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Persistent negative symptoms are associated with worse outcome in both first-episode and chronic subjects with schizophrenia. The identification of these symptoms in recent-onset subjects is still controversial as retrospective data are often unavailable. The prospective assessment of persistence of negative symptoms might represent a valid alternative but the length of the persistence is still to be established. The present study investigated the prevalence of negative symptoms of moderate severity, unconfounded by depression and extrapyramidal symptoms at baseline in a large cohort of patients in the early stage of a schizophrenia-spectrum disorder, recruited to the OPTiMiSE trial. Persistent unconfounded negative symptoms were assessed at 4, 10 and 22 weeks of treatment. Symptomatic remission, attrition rate and psychosocial functioning was evaluated in subjects with short-term (4 weeks) persistent negative symptoms (PNS) and in those with negative symptoms that did not persist at follow-up and/or were confounded at baseline (N-PNS). Negative symptoms of moderate severity were observed in 59% of subjects at baseline and were associated to worse global functioning. PNS were observed in 7.9% of the cohort, unconfounded at both baseline and end of 4-week treatment. PNS subjects showed lower remission and higher attrition rates at the end of all treatment phases. Fifty-six percent of subjects completing phase 3 (clozapine treatment) had PNS, and 60% of them were non-remitters at the end of this phase. The presence of short-term PNS during the first phases of psychosis was associated with poor clinical outcome and resistance to antipsychotic treatment, including clozapine.

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Keywords: First-episode schizophrenia; Functional Outcome; Persistent negative symptoms

S0126

Negative symptoms assessment in early intervention settings: Implications for early identification and treatment

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Negative symptoms are a core feature of schizophrenia spectrum disorders associated with poor outcomes such as low remission rates and impairments in daily functioning and quality of life in early psychosis. The assessment of negative symptoms in early psychotic disorders is predominantly conducted by use of first-generation scales such as the PANSS and the SANS, along with the SIPS and CAARMS for the psychosis clinical high-risk (CHR) state. Following the progressed conceptualization of negative symptoms, it has, however, been recognized that these scales suffer important methodological limitations. This warrants a use of second-generation scales such as the Brief Negative Symptom Scale (BNSS) and the Clinical Assessment Interview for Negative Symptoms (CAINS) in early intervention settings in order to achieve a more accurate assessment of the negative symptom complex. Advancing the assessment of negative symptoms in early psychosis may also guide more targeted intervention approaches aimed at improving functional outcome. Albeit recognizing that negative symptoms constitute an important barrier to a good functional outcome in psychotic disorders, few studies have directly aimed at alleviating negative symptoms in early psychosis. Meta-analytical evidence does, however, exist on the efficacy of the combined treatment modalities incorporated in Early Intervention Services (e.g. intensive and assertive case management, family involvement etc.) in reducing negative symptoms in first-episode psychosis. Evidence on the effect of interventions for improving negative symptoms in the CHR state is lacking. Developing targeted, and possibly more individualized negative symptoms treatment approaches, constitute an essential future research area.

Disclosure: No significant relationships.
Keywords: Assessment negative symptoms; Negative symptoms early psychosis; Functional outcome early psychosis

S0128

The challenges in schizophrenia treatment in real-life: The uncomfortable truth

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Certain percentage of the first-episode schizophrenia patients presents with negative symptoms, which persists over the year and influence treatment outcomes (Galderisi et al. 2013). Treatment of negative symptoms has been a significant continuous clinical challenge. Majority of recently published guidelines recommend antipsychotic monotherapy as the standard of care, recommending antipsychotic combination therapy only after a failed trial with clozapine (George A. Keepers et al. 2020; Faden et al. 2020). However, real-life forces clinicians to look for possible combinations of medications early on, especially to tackle negative symptoms. The systematic review of global prescribing practices covering four decades found the pooled median rate of antipsychotic combination therapy approximately 20% (Gallego et al. 2012). One of the largest retrospective studies every conducted (n = 62,250) assessed rehospitalisation rates and the long-term use of antipsychotic polypharmacy in schizophrenia. Antipsychotic combination treatment was associated with an approximate 10% lower relative risk of psychiatric rehospitalisation compared with antipsychotic monotherapy (Tiihonen et al. 2019). Real-world effectiveness study of antipsychotic monotherapy vs. polypharmacy in schizophrenia from Eastern Europe is also supporting this approach (Katona, Czobor, and Bitter 2014). At the same time antipsychotic combination therapy can increase the total antipsychotic dose burden, frequency of adverse effects, potential drug-drug interactions and incur additional costs. In our recent naturalistic study in schizophrenia outpatients (n=120) with insufficient effectiveness of previous antipsychotics

