

The 5-year prognostic accuracy of the DSM-5 APS in adolescent was adequate (Area Under the Curve=0.77) with high sensitivity (91.3%) and suboptimal specificity (63.2%).

Conclusions: The DSM-5 APS diagnosis can be used to detect help-seeking adolescents at risk of psychosis and predict their long-term outcomes, leading the way to new preventive approaches.

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Keywords: Psychosis; Adolescents; Attenuated Psychosis Syndrome; At risk of psychosis adolescents outcome

EPP0207

Menstrual psychosis diagnosis: Does it still hold?

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Introduction: Menstrual psychosis was first described in the 18th century. Brockington defined its characteristics: acute onset; brief duration with full recovery; confusion, stupor and mutism, delusions, hallucinations, or a manic syndrome and periodicity in temporal association with the menstrual cycle.

Objectives: Description of a clinical case of menstrual psychosis and review of the literature.

Methods: Description of a clinical case. Non systematic review of the literature, searching the terms “psychosis”; “menstrual”; “catamenial” in the databases Pubmed, Medline and Cochrane.

Results: Female, 39-year-old patient. No psychiatric history until the postpartum period of a traumatic vaginal birth, when she developed stupor and mutism which lasted for two days. During the following 2 years, she progressively presented with sadness, asthenia, anhedonia, insomnia and incapacity for self-care. She was prescribed paroxetine and olanzapine, with partial recovery. Subsequently, she had at least 6 episodes with about 3-day duration of asthenia, food refusal, insomnia, incapacity for self-care, disorganization of thought and behavior and mystical and persecutory delusions, coincident with the beginning of menstruation. She was hospitalized in two of them and received treatment with venlafaxine 75mg and paliperidone 6mg, with psychotic symptoms remission after a week.

Conclusions: This case presents the characteristics of menstrual psychosis. This is a rare condition, with only 30 reported cases worldwide. According to current classification systems, this condition fulfills diagnostic criteria for brief psychotic disorder. Nonetheless, studying in more detail this disorder could be interesting, with the goal of deepening the knowledge of the neurobiology of psychosis, particularly the effects of estrogen on this disorder.

Disclosure: No significant relationships.

Keywords: brief psychotic disorder; Psychosis; menstrual; catamenial

EPP0208

Correlation between social functioning and quality of life in patients diagnosed with schizophrenia

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Introduction: Social dysfunction is a significant feature of schizophrenia leading to deminution of quality of life (QoL).

Objectives: To explore the correlation between social functioning and quality of life in patients diagnosed with schizophrenia.

Methods: The study sample comprised 32 patients diagnosed with schizophrenia (24 males and 8 females) recruited from the Clinic for mental disorders “Dr Laza Lazarevic” in Belgrade, with a mean age of 41.28 years (min 24, max 62), assessed by the Social Functioning Scale (SFS) and the World Health Organization Quality of Life questionnaire (WHOQOL-BREF).

Results: There were two significant quasi-canonical positive correlations between social functioning and QoL (1: f-test=16.4, p=.001; 2: f-test=23, p=0.0001.) The first structure is formed through the set of SFS subscales- Recreation, Independence-performance and Independence-competence and set of QoL subscales- Mental health, Physical health, Environment and General assessment of QoL. The second structure is formed through the set of SFS subscales- Interpersonal functioning and Social engagement/withdrawal and the set of QoL subscales- General assessment of QoL and Environment. Furthermore, the first canonical component indicates a greater overlap of the opposition set by social functioning (23%) which leads to the assumption that the direction of influence goes from social functioning to QoL. Due to the equality of redundancy in the second canonical component, the direction of influence can only be inferred on the basis of the first canonical component.

Conclusions: Social functioning and quality of life are related in patients diagnosed with schizophrenia, and this relationship is based on specific subfactors within those areas.

Disclosure: No significant relationships.

Keywords: schizophrenia; social functioning; Quality of Life

EPP0209

Predictive value of body composition and core symptoms in schizophrenia for cardiorespiratory fitness: CORTEX-SP study

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Introduction: Cardiorespiratory fitness (CRF) can be directly measured and assessed by the cardiopulmonary exercise test (CPET) or estimated from different field tests as the Modified Shuttle Walking Test (MSWT). The CRF in schizophrenia (SP) population may be altered due to sex, age, body composition and core symptoms variables. However, the extent to which each domain influences CRF in this pathology is still unknown.

Objectives: To analyze the predictive value of body composition and core symptoms in SP for CRF.

