

restricted interests and behaviors. ASD is a lifelong neurodevelopmental disorder, however there is a lack of answers and research for adults with ASD. There are shared aspects of odd thinking, rigid behaviors and impaired socialization in schizophrenia and ASD and COS seems to have a strong relationship with ASD, being comorbid in up to 50% of cases.

Conclusions: Usually the evaluation of the developmental history of the person, prodrome and onset, its course and the presence of positive symptoms of schizophrenia is enough to help us find a diagnosis. Unfortunately, in some ages the conclusion is not so easy to find. However is essential to determine whether the clinical manifestations belong to the autistic spectrum, the schizophrenic or result from comorbidity.

Keywords: autism; childhood onset schizophrenia; childhood psychosis; Early-onset schizophrenia

EPP1240

What is the best approach for patients with prolonged duration of untreated psychosis (DUP) - about 2 clinical cases with dup longer than 10 years

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Introduction: Studies have consistently found that many individuals with psychosis experience significant delays before receiving treatment. DUP refers to the period between the emergence of psychotic symptoms and the initiation of appropriate clinical treatment.

Objectives: To review current knowledge on the best approach for patients with schizophrenia (SCZ) and prolonged DUP.

Methods: Non-systematic review of literature through search on PubMed database, following the terms “DUP and treatment” and “impact of longer DUP”. Two clinical cases are described.

Results: The clinical cases describe patients with SCZ with DUPs older than 10 years, in whom we could not achieve complete clinical remission after several therapeutic trials and whose prognosis was admitted as reserved. Longer DUP is an independent predictor of poorer outcome in SCZ, including the poor response to treatment and difficulty in achieving remission, predicting treatment resistance. Identifying treatment-resistant patients is crucial due to the importance of initiating clozapine as early as possible since the chances of responding are higher.

Conclusions: DUP is a key prognostic variable in psychosis, revealing the significance of early treatment. Patients with long DUP should be regarded as at high risk of poor recovery. The detection of these patients enables clinicians to avoid unnecessary exposure to ineffective treatments while effective interventions are delayed. However, in view of adverse side effects of clozapine, future studies need to examine relevant predictors to detect accurately non-responders. We also suggest further studies to understand if there is correspondence between DUP and different stages of the disease that justify these results.

Keywords: schizophrenia; duration of untreated psychosis; psychosis; clozapine

EPP1242

Adherence to treatment in patients with delusional disorder - study of acute inpatient population in psychiatry ward between 2007-2017

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Introduction: Delusional disorder is a mental illness in which delusions are the dominant symptom. Delusional disorder is not well studied relative to other psychotic disorders - it is poorly understood in practically every aspect of its nature, including cause, phenomenology, prevalence, comorbidity, course, treatment, and prognosis.

Objectives: To study the clinical and sociodemographic characteristics of individuals admitted for inpatient treatment with the diagnosis of delusional disorder, in particular the adherence to treatment.

Methods: Retrospective observational study of inpatient treatment of patients with delusional disorder diagnosis between January 1st 2007 and 31th December of 2017 in the Psychiatry Service of CHUSJ. Follow up of 2 years from discharge. Data collected included sociodemographic characteristics and clinical features. Descriptive analysis of the results was performed using SPSS (v.26).

Results: In the period of time analyzed, 152 hospitalizations were identified, corresponding to 114 patients: 38.2% male and 62.8% female. The average age was 58 years. 3 months after discharge: 65% of patients were going to the medical appointments, which dropped to 60% in 6 months, 55% in 12 months, 53% in 12 and 24 months. Regarding adherence to the treatment: 65% of patients were still adherent to medication in 3 months time, 55% in 6 months, dropping to 50% in a year and to 48% in 2 years. There is a relation between involuntary discharge and adherence to consultations and medication.

Conclusions: A cardinal characteristic of delusional disorder, conviction that one is not mentally ill, contributes complexity to the treatment challenges and profoundly affects the therapeutic relationship.

Keywords: Delusional disorder; treatment adhesion

EPP1245

The impact of social cognition deficits on real life functioning in 22q11.2 deletion syndrome: A comparative study with a large population of patients with schizophrenia.

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Introduction: 22q11.2 Deletion Syndrome (22q11.2DS) represents a congenital syndrome with several clinical features. It entails a 25% risk of psychotic onset in lifespan. 22q11.2DS is a reliable model for biological vulnerability to schizophrenia.

