hierarchical logistic regression for TdeP (cases vs controls), and included the following independent variables: sex, age, hypokalemia, acute myocardial infarction, left ventricular dysfunction, hepatic failure and/or renal failure, other QTc-prolonging drugs, and psychotropic drugs. We then calculated population attributable risks (PAR).

Results: In our final model which adjust risk factors for one another, women, acute myocardial infarction, hypokalemia, left ventricular dysfunction, QTc-prolonging drugs, and use of ≥2 antidepressants were significantly associated with TdeP. Age, hepatic and/or renal failure and antidepressants/antipsychotic drug monotherapy were not. The PAR for use of ≥2 antidepressants was 6.3%, while those of other QTc-prolonging drugs, female sex, and left ventricular dysfunction were 55.1%, 41.8%, and 25.6%, respectively.

Conclusions: When adjusting for concomitant risk factors, monotherapy with antidepressant or antipsychotic drugs is not associated with TdeP. On its side, the use of ≥2 antidepressants is associated with TdeP, with a PAR of lesser magnitude than sex, left ventricular dysfunction, and other QTc-prolonging drugs. This research provides a more nuanced perspective on the relationship between psychotropic drugs and the occurrence of this arrhythmia.

Disclosure of Interest: None Declared

EPP060

Detection of dissociative states in patients during the administration of Es-ketamine by monitoring with the Dissociative Experience Scale II (DES II) - Part I

C. Serritella[1]*, F. Ferraiuolo[1], M. Piccirillo[2], E. Lastrucci[3], A. Frasso[4], G. De Mattia[1], T. Salvati[5] and D. Riccio[6]

[1]Università degli studi di Napoli Federico II, Psichiatria; [2]Seconda Università degli Studi di Napoli (SUN), Psichiatra, psicoterapeuta Cognitivo-Costruttivista, Napoli; [3]Università degli studi di Potenza, Scienze biostatistiche, Potenza; [4]ASL Caserta, UOSM 12, Psicologa, Caserta; [5]Università degli studi Suor Orsola Benincasa, Professoressa, Psicoterapeuta, Napoli and [6]Università Telematica Pegaso, Linguista, Milano, Italy

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.414

Introduction: The effectiveness of Es-ketamine therapy in the treatment of psycho-pathological symptoms is the subject of growing interest in the scientific community. Through the use of validated psychometric instruments, this study aims to delineate more precisely the mechanisms of action and clinical potential of this therapy, contributing to the advancement of knowledge in psychiatry.

Objectives: The main objective of the present study is to analyses in depth and systematically the onset and development of the dissociative state, as well as the different forms of dissociation, in patients undergoing treatment with Es-ketamine (Spravato). Particular attention will be paid to the distinction between drug-induced dissociation and dissociation of a psychotic nature.

Methods: Two psychometric instruments were used: the Clinical Global Impression (CGI) and the Dissociative Experience Scale II (DES II). The CGI assessed symptom severity (Severity of Illness, SI), the overall clinical improvement (Global Improvement, GI) and treatment effectiveness with respect to side effects (Efficacy Index, EI). DES II measured the frequency and intensity of dissociative symptoms, considering a score of ≥30 as pathological. The initial sample of 16 patients was reduced to 15 (6 males and 9 females) due to the exclusion of one participant due to incomplete data.

Results: Preliminary results indicate that treatment with Es-ketamine led to significant clinical improvement in the majority of patients. Quantitative analysis showed an improvement between the initial (T0) and subsequent (T1) assessment on both scales used. In the DES II, a mean effect of +0.98 was found, with a cumulative reduction of 14.65 points, indicating a decrease in dissociative symptomatology. In the CGI, the mean improvement presented an effect size of +56.57, with a range from +30.4 to +117.9, suggesting significant variability in treatment response. In two patients, a 31-year-old man and a 19-year-old woman, a clinical worsening associated with high levels of dissociation was observed, highlighting the potential role of factors such as age and dissociative vulnerability in treatment response.

Conclusions: The CGI and DES II scales proved effective in monitoring clinical changes in patients treated with Es-ketamine, highlighting their complementarity. This study represents the first attempt to differentiate between traumatic and psychotic dissociation in Es-ketamine-treated patients, suggesting new opportunities to tailor therapeutic interventions therapeutic interventions. Further studies with larger samples and more robust methodological designs are needed to confirm the preliminary results, as well as to investigate the long-term impact of Esketamine on dissociation and the potential associated risks.

