

**Conclusions:** The analysis of the IQ familiarity and the concordance/discordance of the patients' and relatives' IQ, offers a new approach for the characterization of different premorbid, clinical and cognitive profiles in FEP patients. The relationship between deviation from the family-IQ and poor premorbid childhood adjustment supports the neurodevelopmental hypothesis of schizophrenia.

**Disclosure:** No significant relationships.

**Keywords:** Familial aggregation; Intelligence Quotient; Neurocognition; First episode of psychosis

O0135

Altered dynamic functional topology in first-episode untreated patients with schizophrenia can aid in early diagnosis

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**Introduction:** There is a growing consensus on brain networks that it is not immutable but rather a dynamic complex system for adapting environment. The neuroimaging research studying how brain regions work collaboratively with dynamic methods had demonstrated its effectiveness in revealing the neural mechanisms of schizophrenia.

**Objectives:** To investigate altered dynamic brain functional topology in first-episode untreated schizophrenia patients (SZs) and establish classification models to find objective brain imaging biomarkers.

**Methods:** Resting-state-functional magnetic resonance data for SZs and matched healthy controls were obtained(Table1).

Table1<sup>a,†</sup>  
Demographic and clinical characteristics of patients with schizophrenia and healthy controls. Continuous variables were given as mean ± SD.<sup>a,†</sup>

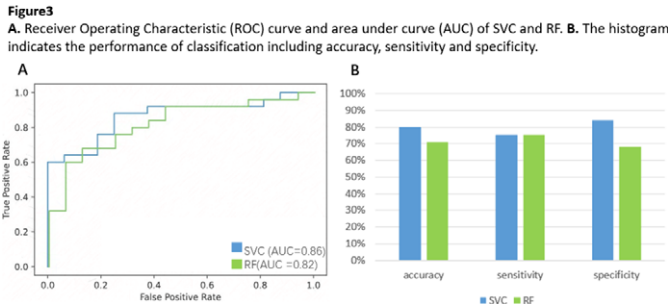
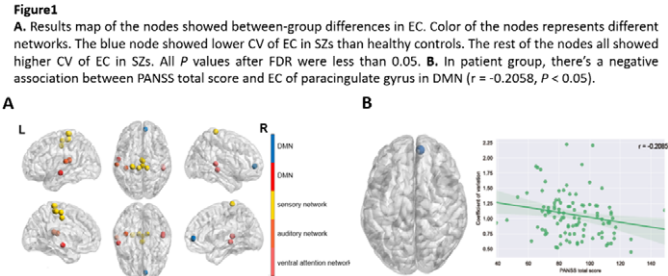
	schizophrenia (n=102) <sup>c,‡</sup>	healthy control (n=102) <sup>c,‡</sup>	t/χ <sup>2</sup> <sup>c,‡</sup>	P-value <sup>c,‡</sup>
Age (years) <sup>c,‡</sup>	25.31±7.76 <sup>c,‡</sup>	25.68±7.37 <sup>c,‡</sup>	0.342 <sup>a,‡</sup>	0.733 <sup>c,‡</sup>
Gender (male/female) <sup>c,‡</sup>	44/58 <sup>c,‡</sup>	48/54 <sup>c,‡</sup>	0.317 <sup>b,‡</sup>	0.574 <sup>c,‡</sup>
Education (years) <sup>c,‡</sup>	12.80±2.76 <sup>c,‡</sup>	12.99±3.14 <sup>c,‡</sup>	0.450 <sup>a,‡</sup>	0.653 <sup>c,‡</sup>
PANSS <sup>c,‡</sup>				
Total score <sup>c,‡</sup>	89.13±18.21 <sup>c,‡</sup>	— <sup>c,‡</sup>	— <sup>c,‡</sup>	— <sup>c,‡</sup>
positive symptoms <sup>c,‡</sup>	25.07±6.67 <sup>c,‡</sup>	— <sup>c,‡</sup>	— <sup>c,‡</sup>	— <sup>c,‡</sup>
negative symptoms <sup>c,‡</sup>	18.25±8.54 <sup>c,‡</sup>	— <sup>c,‡</sup>	— <sup>c,‡</sup>	— <sup>c,‡</sup>

<sup>a</sup>, two-sample t-test; <sup>b</sup>, chi-square test. <sup>c,‡</sup>  
Abbreviations: PANSS, Positive and Negative Syndrome Scale.<sup>c,‡</sup>

Power-264-template was used to extract nodes and sliding-window approach was carried out to establish functional connectivity matrices. Functional topology was assessed by eigenvector centrality(EC) and node efficiency and its time-fluctuating was evaluated with coefficient of variation(CV). Group differences of dynamic topology and correlation analysis between Positive and Negative Syndrome Scale(PANSS) scores and topology indices showing group differences, which also were used in establishing classification models, was examed.

**Results:** The CV of node efficiency in angular and paracingulate gyrus was larger in SZs. There are 13 nodes assigned into several

brain networks displaying altered CV of EC between groups(Figure1.A). Fluctuation of EC of the node in DMN, which was lower in SZs, showed negative correlation with PANSS total scores(Figure1.B). Dynamic functional topology of above nodes was used to train classification models and demonstrated 80% and 71% accuracy for support vector classification(SVC) and random forest(RF), respectively(Figure2).



