid of objective, brain-based biological markers. Adding specific predictors and biological markers to the clinical psychosis risk approach that could increase the predictive power of current psychosis risk criteria is a crucial step for early intervention efforts.
Objectives: We reviewed all studies examining the biological markers in subjects with an ''At Risk Mental State" (ARMS) for psychosis and we discussed their predictive psychosis transition value.
Methods: A systematic search of the literature was performed using PubMed. The key words «Early psychosis / Prodromal symptoms / At risk mental state» in combination with «Biomarkers / Inflammatory markers / Stress» were used for the search.
Results: We selected 18 papers: 2 literature reviews, 7 cross-sectional studies and 9 prospective studies. Aiello et al. (2012) reviewed studies examining biological markers of the stress response in the relatives of psychotic patients and in individuals at Ultra-High Risk (UHR) for psychosis. Karanikas and Garyfallos (2015) systematically reviewed data concerning the role of cortisol in patients at risk for psychosis mental state and its associations with psychopathological correlates. There was no review available of all biomarkers.
The biological markers that have been reported are mainly stress markers, endocrine and inflammatory markers.
Serum or salivary cortisol was the most studied marker. Studies stated that UHR subjects had higher cortisol levels than controls and that there was a positive correlation between cortisol levels and the severity of symptoms. Results of prospective studies were controversial.
High levels of prolactin were reported by 3 studies, including a prospective onewhichconcluded that prolactine may be considered as a biological marker of transition.
A prospective study found higher levels of interleukin-6 (IL-6) in UHR subjects than in controls. This study also reported significantly higher IL-6 levels in subjects who transitioned to psychosis compared to those who did not.
Conclusions: Despite advances in mental health research, there is still a lack of biological markers with clinical utility. The results of current studies should be interpreted with caution due to the small

sample size of the prospective studies. The latter open up research perspectives in the identification of UHR subjects, taking into account other markers to better describe the profile of those who will present transition to psychosis.

Disclosure of Interest: None Declared

EPP0237

Effect of Neutrophil to Lymphocyte ratio on antidepressant treatment response: moderating effect of sex and mediating effect of Hippocampal volumes.

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Introduction: In recent years much focus has been put on the role of immune/inflammatory alterations in affecting Major Depression (MDD) development and antidepressant efficacy. Neutrophil-to-lymphocyte ratio (NLR) is an inexpensive inflammatory marker shown to be elevated in depressed patients, with large population studies reporting this effect only in women. However, its relation to treatment response is much less clear. Reduced hippocampal volumes (HV) are among the few consistent brain structural predictors of poor treatment response, and they have been shown to be influenced by inflammatory status.
Objectives: To investigate the effect of NLR on treatment response in MDD patients, testing a possible moderating role of sex. To investigate the effect of NLR on HV and test a possible mediating role of the latter in the relation between NLR and treatment response.
Methods: Our study was performed on a sample of 120 MDD inpatients suffering from a non psychotic depressive episode (F=78; M=42). Depression severity was assessed via the Hamilton Depression Rating Scale (HDRS), both at admission and discharge; as a measure of treatment response, delta HDRS was calculated subtracting the two scores. NLR was calculated for each subject. Patients underwent 3T MRI acquisition and bilateral HV were estimated.
Results: We found a significant moderating effect of sex on the relationship between NLR and Delta HDRS ($p < 0.001$): a negative relation was found in women ($p < 0.001$) and a positive one in men ($p = 0.042$). NLR was found to negatively affect left HV in the whole sample ($p = 0.027$) and in women ($p = 0.038$). A positive effect on Delta HDRS was found for both left ($p = 0.038$) and right ($p = 0.027$) HV. Finally, we found a significant indirect effect of NLR values on Delta HDRS through left HV in women (95% BCa CI [-0.948, -0.017]); the direct effect of NLR on Delta HDRS also remained significant ($p = 0.002$).
Conclusions: Sex was found to moderate the relation between NLR and treatment response. The detrimental effect in women is in line with previous reports linking inflammation to hampered antidepressant effect; the positive one in men is more surprising: however, the only studies to date on the effect of NLR on antidepressant efficacy report a positive effect in patients with psychotic depression. In women we found NLR to affect treatment response partially through its effect on left HV, providing a possible, albeit incomplete, mechanistic explanation of the effect of inflammatory status on antidepressant efficacy.

Disclosure of Interest: None Declared

EPP0239

Autoimmune psychosis: a review of diagnostic and treatment guidelines

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Introduction: Over this decade, there has been progressive growth and evolution of the concept of autoimmune encephalitis. However, international consensus overly focus on major neurological signs, while discarding some attenuated presentations, sometimes with just psychiatric manifestations. It was only very recently that a new concept arouse from this disorder, named autoimmune psychosis, which can mimic schizophrenia. Unfortunately, there is still a lack of a structured approach of psychotic patients to cover this disorder. This has numerous implications, namely on management and prognosis of these patients. Not only, these patients have an increased risk of neuroleptic malignant syndrome, but it is also important to intervene early in the course of disease.
Objectives: To conduct a review of the diagnostic and treatment guideliens of autoimmune psychosis
Methods: The authors conducted a non-systematic review, by resorting to the pubmed database, on the concept of autoimmune psychosis and updated proposals of diagnostic orienting lines.
Results: Recently, in 2016, Graus et al proposed diagnostic criteria for possible autoimmune encephalitis, in which the authors acknowledge subacute onset of psychiatric symptoms as a possible clinical manifestation. The authors accept normal diagnostic tests, provided that new neurological focal findings exist. Since then, there have been described a list of signs/symptoms, which should raise suspicion for this diagnostic on psychiatric patients, so called red flags. In accordance to diagnostic guidelines for autoimmune psychosis, defined by Pollak et, the presence of this symptoms should lead clinicians to perform diagnostic exams, as MRI, eletroencephalogram and blood serological tests and lumbar puncture. However, others criticize this initial lineup arguing that some patients could be missed, because they do not have any neurological signs, and so they propose new diagnostic criteria.
Conclusions: Autoimmune psychosis represents an attenuated clinical form of autoimmune encephalitis, although demanding the same medication and prompt initiation of treatment as other autoimmune encephalitis. It is important to acknowledge that there are patients who are seronegative and that some of the diagnostic exams mentioned have sometimes limited availability. As acknowledged by Guasp et al, there are patients with first psychotic episodes that have an autoimmune etiology, but because of the lack of neurological signs, could potentially be missed of treatment. So, it is important to establish formal diagnostic guidelines for this