a common origin which has yet to be explored in depth. Future research is needed to identify linguistic and motor endophenotypic patterns, potentially intertwined with each other, capable of early predicting Schizophrenia development and thus usable as early diagnostic tools.

Disclosure of Interest: None Declared

EPP0274

The Inventory of Psychotic-Like Anomalous Self-Experiences (IPASE): an easy tool for investigating Self-Disorders, subjective experiences and global functioning

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doi: 10.1192/j.eurpsy.2023.598

Introduction: Self Disorders (SDs) are regarded as the subjective phenotype of Schizophrenia vulnerability. The EASE (Examination of Anomalous Self-Experiences) scale is the most detailed and widely used instrument to investigate SDs, but it requires long administration times and specific training. The IPASE (Inventory of Psychotic-like Anomalous Self-Experiences) scale might be a self-administered instrument of widespread use for an easier SDs investigation.
Objectives: The present study was aimed at validating the Italian version of IPASE, testing its internal consistency and usability for a first level SDs survey. A secondary objective was to confirm the correlations between IPASE, EASE, main symptom dimensions, subjective bodily experiences, symptoms of schizophrenic autism as well as levels of global functioning.
Methods: Fifty patients with Schizophrenia were administered the IPASE scale in its Italian version, the Examination of Anomalous Self-Experiences scale (EASE), the Positive And Negative Symptoms Scale (PANSS), the Social and Occupational Functioning Assessment Scale (SOFAS) to assess global functioning, the Autism Rating Scale (ARS) and the Abnormal Bodily Phenomena questionnaire (ABPq). The internal consistency of IPASE in its Italian version was investigated and the correlations between IPASE, EASE, ABP, ARS, PANSS and SOFAS were explored.
Results: The internal consistency of the Italian version of IPASE was high (α 0.97). The IPASE and EASE total scores were positively correlated with each other, as were many of the conceptually related subdomains of both scales. The IPASE score was negatively correlated with global functioning (SOFAS) and positively correlated with total PANSS scores and with PANSS negative domain. Moreover, the IPASE total score was positively correlated with autism dimension (ARS), while anomalies in subjective experience of the lived body were coherently correlated with higher scores in IPASE "somatization" subdomain.
Conclusions: The IPASE may be an easy instrument with high internal consistency for an initial investigation of SDs. IPASE domains appear to be correlated with the SDs investigated through EASE and with the main symptomatologic dimensions of Schizophrenia, in particular with negative symptoms. IPASE might also be a useful instrument for a first level investigation of subjective experiences concerning intersubjectivity and bodily dimensions.
SDs are confirmed to be a core feature of the schizophrenia psychopathology, with a adverse impact on global functioning.

Disclosure of Interest: None Declared

EPP0275

Searching for bridges between psychopathology and real-world functioning in first-episode psychosis: a network analysis from the OPTiMiSE trial

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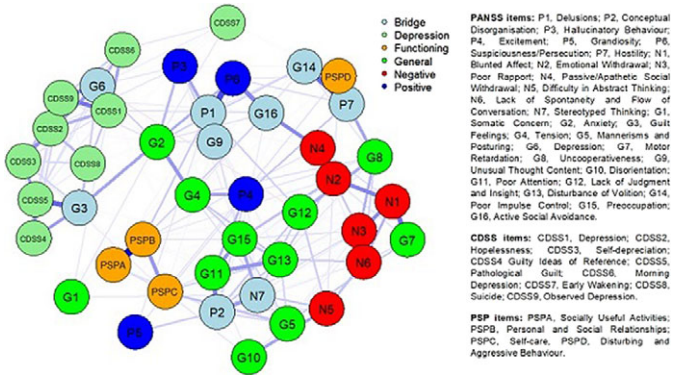
doi: 10.1192/j.eurpsy.2023.599

Introduction: Network analysis has been used to explore the interplay between psychopathology and functioning in psychosis, but no study has used dedicated statistical techniques to focus on the bridge symptoms connecting these domains.
Objectives: The current study aims to estimate the network of depressive, negative, and positive symptoms, general psychopathology, and real-world functioning in people with first-episode schizophrenia or schizophreniform disorder, focusing on bridge nodes.
Methods: Baseline data from the OPTiMiSE trial were analysed. The sample included 446 participants (age 40.0±10.9 years, 70% males). The network was estimated with a Gaussian graphical model (GGM), using scores on individual items of the Positive and Negative Syndrome Scale (PANSS), the Calgary Depression Scale for Schizophrenia (CDSS), and the Personal and Social Performance (PSP) scale. Stability, strength centrality, expected influence (EI), predictability, and bridge centrality statistics were computed. The top 20% scoring nodes on bridge strength were selected as bridge nodes.
Results: Nodes from different *rating scales* assessing similar psychopathological and functioning constructs tended to cluster together in the estimated network (Fig. 1). The most central nodes (EI) were Delusions, Emotional Withdrawal, Depression, and Depressed Mood. Bridge nodes included Depression, Conceptual Disorganisation, Active Social Avoidance, Delusions, Stereotyped Thinking, Poor Impulse Control, Guilty Feelings, Unusual Thought Content, and Hostility. Most of the bridge nodes belonged to the general psychopathology subscale of the PANSS. Depression (G6) was the bridge node with the highest value.