therapy on negative symptoms, we were able successfully switch therapy form several different antipsychotic combinations to monotherapy and gain clinical benefits (Rancans et al, 2020).

Disclosure: No significant relationships.
Keywords: Treatment; Antipsychotics; schizophrénia

Update on the mental health consequences of the COVID-19 pandemic

S0131

Self-reported mental health among individuals with mental disorders during the COVID-19 pandemic

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Background: Individuals with mental illness may be particularly vulnerable to the negative impact that the coronavirus disease 2019 (COVID-19) pandemic seems to have on mental health. Most prior studies on this topic are however limited by non-random sampling, lack of information on non-respondents, and self-reported diagnoses. Here, we aimed at overcoming these limitations by means of random sampling in a population of clinically diagnosed patients, acquisition of clinical and socio-demographic data on non-respondents, and weighting of results informed by attrition.
Methods: We conducted a cross-sectional questionnaire-based online survey inviting six-thousand randomly drawn patients from the psychiatric services of the Central Denmark Region. They survey data were merged with sociodemographic- and clinical data from medical records on all invitees, which enabled analysis of attrition and weighting of results. The questionnaire included the 18-item Brief Symptom Inventory (BSI-18), the 5-item World Health Organization Well-Being Index (WHO-5), and 14 questions evaluating the perceived severity of symptoms during the four-week nationwide lockdown of Denmark in March/April 2020 – using the pre-pandemic period as reference. Reasons for worsening or improvement in mental health during lockdown were also reported.
Results: The preliminary results are as follows: The response rate was ≈20%. Approximately half the respondents reported that their mental health had deteriorated during lockdown, while the other half reported either no change (≈33%) or improvement (≈16%). The most commonly reported reasons for deterioration in mental health were disruption of routines and loneliness.
Conclusion: The final results will be shown at the conference.

Disclosure: No significant relationships.
Keywords: COVID-19; psychopathology; pandemic; mental health

The four views of the future of psychiatry

S0133

The future of psychiatry: The perspectives from a senior psychiatrist

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The future of psychiatry as a discipline (and as the main source of knowledge in the construction and functioning o mental health services) can best be grasped on the basis of an examination of the development of psychiatry over the past century in the light of current options for its functioning. Such an examination demonstrates that psychiatrists will have to expand their field of work to include the management of comorbidity of mental and physical disorders and public health approaches to the primary prevention of mental and other brain disorders. Their engagement in research will have to become restricted to psychopathology and participation in the formulation of hypotheses which will be tested in laboratory and field work;; and their involvement in teaching about mental health and illness will have to undergo a fundamental change in terms of content, methods and evaluation of effects of education which they will organize. The presentation will focus on the future tasks of psychiatrists in these areas

Disclosure: No significant relationships.
Keywords: Future of psychiatry

S0134

From mid-career professor to chairperson: What remains similar what is different?

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For a Mid-career Professor in Germany, there are defined clinical and teaching responsibilities. One can focus either on one's research or on clinical work and teaching. When tasks are becoming more demanding or significant overarching decisions need to be taken, there is always a chairperson to be asked or to help delegate tasks. As chairperson, one is mostly independent from other persons except for the dean of the medical faculty. One is however, at least in Germany, the chairpersons fully responsible for keeping up teaching, patient care, research as well as running the department. The Chairperson is measured by the achievements of these four tasks. It need special attention to keep up a balanced time schedule to cover clinical care, research, teaching and departmental management. A good chairs means working together with your staff on long-term goals, developing the department fruitfully and trying to fulfil these goals.

Disclosure: No significant relationships.
Keywords: Mid-career; Professor; Chairperson; Responsibilities