Image 1:

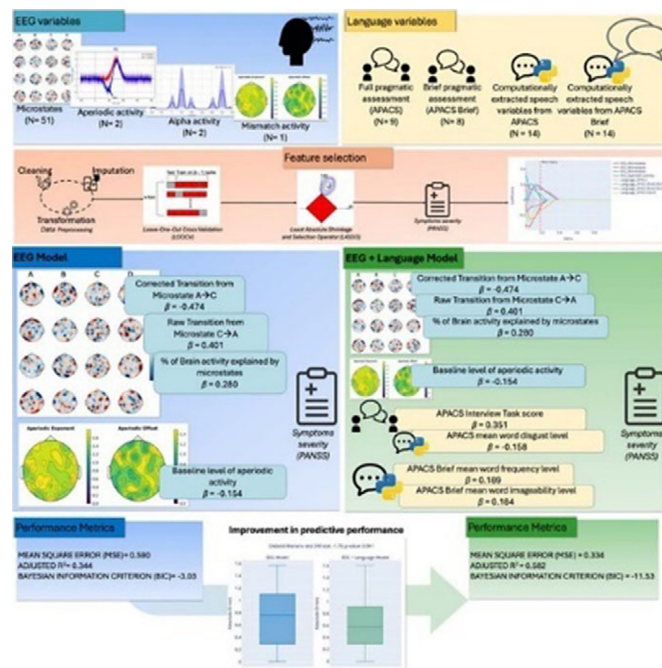**Conclusions:** These preliminary results identify relevant features, confirming the role of EEG and language measures as potential biomarkers for SSD. Innovatively, data also show that EEG variables alone, can reliably but only partially predict psychopathology, while the inclusion of linguistic variables further improves the model. Overall, EEG and language measures, obtained quickly through simple tasks, appear as relevant features that may discriminate clinical outcomes within SSD and implementation of ML tools mat help to guide diagnosis and refine treatments.

Disclosure of Interest: None Declared

EPP174

Use of high doses of second-generation long-acting antipsychotics in the treatment of patients with severe resistant schizophrenia. A mirror-image study

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Introduction: This study explores whether high-dose treatment with SGA LAIs may benefit patients with schizophrenia who are inadequately controlled on a standard dose
Objectives: The objectives of this study have been to evaluate the retention, effectiveness and tolerability of high doses of second-generation antipsychotic long-acting injectable formulations (SGA LAI) in the treatment of patients with severe resistant schizophrenia.

Methods: A 72-month observational, mirror-image study of patients with severe (CGI-S ≥ 5) resistant schizophrenia receiving treatment with ≥75 mg of risperidone long-acting injectable (RLAI) (N = 60), ≥175 mg of monthly paliperidone palmitate (PP) (N = 60), and ≥600 mg of aripiprazole once-monthly (AOM) (N = 30). All of the patients were previously treated with at least two different APs, with poor outcomes. Patients were eligible if deemed likely to benefit from treatment with SGA LAIs: at risk of medication non-compliance, with a lack of effectiveness, or adverse effects with previous APs. The assessment included the CGI-S, the WHO-DAS, the Medication Adherence Rating Scale (MARS), laboratory tests, weight, adverse effects, reasons for treatment discontinuation, hospital admissions and suicide attempts.
Results: The average antipsychotic doses were: RLAI = 111.2 (9.1 SD) mg/14 days; PP = 231.2 (12.3 SD) mg eq./28 days; and AM = 780 (120 SD) mg/28 days.
Tolerability was good for all LAIs, reducing the side effects reported and the changes in biological parameters compared to previous treatments, especially in the AOM group. Weight and prolactin levels decreased in all LAI treatments; the reduction was statistically significant only among patients treated with AOM (p < 0.05). Two patients discontinued treatment due to side effects with AOM, five with PP and nine with RLAI .
There were four discontinuations with RLAI, two with PP, and one with AOM due to a lack of effectiveness. After three years, the scores decreased in CGI-S (p < 0.01) and in WHO-DAS in the four areas with all injectables. MARS increased with all LAIs (p < 0.01), especially with PP and AOM.
We report a statistically significant decrease in both hospital admissions (p <0.001) and suicide attempts (p < 0.001) at the end of 36-month treatments, compared to the previous three years, without any difference across the three LAIs. In the previous three years, 60 patients discontinued their AP treatment, and 11 during the three-year follow-up (p < 0.0001
Conclusions: Our study indicates the good effectiveness and tolerability of RLAI, PP and AM at high doses. These SGA LAI treatments improved treatment adherence and outcomes of the patients, with good tolerability, helping them to achieve clinical stabilization and better functioning. Therefore, we suggest that, in some illness-critical conditions, high doses of SGA LAIs could represent an alternative to clozapine.

