

Conclusions: A typical Charles Bonnet syndrome is a disorder characterized by visual loss accompanied by visual hallucinations. In this case, olfactory, auditory and alpha-factor hallucinations that developed after visual and hearing loss were detected and resulted in the involvement of more than one sensory organ, shedding light on the current literature. In this case, the fact that the person already had neurofibromatosis type 2 disease further complicates the etiology of these symptoms and requires detailed follow-up and treatment.

Disclosure of Interest: None Declared

EPV1778

Negative Symptoms of Schizophrenia: Contribution of IL-1 β , IL-4, and IL-10 Gene Polymorphisms and Adverse Childhood Experiences

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doi: 10.1192/j.eurpsy.2025.2218

Introduction: Schizophrenia is a severe mental illness manifested by various symptoms. Negative symptoms (NS) are associated with disability and poor function of patients. The study of NS neurobiology is complicated by their heterogeneity. Factor analysis revealed two distinct NS subdomains with different pathophysiological mechanisms: volitional pathology, including avolition and apathy (AA), and diminished expression (DE). Inflammation is one mechanism that may underlie NS, including their heterogeneity.

Objectives: To investigate the differentiated associations between polymorphisms of interleukin genes IL-1 β (rs16944), IL-4 (rs2243250), and IL-10 (rs1800872, rs1800896) and adverse childhood experiences (ACE) with NS of schizophrenia, specifically the factors of AA and DE. We hypothesize that genetic variants, which may aggravate the inflammatory response, are associated with higher NS and NS factors scores.

Methods: Data from 564 patients diagnosed with schizophrenia or schizoaffective disorder were included in the study. NS factors were calculated based on the Positive and Negative Syndromes Scale. The two-way ANOVA (sex, genotype) with Bonferroni post hoc test was used to examine the effect of the genotypes on the PANSS-derived NS subdomains.

Results: The high-expressive allele of IL-1 β and low-expressive alleles of IL-4 and IL-10 are associated with more severe NS. However, a differentiated association with the AA and DE factors was found only for the IL-10 rs1800872 polymorphism. Among carriers of the low-expressive AA allele with ACE, there is a trend towards increased ED scores, but not AA scores.

Conclusions: The findings confirm that the imbalance between pro-inflammatory and anti-inflammatory cytokines may be a key mechanism influencing the severity and heterogeneity of NS.

Disclosure of Interest: None Declared

EPV1779

Feasibility, Acceptability, and Initial Outcomes of a Yoga-Based Group Intervention for Inpatients with Schizophrenia Spectrum Disorders: A Rater-Blinded Randomized Controlled Trial

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doi: 10.1192/j.eurpsy.2025.2219

Introduction: The efficacy of yoga as an adjunctive treatment for schizophrenia spectrum disorders (SSD) has garnered interest, however, meta-analytic findings exhibit heterogeneity. While yoga may positively influence various symptom domains, further investigation is needed due to the limited number, quality, and generalizability of studies. Yoga-based Group Intervention (YoGI) was specifically developed together with persons with SSD through a participatory approach and its mechanisms and processes were explored within qualitative studies.

Objectives: This pre-registered randomized controlled trial (RCT) assessed the acceptability and feasibility as well as preliminary outcomes of YoGI compared to a comprehensive treatment as usual (TAU) in an inpatient setting.

Methods: Fifty inpatients with SSD received either treatment as usual (TAU, $n = 25$) or YoGI+TAU ($n = 25$) for four weeks. Preliminary analyses examined rater-blinded positive and negative symptoms, self-rated depressive and anxiety symptoms, body mindfulness, mindfulness, psychological flexibility, subjective cognition, social functioning, quality of life, and medication regime at baseline and post-intervention.

Results: Outcomes showed a 95% protocol adherence, feasibility and retention rates of 91% and 94%, respectively, and a dropout rate of 6%. ANCOVA revealed significant between-group post-intervention improvements for YoGI+TAU in positive symptoms, depression, cognitive fusion, and a mindfulness subscale. Medium-to-large pre-to-post intervention effects were found for body-mindfulness, positive, negative, and general symptomatology, depression, anxiety, stress, cognitive fusion, attention, and quality of life in YoGI+TAU, while within-group changes were consistently smaller in TAU. No severe adverse events were reported.

Conclusions: This trial contributes to the growing evidence supporting the feasibility and acceptability of yoga for persons with SSD in an inpatient setting. Furthermore, preliminary evidence suggests that YoGI may provide additional benefits beyond TAU alone, across various self- and rater-based outcomes. These outcomes include improvements in body mindfulness, mindfulness, and psychiatric symptomatology, including positive and negative symptoms, subjective cognition, depression, anxiety, stress, social functioning, and quality of life. Additional fully powered RCTs are warranted to further elucidate the efficacy and potential mechanisms of action of YoGI for SSD, which should also assess the cost-efficiency of YoGI and explore longitudinal changes associated with the intervention. Such comprehensive research endeavours will not only enhance our understanding of the therapeutic potential of YoGI but also inform clinical practice and intervention strategies for persons with SSD.

Disclosure of Interest: None Declared