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Introduction: Psychotic disorders, particularly schizophrenia, are severe mental illnesses associated with high rates of disability and functional impairment, causing significant individual burden and incurring high societal costs. Typical onset of schizophrenia is in late adolescence or early adulthood and the complex management requires often life-long pharmacological and non-pharmacological treatment. Early symptom recognition and timely intervention can improve the course of illness and result in better outcome and prognosis, effective management leads to a functional recovery. However, recent reports have identified significant gaps in access to timely assessment and shared decision-making interventions, with inadequate care pathways. In the face of an unprecedented demand for mental healthcare for young people, it can be challenging for health services to deliver high-quality mental healthcare which, according to the World Health Organization, should be timely, effective and evidence-based, safe and person-centered. The project covers nine countries in Europe.
Objectives: Building on the European Brain Council Rethinking Schizophrenia Beyond The Voices Policy Report (2024), the survey and literature review aim to: (1) evaluate the effectiveness of integrated models of youth mental healthcare on a broader range of outcomes, including both mental health outcomes, such as clinical symptoms, functioning and quality of life and health service outcomes, including access and satisfaction with care in young people; and (2) identify the common components of integrated care pathways for young people with first episode psychosis.
Methods: Using the care pathway as a tool at the first step of the research, a cross-country survey was co-designed with the Board of experts and anonymously launched earlier this year. By complementing the survey, the literature review on the care pathway will address quality and continuity of care from the first onset of psychosis and schizophrenia to long-term care in the selected countries including existing guidelines and overview country health situation assessments.
Results: Patients and mental health professionals' insights will be collected. Obtained data will also be analysed by the stakeholders and used to formulate recommendations for policy makers, care payers, mental health professionals, patients and their families (both country specific and at the EU level).
Conclusions: A policy report, based on the consensus, will be released at the Brain Awareness Week 2025 with results and recommendations which will provide valuable insight into understanding the needs of patients with first-episode psychosis and defining the optimal care pathways to engage with them. In order to show that there is a progress in the field of care for schizophrenia patients, the utilization of new technologies is included.

Disclosure of Interest: None Declared

EPP179

Oxytocin-augmented group psychotherapy for negative symptoms in patients with schizophrenia spectrum disorders – a study protocol

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Introduction: New treatments for negative symptoms (NS) in schizophrenia spectrum disorders (SSD) are urgently needed. NS are believed to stem from disruptions between the mesocorticolimbic dopamine system and networks for socioemotional processes. Oxytocin (OXT) enhances connectivity between the neural networks, improving social cognition and NS. Lower plasma OXT levels are linked to greater NS severity and social cognition deficits in SSD. While OXT increases social cognition in healthy individuals, its effects in SSD are inconsistent. The social salience hypothesis suggests OXT's effect varies with social context. Our pilot study showed reduced NS with OXT administration in a positive social setting using mindfulness-based group therapy (MBGT).
Objectives: This trial aims to assess the effects of combining OXT with MBGT on each of the five NS in individuals with SSD. We hypothesize that OXT nasal spray administered before MBGT will significantly reduce NS compared to placebo. The primary outcome is the change in NS, measured by the Positive and Negative Syndrome Scale (T1 - T0 score difference) after 4 weeks and as secondary outcome on the Brief Negative Symptom Scale (BNSS) as well as changes of stress and affect.
Methods: The research design is a triple-blinded, randomized, placebo-controlled study comparing OXT to placebo. Manual-based MBGT sessions, led by experienced psychotherapists, occur weekly for four weeks with groups of up to six patients. Participants receive intranasal OXT (24 I.U.) or placebo 30 minutes before sessions, aligning with the peak effect window (30-80 min) for optimal social behavior reinforcement. Plasma oxytocin levels are measured by radioimmunoassay. Recruitment will be at the Department of Psychiatry, Charité, Berlin, including both genders in mixed-sex groups, controlling for contraceptive use and menstrual cycle phase. Nasal sprays are indistinguishable. The primary outcome will be analyzed using ANCOVA, with treatment condition and training group as covariates. Based on pilot and previous study effects, a conservative effect size of f = 0.25 is assumed. With 1:1 randomization, 80% power,

a 5% two-sided significance level, and a 10% drop-out rate, 140 subjects will be recruited.
Results: This project explores how OXT augmentation enhances the positive effects of MBGT. It is expected that combining OXT with MBGT will significantly improve NS, stress, and affect in SSD patients. Preliminary results already show a significant reduction in social withdrawal and blunted affect in the OXT group compared to placebo.

