antipsychotics and antidepressants, quinolones, and cotrimoxazole). Penicillins are the most appropriate group, and quinolones should be avoided. DDIs between antibiotics and psychotropic drugs have been reported to occur in 20% of patients, which means that DDIs checking is always necessary before prescribing. Psychiatric adverse events (e.g., hallucinations, restlessness, insomnia) have also been seen in patients with mental disorders.
The participants will learn about general recommendations on antibiotic prescribing in this population, focusing on antibiotics and psychotropics, supported by evidence-based data and real clinical pharmacological tools useful for daily practice.

Disclosure: No significant relationships.
Keywords: Infections; Antibiotics; Hospitals and Ambulatory Setting; Psychopharmacology

Predicting the outcomes in psychosis: Recent advances in molecular profiling, neuroimaging and machine learning

S0026

Predicting one-year outcomes in first-episode psychosis

M. Lindgren*, J. Keinänen, A. Kemppainen, B. Karpov, T. Kieseppä and J. Suvisaari

[1]Mental Health, Finnish Institute for Health and Welfare, Helsinki, Finland; [2]Department Of Psychiatry, University of Helsinki and Helsinki University Hospital, Helsinki, Finland and [3]Faculty Of Medicine And Health Technology, Tampere University, Tampere, Finland

*Corresponding Author.
doi: 10.1192/j.eurpsy.2021.65

The outcome of first-episode psychosis (FEP) varies and may be predicted by several baseline measures. In the Helsinki Early Psychosis Study, young adults with FEP (n=97) from the Helsinki area in Finland were broadly assessed as soon as possible after first psychiatric contact for psychosis. Age- and gender-matched population controls were also assessed (n=62). The participants were followed up via appointments and medical records. We present both published and unpublished results on predictors of 12-month clinical, functional, and metabolic outcomes. More severe cognitive deficits at the beginning of treatment predicted several outcomes such as occupational status and functional level – beyond baseline positive and affective symptom levels, but not when negative symptoms were accounted for. More severe baseline obsessive-compulsive symptoms were predictive of a lower rate of remission, whereas a higher level of anxiety symptoms predicted better functional outcome, when the severity of positive symptoms was adjusted for. Adverse childhood experiences measuring cumulating psychosocial stress did not predict occupational status or functional level when positive and negative symptoms and neurocognition were controlled for, whereas in controls having experienced school bullying was associated with lower functioning. Insulin resistance in early psychosis appeared as an early marker of increased vulnerability to weight gain and abdominal obesity in young adults with FEP. Further, increased waist circumference predicted worsening low-grade inflammation, increasing further the cardiovascular risk. In sum, we have found different types of prognostic markers in FEP. Identifying the individuals at risk of less favorable outcomes could affect treatment choices in FEP.

Disclosure: No significant relationships.
Keywords: Psychotic disorders; remission; follow-up; outcome

S0028

Molecular lipids in prediction of psychosis and the associated cardiometabolic co-morbidities

M. Oresic

School Of Medical Sciences, Örebro University, Örebro, Sweden
doi: 10.1192/j.eurpsy.2021.66

Lipid metabolism has been an area of increased interest in psychosis research, not only due to its link to metabolic comorbidities, but also due to its putative role in the pathophysiology of psychosis. Lipid disturbances are observed already in the period preceding the onset of psychosis. For example, we performed mass spectrometry based lipidomics in a cohort of individuals at clinical high risk for psychosis (the EU-GEI study) and found that the individuals who transitioned to psychosis within a 2-year follow-up period displayed decreased levels of ether phospholipids. This finding may be of direct (patho)physiological relevance, as ether phospholipids (particularly plasmalogens, a major subgroup of ether phospholipids) are highly enriched in the brain, are supplied to the brain by the liver, have many structural and functional roles, and may act as endogenous antioxidants. Accumulating evidence also suggests that lipid disturbances play a crucial role in the development of metabolic comorbidities associated with psychotic disorders. Our lipidomic studies have shown that psychotic patients who rapidly gain weight during follow-up have elevated triglycerides (TGs) with low double bond count and carbon number at baseline. These TGs are known to be associated with non-alcoholic fatty liver disease (NAFLD) and with increased risk of type 2 diabetes. In conclusion, although the mechanisms linking dysregulation of lipid metabolism with the pathophysiology of psychosis are currently poorly understood, findings by us and others suggest that metabolic abnormalities are evident in people who are vulnerable to psychosis, and to the associated metabolic comorbidities.

