

regions, including prefrontal cortex, precuneus, insula, parahippocampus, cingulate cortex, temporal pole, thalamus, and cerebellum in AToM and CToM. SBC analyses found significant target regions in the frontal pole, cerebellum, pre and postcentral gyrus, precuneus, lateral occipital cortex, angular gyrus, and paracingulate gyrus. LASSO regression predicted PANSS score ($R^2=0.49$) and AToM response latency time ($R^2=0.37$).

Conclusions: Our findings highlighted a widespread different effect of ACEs on brain FC in ToM networks in HC and SZ. Notably, the FC in these regions is predictive of behavioral ToM performance and clinical outcomes.

Disclosure of Interest: None Declared

EPP0508

Multimorbidity patterns and health care utilization among older adults with schizophrenia

A. Hwang^{1,2*}, Y. Li³, R. Morin⁴ and A. Byers^{1,2}

¹Psychiatry and Behavioral Sciences, University of California, San Francisco; ²San Francisco VA Medical Center; ³Northern California Institute for Research and Education, San Francisco and ⁴Hoag Hospital, Irvine, United States

*Corresponding author.

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Introduction: Older adults with schizophrenia often have multiple chronic conditions, or multimorbidity, yet most prior research has focused on single medical conditions.

Objectives: To characterize multimorbidity patterns and utilization among older adults with schizophrenia to understand how multimorbidity affects this population and their clinical service needs.

Methods: This retrospective cohort study included veterans aged 50 years and older with schizophrenia and followed their comorbid diagnoses and utilization (outpatient, inpatient, and emergency) from 2012 to 2019. Comorbid diagnoses included myocardial infarction, congestive heart failure, stroke, chronic obstructive pulmonary disease (COPD), cancer, dementia, traumatic brain injury, hepatitis C, osteoarthritis, renal disease, chronic pain, sleep disorder, depression, dysthymia, posttraumatic stress disorder (PTSD), general anxiety disorder, alcohol use disorder, other substance use disorder, and tobacco use disorder. Latent class analysis was used to identify latent profiles of psychiatric and medical comorbidity. Chi-square and F-tests were used to assess differences in demographics, comorbidities, and utilization across the latent classes.

Results: The cohort included 82,495 adults with schizophrenia. Three distinct multimorbidity classes were identified: Minimal Comorbidity (67.0% of the cohort), High Comorbidity (17.6%) and Substance Use Disorders and Related Conditions (SUDRC) (15.4%). The Minimal Comorbidity class had <10% prevalence of all comorbid diagnoses. The High Comorbidity class had >20% prevalence of congestive heart failure, COPD, dementia, renal disease, sleep disorder, and depression. The SUDRC class had >70% prevalence of alcohol and drug use disorders and >20% prevalence of COPD, hepatitis C, depression, and PTSD. Although the High Comorbidity class had the highest rates of chronic medical

conditions, the SUDRC class had the highest rates of emergency and inpatient medical care and emergency, inpatient, and outpatient mental health care utilization. Comparing across classes, all p-values were <.001 for utilization.

Conclusions: Older adults with schizophrenia are a heterogeneous group with distinct multimorbidity classes and different patterns of utilization. Those with high prevalence of substance use disorders had the highest rates of emergency and inpatient medical and overall mental health care utilization. Tailoring integrated care services to target specific clinical needs could improve outcomes for this population.

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EPP0509

Electrophysiological correlates of reward anticipation in subjects with schizophrenia using topographic analysis of variance (TANOVA) – an ERP study

A. Perrottelli^{1*}, T. Koenig², L. Giuliani¹, P. Pezzella¹, E. Caporusso¹, G. M. Giordano¹ and A. Mucci¹

¹Department of Psychiatry, University of Campania “Luigi Vanvitelli”, Naples, Italy and ²Translational Research Center, University Hospital of Psychiatry and Psychotherapy, University of Bern, Bern, Switzerland

*Corresponding author.

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Introduction: The neurobiological underpinnings of negative symptoms in schizophrenia remain unclear. Previous studies have revealed that in schizophrenia, the anticipatory component of the hedonic experience (anticipatory anhedonia, failure to anticipate reward or pleasurable experiences) is more markedly impaired than the consummatory aspect of pleasure (consummatory anhedonia, in the moment experience of pleasure during pleasurable situations). Several neuroimaging focused on reward prediction deficit have shown dysfunctions in the neuronal circuits that sustain these processes in patients, but findings have not been consistent.

Objectives: The current study aimed at investigating the impairment of reward anticipation in subjects with schizophrenia (SCZ) during the “Monetary Incentive Delay task” (MID task), employing the topographic analysis of event-related potentials (ERPs) with EEG recordings. Furthermore, the associations with negative symptoms and anticipatory and consummatory hedonic experience were investigated.

Methods: EEG data were recorded in thirty SCZ and twenty-three matched HC, during the MID task in which reward and loss cues (incentive cues of positive and negative value) of different magnitude, as well as neutral cues were presented. Anticipation and experience of pleasure were measured by the Temporal Experience of Pleasure Scale (TEPS), while negative symptom dimensions by the Schedule for the Deficit Syndrome (SDS). For the EEG data analysis, the topographic analysis of variance (TANOVA) that uses the global field power of difference maps was used to evaluate between-group differences in scalp topography. Correlation analyses between hedonic experience, negative symptoms and ERPs were performed.

Results: The TANOVA interaction effect (group x cue) was significant in the time window between 140.6 and 195.3 msec after cue

presentation ($p < .05$). Post-hoc analysis showed that significant differences in topography were observed for the reward condition ($p = .0006$) but not for the loss one ($p = .6732$) between SCZ and HC. Finally, a significant correlation ($p < .01$) between t-maps values obtained in the same time-frame and the anticipation of pleasure scores was detected, while no significant correlations were found with the experience of pleasure scores or the severity negative symptom.