Disclosure of Interest: None Declared

Schizophrenia and Other Psychotic Disorders

EPP061

Retinal Correlates of Cognitive Function in Early-Course Schizophrenia Spectrum Disorders: A Cross-Sectional Study

J. M. Gonzalez-Diaz[1,2,3,4]*, B. Sanchez Dalmau[5,6,7], A. Camos Carreras[5], S. Alba[7,8], S. Amoretti[3,7,9], F. Forte[7,9,10], M. Serra Navarro[7,9,10], S. Salmeron[1,7,9,10,11], A. Perez[3,7,9], C. Torrent[7,9,10], E. Vieta[9,10,11] and M. Bernardo[3,7,9]

[1]School of Medicine, Institute of Neurosciences – UBNeuro, Universitat de Barcelona, Barcelona, Spain; [2]CERSAME - UR Center for Mental Health, School of Medicine and Health Sciences, Universidad del Rosario, Bogota, Colombia; [3]Barcelona Clinic Schizophrenia Unit, Institute of Neurosciences, Hospital Clínic de Barcelona, Barcelona, Spain; [4]Clinica Nuestra Señora de la Paz – OHSJD, Bogota, Colombia; [5]Department of Ophthalmology, Hospital Clínic de Barcelona; [6]School of Medicine, Universitat de Barcelona; [7]Institut d'Investigacions Mèdiques August Pi i Sunyer (IDIBAPS); [8]Department of Neurology, Hospital Clínic de Barcelona, Barcelona; [9]Biomedical Research Networking Centre Consortium on Mental Health (CIBERSAM), Instituto de Salud Carlos III, Madrid; [10]Bipolar and Depressive Disorders Unit, Institute of Neurosciences and [11]Department of Psychiatry and Psychology, Institute of Neuroscience, Hospital Clínic de Barcelona, Barcelona, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.415

Introduction: Emerging research suggests that retinal structure, assessed via optical coherence tomography (OCT), may be a potential biomarker in Schizophrenia Spectrum Disorders (SSD). However, the relationship between retinal and cognitive parameters in the early stages of the disease remains underexplored.
Objectives: To examine the correlation between retinal structure and cognitive functioning in patients with early-course SSD.
Methods: A cross-sectional sample of 26 SSD cases and 25 age- and gender-matched healthy controls (HCs) underwent OCT imaging. Peripapillary retinal nerve fiber layer (pRNFL), macular, and ganglion cell-inner plexiform layer (GCL+IPL) thicknesses were measured. Cognitive domains, including verbal memory (California Verbal Learning Test, CVLT[Delis et al. 2000]), working memory (WAIS-III Letter–Number Sequencing Subtest[Wechsler 2011]), processing speed (Trail Making Test-A, TMT-A[Reitan et al.Clin Neuropsychol 1995;9:50-6]), sustained attention (Conners' Continuous Performance Test, CPT[Rosvold et al.J Consult Psychol 1956;20:343]), executive function (Wisconsin Card Sorting Test, WCST[Heaton 2008]), and social cognition (Mayer-Salovey-Caruso Emotional Intelligence Test, MSCEIT[Mayer et al.Emotion 2003;3:97-105]), were assessed and then transformed into t-scores. A Principal Component Analysis(PCA) was conducted, and associations between retinal and cognitive parameters were explored with Pearson/Spearman correlations; statistical significance was set at $p<0.05$.
Results: SSD patients (mean age:31.9years[SD=1.2]; males n=11 [44%]; mean duration of illness:32.5months[SD=22.3]) exhibited thicker pRNFL in both the right (t=-2.25,p=0.03) and left (t=-2.08,p=0.04) eyes compared to HCs (mean age:32.7years [SD=1.9]; males n=13[50%]). A thicker pRNFL was associated with a poorer cognitive performance: verbal (r=-0.53,p=0.04) and working memory (r=-0.64,p=0.01) was correlated with average pRNFL thickness; processing speed was associated with superior temporal pRNFL thickness (rs=-0.54,p=0.02); sustained attention was correlated with inferior nasal pRNFL thickness (rs=-0.54,p=0.04); social cognition was correlated with average pRNFL thickness (r=-0.72, p=0.03) and temporal pRNFL thickness (r=-0.82, p=0.01). Executive function was not associated with retinal measures, and macular and GCL+IPL thickness did not correlate significantly with cognitive variables.
Conclusions: Our findings suggest relationships between increased pRNFL thickness and impaired cognitive functioning in early-course SSD patients. Previous studies have reported that pRNFL might be thicker during the initial stages of SSD and thins as the disease progresses, highlighting the role of inflammatory processes in both retinal changes and cognitive impairment. Further longitudinal multimodal research is warranted to explore the utility of retinal imaging in monitoring cognitive outcomes in SSD.

