

EPV1809

Influence of duration untreated psychosis in clinical and functional outcomes at 3 months in a cohort of first episode psychosis patients

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Introduction: A large number of studies have suggested that longer duration of untreated psychosis (DUP) is associated with poor clinical and functioning outcomes.

Objectives: The aim of this study is to explore the association of duration of untreated psychosis and functional and clinical outcomes at short term (3 months) in first episode patients.

Methods: This is a study of all patients admitted to the EI Service of University Hospital Marqués de Valdecilla in Spain, from January 2020 to July 2024, residents in the area (310,000 habitants), aged from 17 to 65, who experiencing a first episode of psychosis. We set the DUP cut-off point at 6 months to compare both groups, short-duration and long-duration psychosis. The response to treatment was assessed at 3 months with standardized scales: the PANSS scale was used to measure clinical response and the GAF scale to assess functional outcomes.

Results: A total of 207 first episode patients were referred to the Early intervention Service (EIS). The mean age was 37 years-old. 54% were woman (n=111). 21% were living alone. 32% were unemployed. Forty percent (n=82) have a psychiatric family history. 63% required hospital admission and forty-nine percent were involuntary.

The mean GAF at the initial assessment was 34.8 (SD: 12.08). The mean duration of untreated psychosis (DUP) was 15 months (SEM ± 2.63) and the median was 3 months (SD: 37.87). A total of 67 patients had DUP longer than 6 months.

We did not found significant differences in sex (51.4% women in the short-DUP and 58.2% women in the long-DUP; $\chi^2 = 0.84$; $p = 0.36$) or age (36 years old in the short-DUP vs 37 years old in the long-DUP; $p = 0.52$) between groups.

A greater number of people in the long-DUP group were unemployed ($\chi^2 = 18.136$, $p = 0.02$) compared to the short-DUP group. A&E visits were significantly higher in short-DUP group (71.8% vs 28.2%, $\chi^2 = 8.82$; $p = 0.003$). No significant differences were found between groups in terms of hospital admission or duration of stay.

The rate of responders using the PANSS remission criteria proposed by Andreasen was 82.7% at 3 months. Non-responders were 15.9% in the short-DUP vs 20.8% in the long-DUP ($p = 0.43$). Non-significant differences were found.

At 3 months, the rate of patients who scored more than 70 points on the EEAG scale was 71.5%. Non-significant differences were found (70% short-DUP vs 74% long-DUP; $p = 0.49$) between both groups.

Conclusions: We observed that the percentage of non-responders at 3 months is higher in the group with a larger DUP. At 3 months, patients within the early intervention program showed a high level of functioning regardless of the duration of untreated psychosis.

Disclosure of Interest: None Declared

EPV1811

The Reliability of the Volitional Questionnaire in Chinese (VQ-C) for Evaluating Motivation in Individuals with Schizophrenia

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Introduction: Schizophrenia is a common diagnosis among individuals with mental health disorders, characterized by chronic mental illness that affects perception, volition, and emotions. Numerous studies have demonstrated that schizophrenia significantly reduces global functioning and impairs function. Motivation deficit, a core symptom in individuals with schizophrenia, directly or indirectly impacts their functioning and disease outcomes. Currently, there are limited assessment tools available for measuring motivation, especially in Chinese. The fourth edition of the Volitional Questionnaire in Chinese (VQ-C), developed based on the Model of Human Occupation (MOHO), assesses motivation levels in individuals. It is scored through activity observations of clients, providing a simple and clinically feasible evaluation method. The English version of the VQ has proven to be a reliable and valid tool for individuals with mental illnesses. However, the psychometric properties of the VQ-C have not been extensively discussed in the literature.

Objectives: This study aims to test the reliability of the VQ-C in patients with schizophrenia.

Methods: We recruited 45 patients with chronic schizophrenia. The VQ-C assesses clients' motivation by observing their participation in various activities within their environment. The VQ-C consists of fourteen items, each rated on a 4-point scale, with higher scores indicating higher levels of motivation. Two raters independently observed participants' engagement in two different types of activities (static and dynamic) over one week and scored their motivation levels based on their performance. Two testers simultaneously observed participants' performance and provided scores.

In the data analysis, we used descriptive statistics to analyze demographic data of the participants, such as age, gender, and length of illness. Internal consistency was assessed using Cronbach's alpha.

Results: We recruited 45 participants with schizophrenia for the study, with 43 completing the test. The mean age was 43.02 years, and the mean duration of illness was 21.93 years. Each participant was assessed in two different activity contexts, allowing for independent analysis of scores in the sports and art contexts. The analysis of scores in the sports context revealed a Cronbach's alpha of 0.95, indicating high reliability. Similarly, the assessment scores in the art context showed a Cronbach's alpha value of 0.96.

Conclusions: This study investigated the internal reliability of the VQ-C in patients with schizophrenia, demonstrating strong reliability. Based on these results, it is suggested that the VQ-C can be used to assess the motivational state of patients with schizophrenia, facilitating the design and implementation of treatment interventions.

Disclosure of Interest: None Declared