Conclusions: SCZ are unable to integrate the incentive magnitude and reward value of future events in the context of their ongoing task. Topographic abnormalities in ERP could be traced already during early stages of reward processing and were associated with anticipation of pleasure, but not with the experience of pleasure or the avolition, suggesting that these constructs might be partially separate.

Disclosure of Interest: None Declared

EPP0510

The Screen for Cognitive Impairment in Psychiatry (German version, SCIP-G): Validation, dimensionality analysis and practical application in inpatient psychiatric treatment

A. Erfurth^{1*} and G. Sachs²

¹1st Department of Psychiatry and Psychotherapeutic Medicine, Klinik Hietzing and ²Medical University of Vienna, Vienna, Austria

*Corresponding author.

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Introduction: Psychiatric disorders are often characterised by cognitive impairment. The Screen for Cognitive Impairment in Psychiatry (SCIP) was developed for routine screening of psychiatric patients and is available in several languages.

Objectives: Using the German version (SCIP-G), 3 studies were conducted: 1. feasibility, reliability, and validity of the SCIP-G were investigated [Sachs et al. Schizophr. Res. Cogn. 2021; 25, 100197], 2. a confirmatory factor analysis was performed [Sachs et al. Schizophr. Res. Cogn. 2022; 29, 100259], and 3. patients with psychotic, bipolar affective, and depressive disorders were assessed before and after standard inpatient treatment including cognitive remediation.

Methods: Study 1 included patients with schizophrenia or schizoaffective psychosis and thirty healthy controls matched for sex, age, and education. Data were collected at the Medical University of Vienna, Department of Psychiatry and Psychotherapy. In studies 2 and 3, patients from the Klinik Hietzing, 1st Department of Psychiatry and Psychotherapeutic Medicine, Vienna, Austria, were studied. In study 3, all patients received modern pharmacotherapy plus cognitive remediation using the COGPACK® software package version 6.06; based on the ICD-10 criteria for research, 54 patients received an F2 diagnosis (schizophrenia, schizotypal, and delusional disorders), 39 patients met criteria for bipolar disorder (F30 and F31), and 50 for depression (F32 and F33).

Results: In Study 1, significant differences in cognitive performance were found between patients and healthy controls on both versions of the SCIP. The SCIP effectively discriminated between patients and the control group. In Study 2, a two-factor solution in which the Verbal Learning Test-Immediate Recall subtests, Delayed Recall Test of the VLT, and Working Memory Test loaded on the first factor and the Verbal Fluency Test and Psychomotor Speed Test

subtests loaded on the second factor yielded good model fit ($\chi^2 = 6.7$, $df = 3$, $p = .08$, $\chi^2/df = 2.2$). In Study 3, SCIP total score showed significant improvement after treatment in all three diagnostic groups ($p < .001$), with no statistically significant interaction between SCIP total score and diagnostic groups ($p = .860$).

Conclusions: Our data indicate that the SCIP-G is a valid and reliable instrument for assessing cognitive impairment. Good model fit can be achieved with a two-factor solution for the SCIP. Our study is the first to perform a confirmatory factor analysis with the German SCIP version and to test its dimensional structure with a hypothesis-testing approach. Inpatient treatment consisting of pharmacotherapy and cognitive remediation improved cognitive deficits. This improvement in cognitive performance was observed to a similar extent in patients with psychotic disorders, bipolar disorder, and depression.

Disclosure of Interest: None Declared

EPP0511

Osteopenia and osteoporosis associated with hyperprolactinemic antipsychotics

A. L. Montejó^{1*}, B. Buch², Y. Santana³, J. Matías³, J. Matias-Polo³, T. Martín-Pinto³, C. Matos³, B. Cortés³, R. de Alarcón³, C. Fombellida³ and J. M. Acosta²

¹Psychiatry, University of Salamanca; ²Instituto de Investigación Biomédica de Salamanca (IBSAL), IBSAL and ³Psychiatry, University Hospital, Salamanca, Spain

*Corresponding author.

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Introduction: The main role of prolactin is associated mainly with lactogenesis but additionally it participates in several endocrinological and metabolic processes. The prolactin level may be increased with some antipsychotics such as risperidone, paliperidone, and amisulpride increasing the risk of Bone Mineral Mass (BMM) decrease leading to osteopenia and osteoporosis.

Objectives: To determine the loss of BMM associated with antipsychotic-related iatrogenic hyperprolactinemia (iHPRL) in a sample of patients suffering of chronic psychotic mental disorder and treated with antipsychotics at least for one year.

Methods: A cross-sectional observational and epidemiological study in a sample of 140 patients (males 56.9%; females 43.1%; mean age 48 years), receiving antipsychotics was carried out. After giving informed consent, personal data, prolactin level, antipsychotic use and lifestyle were collected. An evaluation of BMM with a central DEXA Scan was performed. The bone mineral density considering the subject's age and the peak bone mass in the neck of the femur, hip and in the lumbar vertebrae (L1-L4) was obtained. Inclusion criteria: presence of psychotic disorder, age between 18-65 years and treatment with an antipsychotic at least for one year. Statistical analysis was carried out using the statistical software SPSS version 26.0. A significance level $\alpha = 0.05$ was considered throughout the study.

Results: 45 out of 140 patients (32,13%) had some BMM lost (osteopenia). The prevalence of osteoporosis was 5.71% ($n = 8$). The median prolactin level in the sample was $46.1 \text{ ng/dL} \pm 33.1$. Patients with hyperprolactinaemia showed a higher frequency of