Disclosure of Interest: None Declared

EPP175

Exploring the Overlap: Content Analysis of Hallucination and Delusion Scales

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Introduction: Psychosis is characterized by hallucinatory and delusional experiences. Although, it was mostly considered to be present among clinical populations, there is strong evidence it can also be found in the general population. Limited reviews currently exist on the quality of the assessment methods designed to evaluate psychotic-like experiences in the general population. None of them assessed whether the existing instruments measure the same construct and, consequently, neglected problems associated with the "jingle-jangle fallacy" (Weidman et al., 2017; Flake and Fried, 2020). This fallacy might account for contradictions in the literature, as well as, issues with generalizability of the results.

Objectives: The goal of our study is to better understand the agreement between various instruments used to assess hallucinations and paranoia-like experiences.

Methods: We conducted a systematic search of the scales assessing hallucinations and paranoia-like experiences among the general population. Labels for the content analysis were created based on their definition in literature by the first authors and revised by another researcher. Three researchers coded each item independently of each other. We then estimated to which extent any item overlaps with any item from the other scale included in the analysis. We used Jaccard index to assess similarities between sets (from 0 with no overlap among scales) to 1 (complete overlap). The analysis was done in R and Excel.

Results: For 263 items from 11 hallucination scales, we estimated 38 labels with a mean overlap of 0.19 (very weak). CAPS demonstrated the highest mean overlap of 0.26. The highest overlaps were observed between MUSEQ and CAPS (0.5), MUSEQ and SPQ (0.4), and between LSHS-R and RHS (0.4). For the paranoia scales, the analysis of 183 items drawn from 12 scales resulted in 18 labels. The mean overlap across these labels was 0.30 - a weak association. The PIQ exhibited the highest mean overlap at 0.42, whereas the PSQ displayed the weakest overlap with a value of 0.17.

Conclusions: The overlap between hallucination scales was very weak. This disparity may be due to different instruments adopt varying interpretations of the hallucination continuum (Laroi, 2012). The weak overlap in paranoia scales may be less problematic, as theoretical models and empirical data suggest a more clear continuum of suspiciousness within the general population (Freeman et al., 2005) that maps our results. It is necessary to establish certain common grounds regarding what experiences represent which sides of the continuum, both in their variability, and severity in the field.

Disclosure of Interest: None Declared

EPP177

From Gut to Mind: Microbiota's Impact on Schizophrenia

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Introduction: The human body hosts a vast array of commensal microbes known as the gut microbiota, which plays a crucial role in various physiological functions, including immune system maturation, digestion, and central nervous system development. Recent studies suggest a significant link between gut microbiota and psychiatric disorders, particularly schizophrenia. Imbalances in gut microbiota composition have been associated with symptom severity and treatment response in schizophrenia patients.

Objectives: This study aims to synthesize current knowledge on the role of gut microbiota in the severity of symptoms and the prediction of treatment response in schizophrenia, highlighting its potential as a biomarker for therapeutic strategies.

Methods: We conducted a systematic literature review following PRISMA guidelines, focusing on articles published between 2014 and 2024. Using databases like PubMed and Google Scholar, we searched for keywords related to gut microbiota, schizophrenia, first episode psychosis, treatment response, and symptoms severity.

Results: Our review included eight studies that utilized 16S rRNA sequencing to analyze fecal microbiota. The findings revealed significant correlations between specific gut microbiota profiles and the severity of psychiatric symptoms. Notably, families such as Lachnospiraceae and Bacteroidocacae were linked to increased symptom severity, while others, including Flavobacteriaceae, Enterococcaceae and Flintibacter butyricus , correlated with symptom remission. Additionally, variations in gut microbiota composition were predictive of treatment outcomes, suggesting its role as a potential biomarker for response to antipsychotic treatments.

Conclusions: The gut microbiota presents a promising avenue for understanding the complex interplay between microbial communities and psychiatric health. By identifying specific microbiota profiles associated with symptoms and treatment responses in schizophrenia, we can pave the way for novel personalized therapeutic approaches.

Disclosure of Interest: None Declared

EPP178

Rethinking Pathways: Innovative Approaches to Identify Individuals Experiencing First-Episode Psychosis and Connect Them to Care

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