Introduction: Numerous authors have proposed "responder" criteria for patients with schizophrenia treated with antipsychotic monotherapy (Leucht, S et al 2009; 438 7-14; Suzuki T et al, 2012; 197 1-6; Kane J et al 1988; 45 789-96). These suggest reductions greater than 30% on the PANSS total score, improvements of 1 category or more on the CGI-S, or CGI-C ratings of very much, much or minimally improved, as well as various permutations and combinations of the above. No study has met the responder definition of Kane et al in the last 30 years in monotherapy studies in TRS patients. However, a widely accepted definition of response in patients with TRS treated with a putative antipsychotic added to their background antipsychotic monotherapy, is not currently available, and more work is needed on this highly relevant topic (Suzuki, T et al 2011; 133 1-3).

Objectives: Combining PANSS (30-item anchored scale), CGI-C and CGI-S (both 7-point Likert scales), three of the most accepted scales to evaluate patients with schizophrenia worldwide, we propose two different definitions of response in TRS population

Methods: Study 014 was designed to evaluate the safety and preliminary evidence of efficacy of evenamide, a NCE added to an antipsychotic monotherapy, given orally at 3 fixed doses (7.5, 15 and 30 mg bid) in patients with TRS not adequately responding to a therapeutic dose of an AP. Assessment of efficacy was based on changes of the PANSS and CGI-S/C. We reviewed the efficacy data of the first 100 patients at various timepoints up to 30 weeks.

Results: We assessed multiple definitions involving all the three measures (PANSS, CGI-S, and CGI-C) to determine one that would define a "responder" by categories that may be clinically meaningful. Review of the data indicated two definitions of responders based on the different combinations of the individual measures. "Full responder" was defined as PANSS total score improvement $\geq$ 20%; CGI-C at least much improved (i.e. 1,2); CGI-S at least one point improvement and reaching at least mildly ill (i.e. a score of at least 3 or less). "Partial responder" was defined as PANSS total score improvement $\geq$ 15%; CGI-C rated as any improvement (i.e. 1,2,3); CGI-S at least one point improvement. These two categories are alternatively true and patients not fulfilling the criteria for the above categories are considered as "non-responders". Further descriptive analysis will be presented.

Conclusions: These definitions may change the selection of compounds used as add-on therapy for TRS patients as well as the study designs to evaluate them.

Disclosure of Interest: None Declared

EPP1057

Biomarkers as Proxies for Cognitive Reserve: the role of high density lipoprotein cholesterol in first episode of psychosis

R. Magdaleno Herrero[1*], N. Murillo-García[1], Á. Yorca-Ruiz[1], K. Neergaard[1], B. Crespo-Facorro[2,3] and R. Ayesa-Arriola[1,2]

[1]Mental Heatlh, Instituto de Investigación Marqués de Valdecilla (IDIVAL), Santander; [2]CIBERSAM, Madrid and [3]Psychiatry, Hospital Universitario Virgen del Rocío, Sevilla, Spain
*Corresponding author.
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Introduction: The proxies used to compose cognitive reserve (CR) in first episode of psychosis (FEP) have varied in the literature.

The development of FEP is linked to the peripheral pathways of the central nervous system (Leboyer et al. Psychopharmacology 2016; 233(9) 1651-60) Furthermore, schizophrenia has been linked to the metabolic system, indicating that alterations in the levels of biological parameters, in particular high-density lipoproteins (HDL) (Gjerde et al. Eur Arch Psychiatry Clin Neurosci 2020; 270 (1) 49-58) cause worse global functioning and cognitive impairment (Adamowicz et al. J Clin Med 2020; 9(2) 537). Despite this knowledge, no research has considered the introduction of biomarkers as proxies for CR.

Objectives: The present study aimed to create a quantifiable and objective CR index that adjusts for the multifactorial nature of FEP.

Methods: We included 668 patients who had FEP and 217 healthy controls who were assessed for sociodemographic information and levels of biological parameters: waist circumference, hypertension and levels of HDL, triglycerides and glucose. The main analyses were multiple regression analysis, principal component analysis (PCA) and exploratory factor analysis (EFA).

Results: Regression analyses showed that HDL was the top performing biological parameter in a model containing years of education and unemployment (F=11.80; p<0.001) while also outperforming other parameters in a correlation analysis with a composite of the same variables (r= 0.21; p<0.001). In EFA analyses combining all possible components, we found that the most optimal proxies for the composition of biological CR were years of education and HDL. The results using PCA indicated that biological CR would have a greater explanatory power for the phenomenon than classical CR, increasing 7.27% of the explanation for FEP patients and 16.08% for healthy controls.

Conclusions: This article proposes an objective and quantifiable method to measure CR, taking into account endogenous and exogenous factors. This index, introducing biomarkers as proxies could provide a more accurate CR score for FEP patients.

Disclosure of Interest: None Declared

EPP1058

Positive and Negative Syndrome Scale (PANSS) predictors of hospitalization during home treatment on 1045 patients with schizophrenia in acute crisis

R. Talisa[1*], A. Sabaté[2], D. Córcoles[3,4,5], J. Leon[2], A. Malagón[3,5], A. M. González[3], M. Bellsolà[3], P. Samos[3], M. Á. Jerónimo[3], L. M. Martín[3,4] and V. Pérez[3,4]

[1]Xarxa de Salut Mental i Addiccions de la Provincia de Girona, Institut d'Assistència Sanitària (IAS), Parc Hospitalari Martí i Julià, Girona; [2]Institut de Neuropsiquiatria i Addiccions, Parc de Salut Mar; [3]Institut de Neuropsiquiatria i Addiccions, Parc de Salut Mar, Barcelona; [4]Centro de Investigación Biomédica en Red de Salud Mental (CIBERSAM), Madrid and [5]Departamento de Psiquiatría y Medicina Forense, Universitat Autonoma de Barcelona, Barcelona, Spain
*Corresponding author.
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Introduction: Several factors related to the risk of requiring psychiatric hospitalization have been described in patients diagnosed with schizophrenia treated with methods other than home treatment. With regard to the symptoms, high global illness severity and positive symptoms of schizophrenia have been most frequently