Image 1:

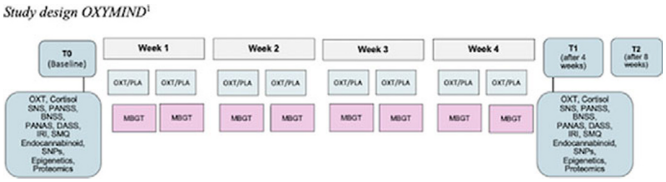
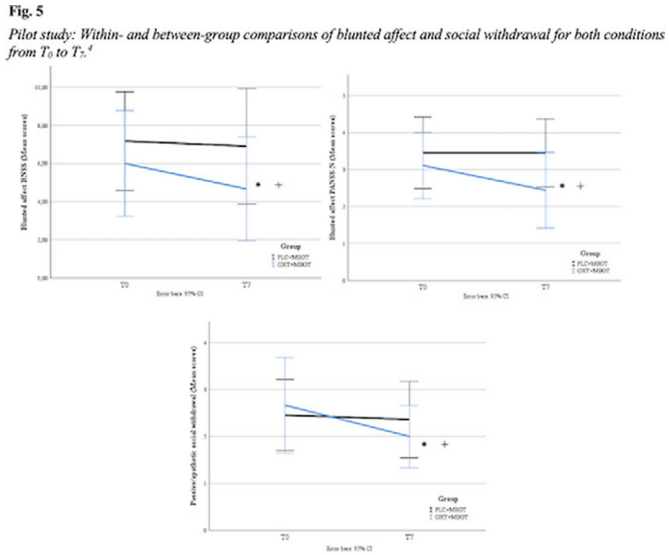


Image 2:



[3] *Note.* *$p < .05$= within group-changes using paired-samples t-tests; OXT: oxytocin; PLC: placebo; MBGT: mindfulness-based group therapy; PANSS-N: Positive and Negative Syndrome Scale – Negative Scale; BNSS: Brief Negative Symptoms Scale.
[4] *Note.* *$p < .05$= within group-changes using paired-samples t-tests; +$p < .05$= between-group changes as indicated by ANCOVA; OXT: oxytocin; PLC: placebo; MBGT: mindfulness-based group therapy; PANSS-N: Positive and Negative Syndrome Scale – Negative Scale; BNSS: Brief Negative Symptoms Scale; SNS: Self Evaluation of Negative Symptoms.

Conclusions: Current treatments for NS in SSD are insufficient, highlighting the urgent need for new or combined strategies. Evidence supports the benefits of augmented psychotherapy. This project could pave the way for innovative, personalized psychiatric treatment for SSD.

Disclosure of Interest: None Declared

Sleep Disorders and Stress

EPP180

Persistent shorter and longer sleep duration from infancy to childhood and its prospective association with chronic depression symptoms

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Introduction: Identifying early-life risk factors for chronic depression symptomology in young people, is essential to informing early targeted interventions. One highly prevalent symptom (and potential risk factor) in depression is sleep problems, such as insomnia or hypersomnia. However, most studies have measured sleep disturbances and depression symptoms at only one time point, and the prospective relationship between *persistent* shorter or longer sleep duration in childhood and *chronic depression symptoms* in adolescence through to adulthood has not been explored.
Objectives: To identify whether longitudinal trajectories of persistent shorter sleep and persistent longer sleep duration between 6 months to 7 years of age, are associated with increased risk of developing chronic depression symptoms between 13-22 years of age.
Methods: Prospective associations were explored using the Avon Longitudinal Study of Parents and Children (ALSPAC), in the UK. Childhood night-time sleep duration was parent-reported at 6, 18, and 30 months and at 3.5, 4 to 5, 5 to 6, and 6 to 7 years. Depression symptoms were self-reported via the Short Mood and Feelings Questionnaire (SMFQ) at, 12.5, 13.5, 16, 17.5, 18, 21 and 22 years of age. Latent Growth Curve Analysis was used to identify longitudinal trajectories of night-time sleep duration from 6 months to 7 years of age (i.e. longer (63%), shorter (2%), average-shorter sleep (22%) and average-longer sleep (13%)) and depression symptoms (i.e. chronic (5%), non-chronic (95%)) from 13 to 22 years. Logistic regressions were conducted to identify the prospective association between persistent shorter and persistent longer sleep trajectories and chronic depression symptoms.
Results: Preliminary results revealed that persistent shorter sleep duration across childhood was associated with increased likelihood of presenting with chronic depression symptoms, even after adjusting for the effects of sex, birthweight, maternal age, child ethnicity, family adversity and maternal socioeconomic status (OR = 1.94, 95% CIs, 1.01, 3.73 p =. 046). Persistent longer sleep however did not show significant associations.
Conclusions: A persistent pattern of shorter sleep duration across childhood is associated with chronic depression symptoms in adolescence through to adulthood. Sleep is a modifiable risk factor and targeted interventions for those presenting a sustained pattern of shorter sleep duration across childhood is suggested to prevent future mental health problems, such as depression.

Disclosure of Interest: None Declared