Introduction: Emerging research suggests that retinal structure, assessed via optical coherence tomography (OCT), may be a potential biomarker in Schizophrenia Spectrum Disorders (SSD). However, the relationship between retinal and cognitive parameters in the early stages of the disease remains underexplored.
Objectives: To examine the correlation between retinal structure and cognitive functioning in patients with early-course SSD.
Methods: A cross-sectional sample of 26 SSD cases and 25 age- and gender-matched healthy controls (HCs) underwent OCT imaging. Peripapillary retinal nerve fiber layer (pRNFL), macular, and ganglion cell-inner plexiform layer (GCL+IPL) thicknesses were measured. Cognitive domains, including verbal memory (California Verbal Learning Test, CVLT[Delis et al. 2000]), working memory (WAIS-III Letter–Number Sequencing Subtest[Wechsler 2011]), processing speed (Trail Making Test-A, TMT-A[Reitan et al.Clin Neuropsychol 1995;9:50-6]), sustained attention (Conners' Continuous Performance Test, CPT[Rosvold et al.J Consult Psychol 1956;20:343]), executive function (Wisconsin Card Sorting Test, WCST[Heaton 2008]), and social cognition (Mayer-Salovey-Caruso Emotional Intelligence Test, MSCEIT[Mayer et al.Emotion 2003;3:97-105]), were assessed and then transformed into t-scores. A Principal Component Analysis(PCA) was conducted, and associations between retinal and cognitive parameters were explored with Pearson/Spearman correlations; statistical significance was set at $p<0.05$.
Results: SSD patients (mean age:31.9years[SD=1.2]; males n=11 [44%]; mean duration of illness:32.5months[SD=22.3]) exhibited thicker pRNFL in both the right (t=-2.25,p=0.03) and left (t=-2.08,p=0.04) eyes compared to HCs (mean age:32.7years [SD=1.9]; males n=13[50%]). A thicker pRNFL was associated with a poorer cognitive performance: verbal (r=-0.53,p=0.04) and working memory (r=-0.64,p=0.01) was correlated with average pRNFL thickness; processing speed was associated with superior temporal pRNFL thickness (rs=-0.54,p=0.02); sustained attention was correlated with inferior nasal pRNFL thickness (rs=-0.54,p=0.04); social cognition was correlated with average pRNFL thickness (r=-0.72, p=0.03) and temporal pRNFL thickness (r=-0.82, p=0.01). Executive function was not associated with retinal measures, and macular and GCL+IPL thickness did not correlate significantly with cognitive variables.
Conclusions: Our findings suggest relationships between increased pRNFL thickness and impaired cognitive functioning in early-course SSD patients. Previous studies have reported that pRNFL might be thicker during the initial stages of SSD and thins as the disease progresses, highlighting the role of inflammatory processes in both retinal changes and cognitive impairment. Further longitudinal multimodal research is warranted to explore the utility of retinal imaging in monitoring cognitive outcomes in SSD.

Disclosure of Interest: None Declared

EPP062

Benefits of combining Metacognitive Training (MCT) with Cognitive Remediation (CR) in the recovery of patients with psychotic spectrum disorders: Preliminary results

M. Korniyenko[1]*, J. Navarro[1], F. González-Higueras[2], J. Cid[3], E. Frigola-Capell[3], I. Birules[4], C. Vidal[5], G. Garrido[6], J. Crosas[7], A. Aznar[8], C. Palma-Sevillano[9,10], A. Sastre-Buades[11], J. Sevilla-Llewellyn-Jones[12], O. Vallina[13] and A. Barajas[1,14]

[1]Autonomous University of Barcelona, Barcelona; [2]Hospital Universitario de Jaén, Jaén; [3]Institut d'Investigació Biomèdica de Girona Dr. Josep Trueta (IdiBGI), Institut d'Assitència Sanitària, Girona; [4]Parc Sanitari Sant Joan de Déu; [5]Fundació els Tres Turons; [6]Consorci Sanitari de Terrassa; [7]Corporació Sanitària Parc Taulí; [8]Asociación Centro de Higiene Mental Les Corts; [9]Universitat Ramon Llull, Barcelona; [10]Consorci Sanitari del Maresme, Mataró; [11]Hospital Universitario Son Llatzer, Palma; [12]Hospital Clínico San Carlos, Madrid; [13]Servicio Cántabro de Salud, Torrelavega and [14]Serra Húnter Programme, Government of Catalonia, Barcelona, Spain
*Corresponding author.
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Introduction: Psychotic disorders are a major cause of global disability. While antipsychotic treatments are effective, their impact is limited. Metacognitive Training (MCT) reduces positive and negative symptoms, but neurocognitive deficits hinder therapy. Cognitive Rehabilitation (CR) may help improve these skills. Combining both therapies could offer better results, but studies are lacking to confirm whether there is any real improvement.
Objectives: Compare the efficacy of combined CR+MCT therapy vs. MCT alone in clinical and functional recovery in nonaffective psychotic disorders.
Methods: This ongoing randomized trial includes 85 patients (56.5% female, mean age 40.40±10.17), with 38 receiving CR +MCT and 47 receiving MCT only. Sociodemographic and clinical data (WHO-DAS-II, PANSS, GAF, and criteria for clinical remission and functional recovery) were collected pre-and post-treatment. Generalized linear models were used, with post-treatment scores as the dependent variable, baseline scores, and RC+MCT group as covariates.
Results: No significant differences were found between groups. However, CR+MCT showed a greater reduction in positive symptoms ($M_{\text{post-pre}}$ = -3) vs. MCT ($M_{\text{post-pre}}$ = -2.2) with no changes in negative symptoms. CR+MCT presented a higher percentage of clinical remission (12,1%) vs MCT (0%) post-treatment. Both groups improve in functional recovery, with greater results in MCT alone (10,9%$_{\text{CR+MCT}}$ vs 22,8%$_{\text{MCT}}$). CR+MCT also had greater reductions in functional disability ($M_{\text{post-pre}}$ = -3,4) vs. MCT alone ($M_{\text{post-pre}}$ = -2,2).
Conclusions: The group that has received the combined RC+MCT therapy has shown better results in clinical remission and functional recovery, the last in terms of disability, than the MCT-only group. The small sample size limits statistical significance.

Disclosure of Interest: None Declared

EPP063

First episode of psychosis in patients over 35 years of age, the forgotten population. A descriptive and comparative study

G. Pérez Guerrero[1]*, R. Pérez Iglesias[2], J. Vázquez Bourgon[2], P. Suárez Pinilla[2], D. Sierra Biddle[2], M. L. Ramírez Bonilla[2], P. Cordero Andrés[2] and M. D. C. Flor Gómez[2]

[1]Psychiatry, Hospital Regional Universitario de Málaga, Málaga and [2]Psychiatry, Hospital Universitario Marqués de Valdecilla, Santander, Spain
*Corresponding author.
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