**Conclusions:** The analysis of the IQ familiality and the concordance/disconcordance of the patients’ and relatives’ IQ offers a new approach for the characterization of different premorbid, clinical and cognitive profiles in FEP patients. The relationship between deviation from the family-IQ and poor premorbid childhood adjustment supports the neurodevelopmental hypothesis of schizophrenia.

**Disclosure:** No significant relationships.

**Keywords:** Familial aggregation; Intelligence Quotient; Neurocognition; First episode of psychosis

---

**O0135**

**Altered dynamic functional topology in first-episode untreated patients with schizophrenia can aid in early diagnosis**

W. You*, L. Luo, Q. Li, Y. Wang, Y. Wang, Q. Gong and F. Li
West China hospital of Sichuan university, Radiology, Chengdu, China
*Corresponding author.

**Introduction:** There is a growing consensus on brain networks that it is not immutable but rather a dynamic complex system for adapting environment. The neuroimaging research studying how brain regions work collaboratively with dynamic methods had demonstrated its effectiveness in revealing the neural mechanisms of schizophrenia.

**Objectives:** To investigate altered dynamic brain functional topology in first-episode untreated schizophrenia patients (SZs) and establish classification models to find objective brain imaging biomarkers.

**Methods:** Resting-state-functional magnetic resonance data for SZs and matched healthy controls were obtained (Table 1).

Table 1

<table>
<thead>
<tr>
<th></th>
<th>schizophrénia (n=102)</th>
<th>healthy control (n=102)</th>
<th>t (191)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>25.31 ± 7.76±</td>
<td>25.68 ± 7.37±</td>
<td>0.542±</td>
<td>0.733±</td>
</tr>
<tr>
<td>Gender (male/female)</td>
<td>49/53</td>
<td>48/54</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education (years)</td>
<td>12.80 ± 2.76±</td>
<td>12.99 ± 3.14±</td>
<td>0.856±</td>
<td>0.405±</td>
</tr>
<tr>
<td>PANSS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total score</td>
<td>85.13 ± 18.21±</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>positive symptoms</td>
<td>25.07 ± 6.67±</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>negative symptoms</td>
<td>58.19 ± 8.54±</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Abbreviations: PANSS, Positive and Negative Syndrome Scale.

**Results:** The CV of node efficiency in angular and paracingulate gyrus was larger in SZs. There are 13 nodes assigned into several brain networks displaying altered CV of EC between groups (Figure 1A). Fluctuation of EC of the node in DMN, which was lower in SZs, showed negative correlation with PANSS total scores (Figure 1B). Dynamic functional topology of above nodes was used to train classification models and demonstrated 80% and 71% accuracy for support vector classification (SVC) and random forest (RF), respectively (Figure 2).

**Conclusions:** Dynamic functional topology illustrated a capability in identifying SZs. Aberrated dynamics of DMN relevant to severity of patient’s symptoms could reveal the reason why it contributed to classification.

**Disclosure:** No significant relationships.

**Keywords:** Positive and Negative Syndrome Scale scores; schizophrénia; classification; dynamic functional topology

---

**O0136**

**Change people attitudes towards schizophrenia using a short video**

D. Amsalem
Columbia University, NYC, NY, USA, Psychiatry, NYC, United States of America
doi: 10.1192/j.eurpsy.2022.322

**Introduction:** Social contact-based video interventions effectively reduce stigma toward individuals with psychosis.