**Conclusions:** Dynamic functional topology illustrated a capability in identifying SZs. Aberrated dynamics of DMN relevant to severity of patient's symptoms could reveal the reason why it contributed to classification.

**Disclosure:** No significant relationships.

**Keywords:** Positive and Negative Syndrome Scale scores; schizophrenia; classification; dynamic functional topology

O0136

Change people attitudes towards schizophrenia using a short video

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**Introduction:** Social contact-based video interventions effectively reduce stigma toward individuals with psychosis.

**Objectives:** We recently demonstrated the efficacy of a 90-second social contact-based video intervention in reducing stigma. The current randomized controlled study presents four briefer videos differing in presenter's gender and race, with baseline, postintervention, and 30-day follow-up assessments. The study aimed to examine whether people changing their attitudes following the intervention.

**Methods:** Using a crowdsourcing platform (CloudResearch), we recruited and assigned 1,993 race and gender-balanced participants ages 18–35 years to one of four brief video-based interventions (Black female, White female, Black male, and White male presenters) or a nonintervention control condition. In the videos, a young presenter with psychosis humanized their illness through an evocative description of living a meaningful and productive life.

**Results:** Five-by-three ANOVA showed a significant group-by-time interaction for the total score of all five stigma domains: social distance, stereotyping, separateness, social restriction, and perceived recovery. A one-way ANOVA showed greater reductions in video intervention groups than control at postintervention and 30-day follow-up, but no differences between video groups.

**Conclusions:** This randomized controlled study replicated and extended previous research findings by showing stigma reduction across videos that differ in the presenter's gender and race, thus enhancing generalizability. The videos described the experience of psychosis and reduced stigma, suggesting their potential utility on social media platforms to increase the likelihood of seeking services and ultimately may improve access to care among young individuals with psychosis. Future research should address intersectional stigma experienced by culturally tailoring the narrative.

**Disclosure:** No significant relationships.

**Keywords:** intervention; schizophrénia; stigma; RCT

## O0137

### Clinical recovery is not a requirement for subjective well-being: a longitudinal study in older Dutch patients living with schizophrenia

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**Introduction:** Growing old with schizophrenia is a profound challenge. However, impact and course of the disorder vary widely among individuals. The recovery concept has inspired outcome evaluation. In older schizophrenia patients, research on recovery is limited and mainly cross-sectional.

**Objectives:** To compare 5-year outcome of clinical recovery (symptomatic remission and adequate community functioning) with outcome of subjective well-being (as a key element of personal recovery).

**Methods:** Our catchment-area based study sample consisted of 73 older Dutch schizophrenia patients (mean age 65.9 years; SD

5.4), including both community living and institutionalized patients regardless of the age of onset of their disorder.

**Results:** At baseline (T1) 5.5% of participants qualified for clinical recovery, while at five-year follow-up (T2) this rate was 12.3% ( $p=0.18$ , exact McNemar's test). Subjective well-being was reported by 20.5% of participants at T1, and by 27.4% at T2 ( $p=0.27$ , exact McNemar's test). Concurrent clinical recovery and subjective well-being was exceptional, being present in only one participant at T1 and in two participants at T2. Clinical recovery and subjective well-being were not correlated at T1 ( $p=0.82$ ;  $\phi=0.027$ ), nor at T2 ( $p=0.71$ ;  $\phi=-0.044$ ).

**Conclusions:** Transitions over time confirm a dynamic course of schizophrenia in later life, with room for improvement. In our sample, we found no linkage between clinical recovery and subjective well-being. Results suggest that while clinical recovery is relatively rare in older individuals with schizophrenia it is not a prerequisite to experience subjective well-being. In spite of ongoing symptoms a substantial number of older schizophrenia patients report subjective well-being and thus may find 'wellness within illness'.

**Disclosure:** No significant relationships.

**Keywords:** clinical recovery; Older Adults; Subjective Well-Being; schizophrénia

## O0138

### Impact of early onset of chronic physical multimorbidities on schizophrenia spectrum disorder treatment outcome

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**Introduction:** Despite of the heightened risks and burdens of physical comorbidities across the entire schizophrenia spectrum disorders (SSD), relatively little is known about physical multimorbidity (CPM) in this population. The study's main objective was to explore the differences in the CPM prevalence between SSD patients and the general population (GEP).

**Objectives:** The primary outcome was to explore the difference in CPM prevalence in the younger SSD and GEP groups (<35 years). The secondary outcome was the number of psychiatric readmissions.

**Methods:** This nested cross-sectional study enrolled 343 SSD patients and 620 GEP participants.

**Results:** Younger SSD patients had more than three-fold higher odds for CPM than GEP. We also demonstrated an association between the presence of CPM and the number of psychiatric admissions in the SSD population independently of possible confounders. We did not observe significant interaction of CPM and age in the prediction of clozapine use. Younger women with SSD had statistically significant, almost four-fold higher odds of CPM than women from GEP.