Disclosure: No significant relationships.
Keywords: lipidomics; psychosis; lipid metabolism; metabolic co-morbidities

Preventing the "hype, hope and disappointment" cycle in early intervention of psychosis

S0029

Early intervention in psychosis: An innovation trigger in a challenging environment

L. Sile[1]* and E. Rancans[2]

[1]Doctoral Studies, Rigas Stradins University, Riga, Latvia and [2]Department Of Psychiatry And Narcology, Riga Stradins University, Riga, Latvia

*Corresponding Author.
doi: 10.1192/j.eurpsy.2021.67

In theory and practice early intervention has an indisputable role in the treatment of patients with psychotic disorders, however modern psychiatrists face challenges in their clinical work to find the balance between the best practice and available treatment options in their environment. One of the biggest challenges remains the implementation of high-cost treatment approaches in healthcare systems of middle-income countries. Moreover, one very important aspect to consider when implementing early intervention is to prepare your team for resistance against the innovation. In countries where psychiatric treatment is more hospital-oriented and out-patient care is limited to short face-to-face visits with psychiatrists, the system is rigid and unwilling to step up to more expanded treatment option, such as a team approach of more than 6 members to treat one patient. In Latvia we started our early intervention programme in 2019 (LAT-EIP), 34 patients enrolled, and 27 finished the programme. When we compared results between standard treatment and LAT-EIP, psychiatrist out-patient visits were comparable to LAT-EIP, but the rate of rehospitalization and assigned disabilities at 12 months follow-up differ dramatically: in LAT-EIP 7.4% had been readmitted and 7.4% were assigned with disability vs 36.1% and 34.4% of patients in standard treatment group, respectively, $p<0.05$. Nevertheless, the only hospital which continues to provide early intervention is the one which first established it. This presentation will try to explain step-by-step what enhances and what holds back innovation in psychiatry in one middle-income countries.

Disclosure: No significant relationships.
Keywords: early intervention; Health care systems; psychosis; schizophrénia

S0030

The trough of disillusionment: A critique of the "transition" paradigm

S. Gülöksüz

Psychiatry And Neuropsychology, Maastricht University, Maastricht, Netherlands
doi: 10.1192/j.eurpsy.2021.68

I will attempt to address the issues surrounding the CHR concept in light of novel data and briefly discuss emerging alternatives. The root problem of the CHR early invention strategy is the exertion of reducing early nonspecific (pluripotent) psychopathology to a unidimensional model restricted only to positive psychotic symptoms, which define the binary categories of CHR and "transition" in help-seeking populations. This major conceptual handicap undermines the validity and clinical utility. The core predictor of the "transition" rate is the degree of the risk-enrichment and not the CHR status. Even with a significant pretest risk enrichment, the prognostic accuracy is mediocre. The incidence and "transition" rates of CHR in the community are very low; therefore, CHR does not represent a cost-effective clinical target—prevention paradox. CHR succeeding early pluripotent psychopathology is already late for intervention. "Transition" is not a categorical progression but a unidimensional shift in psychotic symptoms, and therefore, influenced by the fluctuation of psychotic symptoms, leading to both false positives and underestimation of nonpsychotic psychopathology. There exists no evidence for a specific effect of any intervention in preventing "transition"; therefore, CHR is not an ideal treatment target. Binary "transition" outcome does not represent a valid phenotype for research as "transition" rates are primarily driven by the sampling heterogeneity. The multidimensional psychopathology and functioning are more clinically relevant, overarching, and service-user-centered measures to define individual risk and outcome. Guided by the public health perspective, a universal early intervention framework, underscoring improved access to care, may represent a better strategy.

Disclosure: No significant relationships.
Keywords: psychosis; early intervention; public health; clinical high-risk

E-mental health and the future of psychiatric diagnosis

S0037

Past, present and future of psychiatry

N. Sartorius

Mental Health, Association for the Improvement of Mental Health Programs, Geneva, Switzerland
doi: 10.1192/j.eurpsy.2021.69

Over the past few decades, psychiatry and mental health sciences have reached several major goals. The importance of mental health and the huge contribution to the burden of disability produced by mental and neurological disorders has been recognized by all and most recently also by the United Nations. Treatment technology has developed and permits the effective management of most mental disorders. Progress has also been made in the recognition of human rights of people with mental illness and those who care for them. More has to be done in these areas but there are also new tasks that are before psychiatry. These include the addition of primary prevention of mental disorders to previous efforts to ensure secondary and tertiary prevention of mental health problems; the development of appropriate ways of work in order to cope with problems of comorbidity of mental and physical disorders; and a fundamental reorientation of training in psychiatry and related sciences.

Disclosure: No significant relationships.
Keywords: The future of psychiatry; primary prevention of mental disorders

S0038

Reconceptualising the DSM: Neuroanalysis and digital brain profiling

A. Peled

Dept' Sm, Mental Health Center, 'Technion' Israel Institute of Technology, Haifa, Israel
doi: 10.1192/j.eurpsy.2021.70

Recent years have seen a great advancement in the emerging field of Neural Computation, a study of the brain using neuronal network models. As a consequence, another field of science is being developed titled 'Computational Psychiatry' where neuronal network models of psychopathology help understand the possible etiology for mental disorders. With Computational Psychiatry we can begin and reformulate mental disorders as brain disorders. Etiological diagnosis in psychiatry will be the next