Disclosure of Interest: None Declared

EPP062

Benefits of combining Metacognitive Training (MCT) with Cognitive Remediation (CR) in the recovery of patients with psychotic spectrum disorders: Preliminary results

M. Korniyenko[1]*, J. Navarro[1], F. González-Higueras[2], J. Cid[3], E. Frigola-Capell[3], I. Birules[4], C. Vidal[5], G. Garrido[6], J. Crosas[7], A. Aznar[8], C. Palma-Sevillano[9,10], A. Sastre-Buades[11], J. Sevilla-Llewellyn-Jones[12], O. Vallina[13] and A. Barajas[1,14]

[1]Autonomous University of Barcelona, Barcelona; [2]Hospital Universitario de Jaén, Jaén; [3]Institut d'Investigació Biomèdica de Girona Dr. Josep Trueta (IdiBGI), Institut d'Assitència Sanitària, Girona; [4]Parc Sanitari Sant Joan de Déu; [5]Fundació els Tres Turons; [6]Consorci Sanitari de Terrassa; [7]Corporació Sanitària Parc Taulí; [8]Asociación Centro de Higiene Mental Les Corts; [9]Universitat Ramon Llull, Barcelona; [10]Consorci Sanitari del Maresme, Mataró; [11]Hospital Universitario Son Llatzer, Palma; [12]Hospital Clínico San Carlos, Madrid; [13]Servicio Cántabro de Salud, Torrelavega and [14]Serra Húnter Programme, Government of Catalonia, Barcelona, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.416

Introduction: Psychotic disorders are a major cause of global disability. While antipsychotic treatments are effective, their impact is limited. Metacognitive Training (MCT) reduces positive and negative symptoms, but neurocognitive deficits hinder therapy. Cognitive Rehabilitation (CR) may help improve these skills. Combining both therapies could offer better results, but studies are lacking to confirm whether there is any real improvement.
Objectives: Compare the efficacy of combined CR+MCT therapy vs. MCT alone in clinical and functional recovery in nonaffective psychotic disorders.
Methods: This ongoing randomized trial includes 85 patients (56.5% female, mean age 40.40±10.17), with 38 receiving CR +MCT and 47 receiving MCT only. Sociodemographic and clinical data (WHO-DAS-II, PANSS, GAF, and criteria for clinical remission and functional recovery) were collected pre-and post-treatment. Generalized linear models were used, with post-treatment scores as the dependent variable, baseline scores, and RC+MCT group as covariates.
Results: No significant differences were found between groups. However, CR+MCT showed a greater reduction in positive symptoms ($M_{\text{post-pre}}$ = -3) vs. MCT ($M_{\text{post-pre}}$ = -2.2) with no changes in negative symptoms. CR+MCT presented a higher percentage of clinical remission (12,1%) vs MCT (0%) post-treatment. Both groups improve in functional recovery, with greater results in MCT alone (10,9%$_{\text{CR+MCT}}$ vs 22,8%$_{\text{MCT}}$). CR+MCT also had greater reductions in functional disability ($M_{\text{post-pre}}$ = -3,4) vs. MCT alone ($M_{\text{post-pre}}$ = -2,2).
Conclusions: The group that has received the combined RC+MCT therapy has shown better results in clinical remission and functional recovery, the last in terms of disability, than the MCT-only group. The small sample size limits statistical significance.

Disclosure of Interest: None Declared

EPP063

First episode of psychosis in patients over 35 years of age, the forgotten population. A descriptive and comparative study

G. Pérez Guerrero[1]*, R. Pérez Iglesias[2], J. Vázquez Bourgon[2], P. Suárez Pinilla[2], D. Sierra Biddle[2], M. L. Ramírez Bonilla[2], P. Cordero Andrés[2] and M. D. C. Flor Gómez[2]

[1]Psychiatry, Hospital Regional Universitario de Málaga, Málaga and [2]Psychiatry, Hospital Universitario Marqués de Valdecilla, Santander, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.417