Conclusions: While BW did not have a direct impact on psychosocial functioning, it does influence CR, which in turn affects verbal memory.

Disclosure of Interest: None Declared

symptoms to medication use and clinical outcomes. The ongoing validation study will further establish the scale's validity and reliability

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EPP069

CPAN: Validation of a novel transdiagnostic dimensional psychosis rating scale

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Introduction: Psychiatric assessment of psychotic disorders has traditionally relied on categorical classification systems, but there is a shift towards a dimensional approach in DSM-5 and ICD-11. Schizophrenia is increasingly viewed as a spectrum disorder, with genetic studies indicating shared risk factors among schizophrenia, schizoaffective disorder, and bipolar disorder. However, there is currently no widely used transdiagnostic dimensional assessment tool in clinical practice. At Semmelweis University we have developed a scale which takes into account four major symptom groups (catatonia, affective-, positive and negative symptoms) and several important "specifiers" (disorganisation, bipolarity, prodromal symptoms, childhood onset, etc.). Clinicians should assess their patients with CPAN based on the long-term clinical presentation, contrary to PANSS and other cross-sectional tools, since our theory is that long-term traits represent underlying "biology" in a more precise manner than the rapidly changing status of patients, and therefore should show higher correlation with biomarkers like genetic and imaging data.

Objectives: We aimed to test the clinical usability of CPAN and its alignment with DSM-5 diagnostic categories and medication correlations in outpatient settings. Additionally, we planned a validation process to assess the tool's validity, interrater reliability, and test-retest reliability.

Methods: In our pilot study, six clinicians assessed 104 outpatient patients using CPAN, analyzing DSM-5 diagnoses and medications. Patients were clustered into four groups based on leading symptoms. In the validation study, 100 inpatients with severe psychotic symptoms will be assessed three times by two raters—one from the clinical team and one independent. We will compare CPAN's validity to PANSS results and assess test-retest reliability with three assessments.

Results: The pilot study demonstrated that CPAN is user-friendly, taking 1-2 minutes for familiar clinicians to complete. Four symptom clusters were identified: 1) schizophrenia with catatonic symptoms, 2) schizophrenia without catatonic symptoms, 3) schizoaffective disorder with negative symptoms, and 4) schizoaffective disorder without negative symptoms/bipolar disorder. Prescription patterns were correlated with symptom groups, but detailed analysis was limited due to the small sample size. Validation results are pending.

Conclusions: CPAN is a practical tool for assessing long-term symptom presentation in patients with psychotic disorders. Widespread use of this scale could provide valuable real-life data linking

EPP070

Validation of Ecological Sustained Attention Test for Schizophrenia

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Introduction: Sustained attention deficit is a core feature of schizophrenia, however, its between-subjects and within-subject fluctuations are little understood. Moreover, although the pertinence of sustained attention for daily functioning has been widely discussed in the literature, research has not consistently demonstrated this association in schizophrenia. One possible reason is a use with non-ecological tasks for evaluation of SA, which may not fully capture real-world attentional demands. Indeed, existing tools demonstrate low ecological validity.

Objectives: This study aimed to develop daily-life task-based test of SA - Ecological Sustained Attention Task (Eco-SAT), and investigate its reliability and criterion, construct, and ecological validity in schizophrenia.

Methods: Eco-SAT was developed based on well-established CPT paradigm (320 trials presented for 500-3000ms, 12 min) simulating vacuum cleaning task. Twenty-one individuals with schizophrenia (age: M=42, SD=12.5; female: N=12, 57%) and 34 matched by age and gender healthy controls completed the Eco-SAT, non-ecological CPT, measures of cognition (MATRICS consensus cognitive battery: BACS, TMT, RBVMT & CFT), schizophrenia symptoms, and daily functioning using Observed Tasks of Daily Living test (OTDL, functional capacity) and Adults Subjective Assessment of Participation in daily life in an interchangeable order during one session.

Results: Eco-SAT demonstrated excellent test-retest reliability for Average RT (ICC = 0.84). Schizophrenia patients performed Eco-SAT significantly worse than controls on Average RT (U=545, $p < 0.01$), and variance RT (U=518, $p < 0.01$). Eco-SAT showed correlations with non-ecological SA task (all parameters; $0.45 < r < 0.75$, $p < .001$), MATRICS sub-tests of BACS (d prime, average RT, RT variance: $-0.54 < r < 0.3$, $p < .5$), TMT-B (average RT: $r=0.3$, $p < .05$), RBVMT (average RT, RT variance: $-0.5 < r < -0.4$, $p < .01$), and CFT (average RT, RT variance: $-0.35 < r < -0.34$, $p < .001$), positive schizophrenia symptoms (hit rate: $r=0.3$, $p < .05$) and the OTDL (RT variance, d prime, hit rate: $-0.35 < r < 0.3$, $p < .05$).

Conclusions: The study provides initial evidence of the psychometric properties of the Eco-SAT, an ecological measure of sustained attention in schizophrenia. Criterion validity was established for all Eco-SAT indices, while reliability, construct validity, and ecological validity were demonstrated for specific indices. The results suggest that average RT and RT variance are the most trustworthy indices. Although further research is required, these findings indicate that this ecological measure may offer a more