Image:



Conclusions: The current study provides novel insights for understanding the complex phenotype of psychotic disorders and the mechanisms underlying the development and maintenance of comorbidity and functional impairment after psychosis onset.

Disclosure of Interest: None Declared

EPP0276

Epidemiology of depression in schizophrenia patients living in Africa: a systematic review and meta-analysis

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doi: 10.1192/j.eurpsy.2023.600

Introduction: Various comorbid conditions can worsen the morbidity and mortality of schizophrenia, and this is the case for depression, especially through suicidal behaviors and cardiometabolic impairments. There is a scarcity of summarizing data on depressive symptoms and disorders among schizophrenia patients living in Africa.
Objectives: The aim of this meta-analytic review was to estimate the prevalence of depression in people living with schizophrenia in Africa.
Methods: We systematically searched for relevant articles published from inception to July 05, 2022, in PubMed/MEDLINE, EMBASE, and African Journals Online. We appraised the risk of bias using the Joanna Briggs Institute (JBI) Critical Appraisal Checklist for studies reporting prevalence data, and estimated the pooled prevalence of depression among patients with schizophrenia using a random-effects meta-analytic model. We performed meta-regression and subgroup analyses to assess potential mediators of our estimates. We based the report of our findings on the Preferred Reporting Items for Systematic Reviews and Meta-analyses guidelines (2020). We registered our protocol in PROSPERO (CRD42022315717).

Results: From 791 initial records, 10 studies were finally included in our qualitative and quantitative syntheses (Figure 1). These studies encompassed 2265 patients with schizophrenia (male-to-female ratio = 1.94), and were conducted between 2001 and 2019, in Egypt (n = 1/10), Ethiopia (n = 4/10), Morocco (n = 1/10), Nigeria (n = 1/10), South Africa (n = 2/10), and Tunisia (n = 1/10). The mean age of participants ranged from 33.8 to 49.2 years, and the most used tool was the Calgary Depression Scale for Schizophrenia (n = 4/10). The pooled prevalence rate of depression was 23.93% (95% CI: 19.43% – 28.73%), with substantial heterogeneity (I^2 = 84%). The prevalence of depression significantly varied according to screening tool used. The frequencies for Northern and Sub-Saharan Africa were respectively 31.9% (95% CI: 24.8% – 39.5%) and 21.1% (95% CI: 16.7% – 25.9%), with a significant difference between these subgroups (Figure 2). A higher prevalence of depression was associated with a lower percentage of schizophrenia patients with high education levels. Among schizophrenia people with depression (n = 250), 46.04% (95% CI: 30.07% – 62.42%) reported past or current suicide behaviors. The risk of bias was low for three studies, moderate for two studies, and high for five studies. The certainty was very low, and we found no publication bias.
Image:

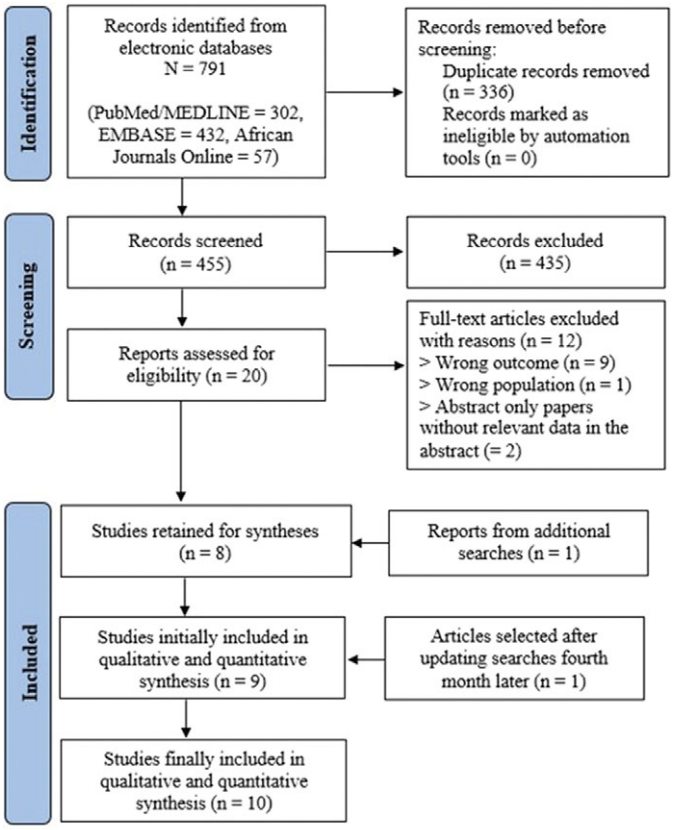

Figure 1. Flow chart of study selection