Objectives: With the hypothesis of similar impairments in schizophrenia and 22q11.2DS, to investigate a possible correlation between Social Cognition (SC) and Interpersonal Functioning (FU).

Methods: Sample consists of 1735 adults: 893 schizophrenic subjects (SCZ); 18 with 22q11.2DS and psychosis (DEL_SCZ); 44 22q11.2DS individuals (DEL); 780 healthy controls (HC). SCZ and HC data come from a multicentric study by Network for Research on Psychoses. SC was assessed with The Awareness of Social Interference Test (TASIT, consisting of three sections: T1=Emotion Recognition; T2=Minimal Social Inference; T3=Social Inference Enriched). The Specific Levels of Functioning (SLOF) interview was employed.

Results: DEL_SCZ ($p < 0.001$) and SCZ ($p < 0.001$) showed impairments in each TASIT sections compared to HC. Significant deficits in interpersonal functioning area were found in SCZ ($p < 0.001$) compared to HC. The interpersonal functioning domain showed a positive correlation with SC in HC (T1: $r = 0.097$; $p < 0.001$; T2: $r = 0.120$; $p = 0.001$; T3: $r = 0.121$; $p = 0.001$); DEL (T1: $r = 0.380$; $p = 0.024$; T2: $r = 0.466$; $p = 0.005$) and SCZ (T1: $r = 0.113$, $p = 0.001$; T2: $r = 0.110$, $p = 0.001$; T3: $r = 0.134$; $p < 0.001$).

Conclusions: SC deficits both in subjects with 22q11.2DS and in people with schizophrenia suggest a role of endophenotypes. SC is directly correlated to interpersonal functioning in 22q11.2DS without psychosis and people with schizophrenia. DEL_SCZ may suffer from deeper cognitive and symptomatic conditions that both impact differently on FU.

Keywords: 22q11.2 Deletion Syndrome; social cognition; schizophrenia; Real life functioning

EPP1246

Investigation of electrophysiological markers to predict clinical and functional outcome of schizophrenia using sparse partial least square regression

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Introduction: Despite innovative treatments, the impairment in real-life functioning in subjects with schizophrenia (SCZ) remains an unmet need in the care of these patients. Recently, real-life functioning in SCZ was associated with abnormalities in different electrophysiological indices. It is still not clear whether this relationship is mediated by other variables, and how the combination of

different EEG abnormalities influences the complex outcome of schizophrenia.

Objectives: The purpose of the study was to find EEG patterns which can predict the outcome of schizophrenia and identify recovered patients.

Methods: Illness-related and functioning-related variables were measured in 61 SCZ at baseline and after four-years follow-up. EEGs were recorded at the baseline in resting-state condition and during two auditory tasks. We performed Sparse Partial Least Square (SPLS) Regression, using EEG features, age and illness duration to predict clinical and functional features at baseline and follow up. Through a Linear Support Vector Machine (Linear SVM) we used electrophysiological and clinical scores derived from SPLS regression, in order to classify recovered patients at follow-up.

Results: We found one significant latent variable ($p < 0.01$) capturing correlations between independent and dependent variables at follow-up (RHO=0.56). Among individual predictors, age and illness-duration showed the highest scores; however, the score for the combination of the EEG features was higher than all other predictors. Within dependent variables, negative symptoms showed the strongest correlation with predictors. Scores resulting from SPLS Regression classified recovered patients with 90.1% of accuracy.

Conclusions: A combination of electrophysiological markers, age and illness-duration might predict clinical and functional outcome of schizophrenia after 4 years of follow-up.

Keywords: schizophrenia; EEG; Outcome prediction

EPP1247

Resting-state functional connectivity of the ventral tegmental area and negative symptom domains in subjects with schizophrenia

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Introduction: Negative symptoms (NS) represent a core aspect of schizophrenia with a huge impact on real life functioning. Dysfunctions within the dopaminergic cortico-striatal circuits have been documented in subjects with schizophrenia (SCZ) and hypothesized as possible neurobiological mechanisms underlying some domains of NS.

Objectives: We investigated relationships between the resting-state functional connectivity (RS-FC) of the ventro-tegmental area (VTA) and NS.

Methods: Resting-state fMRI data were recorded in 35 SCZ, recruited within the Italian Network for Research on Psychoses. We performed partial correlations between RS-FC and NS (evaluated with the Brief Negative Symptom Scale) controlling for possible sources of secondary negative symptoms.