Results: As compared to norm, the patients showed significantly increased latencies of saccades to correctly discriminated stimuli and higher percent of "errors saccades". The amplitudes of No go-PMN1 and Go-PMN2 waves were also increased in patients. The amplitude foci of these waves were diffusely distributed in patients and mostly localized in frontal leads in norm.
Conclusions: The findings assume some violation of anticipation for action (motor or inhibitory response) processes as well as an increase of presumably cortical activation during stimulus anticipation in the "Go/No go delay" saccadic paradigm in the early stage of schizophrenia.

Disclosure: No significant relationships.
Keywords: go/no-go delay paradigm; anticipation; saccade; slow waves

EPP0598

Age-related network connectivity pattern changes are associated with risk for psychosis

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Introduction: Psychosis onset typically occurs during adolescence or early adulthood, coinciding with the latest stage of brain maturation. Alterations in brain functional connectivity (FC) accompany the emergence of psychiatric symptoms and cognitive impairments. Thus, age-related FC changes may be informative regarding psychosis onset.
Objectives: We defined neurotypical age-related FC trajectories and hypothesized that FC of individuals at familial and clinical high risk (HR) for psychosis deviates from FC of neurotypical controls (NC).
Methods: We analyzed two independent cohorts, of (a) 356 early adult NC (yNC; age=22±2y, m:f=149:207), and 127 mature adult NC (aNC; age=38±7y, m:f=79:48), and (b) 92 yNC (age=22±2y, m:f=34:58), 33 aNC (age=36±6y, m:f=21:12), 38 early HR adults (age=20±3y, m:f=18:20). We acquired fMRI data from multiple scans (resting-state, working memory, episodic memory, and implicit emotion processing). FC was obtained by computing Pearson's correlations between time-courses of every independent component (IC) defined by an Independent Component Analysis approach (NeuroMark). Age-varying components of interest (yNC/aNC differences on FC based on linear mixed effect regressions) were tested for differences between HR and yNC through the Wilcoxon rank-sum test.
Results: showed age-related FC differences (yNC/aNC) in a set of 17 IC pairs ($p_{FDR}<0.05$). HR showed increased FC within a network including dorsolateral and medial prefrontal cortices, and sensorimotor cortex, while decreased FC between cerebellum and the parietal and visual cortices, compared with yNC ($p_{FDR}<0.05$). HR showed no significant difference compared with aNC ($p_{FDR}>0.05$).
Conclusions: This study tested FC alterations associated with the risk for psychosis and highlighted the relationship between psychosis and potentially altered brain functional processes.

Disclosure: No significant relationships.
Keywords: fMRI; Risk for psychosis; Independent Component Analysis; Neurodevelopment

Old Age Psychiatry 02 / Rehabilitation and Psychoeducation 02

EPP0599

Mental Health Screening and Digital Intervention for Thai Seniors Citizen in Primary Care

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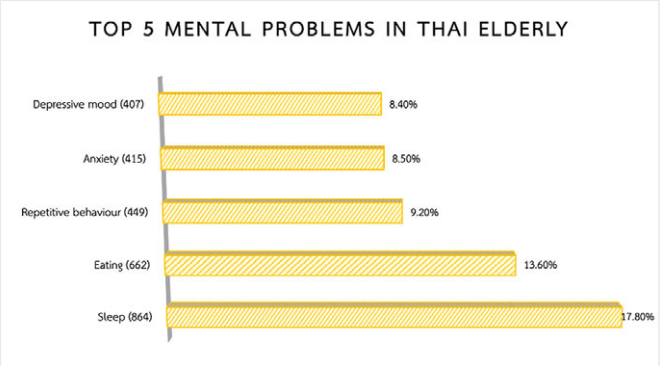
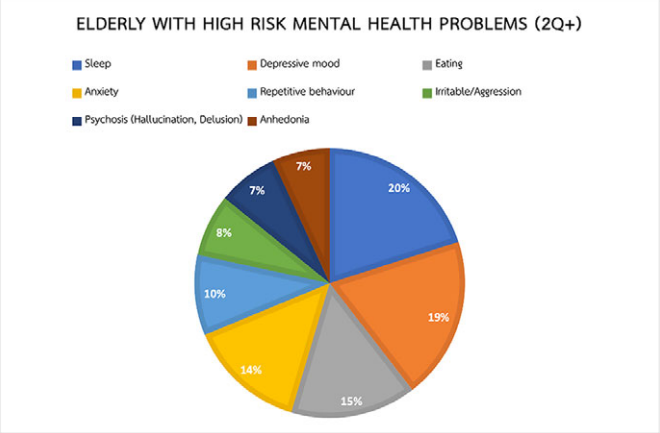
Introduction: Avoidable disability associated with depression, anxiety, and impaired cognition among older adults is pervasive. Incentives for the detection of mental disorders in late life include increased reimbursement, reduced cost, and less burden for patients and families.
Objectives: Mental health problems in the elderly are major public health issues around the world. Thai older adults who experience mental illness rarely seek care from mental health specialists; rather, they tend to seek help from a general physician. Primary health care is, therefore, an important setting for the detection of mental health symptoms and subsequent treatment. We describe the design and implementation of a mental health care model in the Thai primary care system. Initial results of screening for behavioral and emotional problems are reported.
Methods: This work is intended to explore mental health conditions in Thai elderly people to provide of identifying and non-pharmacological treating psychiatric conditions in the Primary care unit. The instruments used in the survey, which consists of twelve symptoms found in the elderly, developed into an online program to suit pandemic conditions.
Results: In an effort to document mental health problems in the primary care system, 4,854 veterans (mean age 68) from 46 provinces across Thailand were screened for multiple mental health symptoms. The sample divided into 1,701 males (35%) and 3,153 females (65%).