Methods: Participants (N = 144, 41.7 ± 10.3 yr old) with SP were assessed with (1) body mass index and fat percentage; (2) upright bicycle ergometer using an incremental ramp protocol and the MSWT; and (3) positive and negative symptoms of the disease ["Positive and Negative Syndrome Scale" (PANSS) and "The Brief Negative Symptom Scale" (BNSS)]. In the Stepwise Multiple Regression analyses, those variables which correlated (Spearman's Rho) significantly with each CFR scores were included

Results: Lower negative symptoms ($P < 0.001$) and positive PANSS ($P = 0.035$) predicted VO_{2peak} ($L \cdot min^{-1}$) ($R^2 = 28.3\%$). Lower negative symptoms ($P < 0.001$), positive PANSS ($P = 0.006$) and fat body mass ($P < 0.001$) explained VO_{2peak} ($mL \cdot kg^{-1} \cdot min^{-1}$) ($R^2 = 46.5\%$). MSWT was predicted ($R^2 = 58.9\%$) by lower negative symptoms ($P = 0.001$), body mass ($P < 0.001$) and total PANSS ($P = 0.004$).

Conclusions: In patients with SP significantly higher CRF was detected in those with lower negative and positive symptoms, as well as lower body mass. Exercise interventions for improving CRF should be promoting in this population for a better control of core symptoms.

Disclosure: No significant relationships.

Keywords: cardiorespiratory fitness; body composition; core symptoms; schizophrenia

EPP0210

Multivitamin, mineral, and n-3 PUFA supplementation to reduce aggression among long-stay psychiatric inpatients: a randomized clinical trial

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Introduction: Aggression and violent incidents are a major concern in psychiatric inpatient care. Nutritional supplementation was found to reduce aggressive incidents and rule violations in forensic populations and in children with behavioral problems.

Objectives: To assess whether multivitamin, mineral, and n-3 PUFA supplementation would reduce the number of aggressive incidents among long-stay psychiatric inpatients.

Methods: The trial was a pragmatic, multicenter, randomized, double-blind, placebo-controlled study. Data were collected from 25 July 2016 through 29 October 2019 at 8 local sites for mental healthcare in the Netherlands and Belgium. Participants were randomized (1:1) to receive either three supplements containing multivitamins, minerals, and n-3 PUFA or placebo for 6 months. The primary outcome was the number of aggressive incidents using the Staff Observation Aggression Scale – Revised (SOAS-R). Secondary outcomes were the patients' quality of life, affective symptoms, and adverse events.

Results: In total, 176 participants were randomized (supplements, n = 87; placebo, n = 89). Participants were on average 49.3 years old

(SD = 14.5), and 64.2% were male. Most patients had a psychotic disorder (60.8%). The primary outcome of SOAS-R incidents was similar in those assigned to supplements (1.03 incidents per month; 95% confidence interval [CI]: 0.74-1.37) and placebo (0.90; 95% CI: 0.65-1.19), with a rate ratio of 1.08 (95% CI: 0.67-1.74; $p = .75$). Differential effects were not found in sensitivity analyses on the SOAS-R or on secondary outcomes.

Conclusions: Six months of nutritional supplementation did not reduce aggressive incidents among long-stay psychiatric inpatients.

Disclosure: No significant relationships.

Keywords: supplements; nutrition; aggression; psychiatric inpatients

EPP0211

Brain controllability and clinical relevance in schizophrenia

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Introduction: Apart from the psychiatric symptoms, cognitive deficits are also the core symptoms of schizophrenia. Brain network control theory provided information on the role of a specific brain region in the cognitive control process, helping understand the neural mechanism of cognitive impairment in schizophrenia.

Objectives: To characterize the control properties of functional brain network in first-episode untreated patients with schizophrenia and the relationships between controllability and psychiatric symptoms, as well as exploring the predictive value of controllability in differentiating patients from healthy controls (HCs).

Methods: Average and modal controllability of brain networks were calculated and compared between 133 first-episode untreated patients with schizophrenia and 135 HCs. The associations between controllability and clinical symptoms were evaluated using sparse canonical correlation analysis. Support vector machine (SVM) and SVM-recursive feature elimination combined with the controllability were performed to establish the individual prediction model.

Results: Compared to HCs, the patients with schizophrenia showed increased average controllability and decreased modal controllability in dorsal anterior cingulate cortex (dACC). Brain controllability predominantly in somatomotor, default mode, and visual networks was associated with the positive symptomatology of schizophrenia. The established model could identify patients with an accuracy of 0.68. Furthermore, the most discriminative features were located in dACC, medial prefrontal lobe, precuneus and superior temporal gyrus.

Conclusions: Altered controllability in dACC may play a critical role in the neuropathological mechanisms of cognitive deficit in schizophrenia, which could drive the brain function to different states to cope with varied cognitive tasks. As symptom-related biomarkers, controllability could be also beneficial to individual prediction in schizophrenia.

Disclosure: No significant relationships.

Keywords: schizophrenia; Resting-state functional magnetic resonance imaging; Recursive feature elimination; Controllability