Conclusions: While screening for depressed mood is now common in primary care, we found it useful to screen for specific symptoms of depression in older persons (including insomnia, change in eating habits, facial expression, and anxiety) in a primary setting.

Disclosure: No significant relationships.
Keywords: Elderly; Anxiety; mental health problem; Depression

Old Age Psychiatry 02 / Rehabilitation and Psychoeducation 02

EPP0601

Integrating services improve the return-to-work process for people on sick leave with stress-related disorders: results from a randomized trial (n=666)

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Introduction: Stress-related disorders are common and associated withsuffering and a large sociatal burden. While treatment appears to be able to reduce symptoms, evidence of interventions to improve work outcomes is inconsistent. Lack of integration different service domains has been suspected to be a barrier in return-to-work (RTW) processes.
Objectives: We aimed to test the effectiveness of intergrating vocational rehabilitation and mental health care.
Methods: We randomized participants on sick leave to I) service as usual (SAU), I) improved mental health care (MHC) or III) integrated interventions (INT). Primary outcome was RTW-rates measured at 12 months. Secondary outcome were proportion in work at 12 months, RTW-rates measured at 6 months, and symptom levels at 6 months.
Results: We randomized 666 participants. Regarding primary outcome, the SAU group was superior to both MHC and INT. Furthermore, SAU was also superior to INT and MHC on almost all other work-related outcomes. INT and MHC did not show differences on any work-related outcome. On several symptom scales, MHC was observed with lower scores than SAU, whilst INT did not differ from the two other groups.
Conclusions: Both the integrated intervention (INT) and the (non-integrated) mental health care (MHC) intervention lowered return-to-work rates compared with service as usual (SAU), and thereby yielded worse outcomes. However, the MHC group intervention showed a tendency towards having lower symptom levels compared with those in the SAU group; accordingly, the SAU group is not unequivocally superior. INT and MHC showed no general differences.

Disclosure: No significant relationships.
Keywords: vocational rehabilitation; Stress; integrated care; Exhaustion

EPP0604

Investigation of alpha-synuclein in patients with late-onset schizophrenia

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Introduction: There is no consensus about whether late-onset schizophrenia(LOS) is a type of schizophrenia or a secondary psychotic disorder. One of the theories of the occurrence of late-onset psychoses is neurodegeneration caused by the imbalance of proteostasis.
Objectives: To study the concentration and expression of alpha-synuclein in patients with LOS compared with controls.
Methods: The study involved 42 patients with the ICD-10 criteria of schizophrenia with the onset of the disease after 45 years and 104 controls with no dementia and severe somatic pathology, comparable in age and gender. The alpha-synuclein level was estimated in a lymphocytic cell fraction from patients with LOS N=42 and controls N=104 using the Human alpha-synuclein ELISA kit. The expression of the SNCA gene was studied in 22 LOS patients and 22 controls and determined by PCR using the SYBR Green Supermix