

can experience PTG, which was mediated by meaning making (MLQ) and CSE. Psychotic symptoms were found to be a major obstacle for PTG, whereas negative symptoms were found to have the potential to lead to PTG when mediated by meaning making and CSE.

Mediation analyses for the dimensions of PANSS, MLQ total, CSE total, and PTGI total (N=121)

Dependent Variable (DV)	Independent variable (IV)	Mediator	IV to mediator	Mediator to DV	Mediation effect	Z
			B (SE)	B (SE)	B (SE)	
PTGI total	PANSS Positive symptoms total	MLQ total	-0.46 (0.26)	0.99*** (0.10)	-0.46 (0.27)	1.71
		CSE total		-2.08 (0.89)	0.28*** (0.03)	-0.58 (0.28)
	PANSS Negative symptoms total	MLQ total	-0.64*** (.17)	0.93*** (0.11)	-0.60 (0.17)	3.62***
			-2.06*** (0.58)	0.26*** (0.03)	-0.53 (0.17)	3.13**
	PANSS General psychopathology total	MLQ total	-0.64*** (.12)	0.96*** (0.11)	-0.61 (0.13)	4.77***
			-2.32*** (0.43)	0.27*** (0.03)	-0.62 (0.15)	4.08***

Note. **p<.01
***p<.001

Conclusions: The portrayed research provided preliminary evidence for the potential role of meaning making and CSE as mediators of PTG in the clinical, highly traumatized population of people with SMI who have experienced psychosis.

Disclosure of Interest: None Declared

EPP0771

Interactions between dopamine transporter and N-methyl-D-aspartate receptor-related amino acids on cognitive impairments in schizophrenia

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Introduction: Cognitive impairments, the main determinants of functional outcomes in schizophrenia, had limited treatment responses and need a better understanding of the mechanisms. Dysfunctions of the dopamine system and N-methyl-D-aspartate receptor (NMDAR), the primary pathophysiology of schizophrenia, may impair cognition.

Objectives: This study explored the effects and interactions of striatal dopamine transporter (DAT) and plasma NMDAR-related amino acids on cognitive impairments in schizophrenia.

Methods: We recruited 36 schizophrenia patients and 36 age- and sex-matched healthy controls (HC). All participants underwent cognitive assessments of attention, memory, and executive function. Single-photon emission computed tomography with ^{99m}Tc-TRODAT and ultra-performance liquid chromatography were applied to determine DAT availability and plasma concentrations of eight amino acids, respectively.

Results: Compared with HC, schizophrenia patients had lower cognitive performance, higher methionine concentrations, decreased concentrations of glutamic acid, cysteine, aspartic acid, arginine, the ratio of glutamic acid to gamma-aminobutyric acid

(Glu/GABA), and DAT availability in the left caudate nucleus (CN) and putamen. Regarding memory scores, Glu/GABA and the DAT availability in left CN and putamen exhibited positive relationships, while methionine concentrations showed negative associations in all participants. The DAT availability in left CN mediated the methionine-memory relationship. An exploratory backward stepwise regression analysis for the four biological markers associated with memory indicated that DAT availability in left CN and Glu/GABA remained in the final model.

Conclusions: This study demonstrated the interactions of striatal DAT and NMDAR-related amino acids on cognitive impairments in schizophrenia. Future studies to comprehensively evaluate their complex interactions and treatment implications are warranted.

Disclosure of Interest: None Declared

Suicidology and suicide prevention 02

EPP0772

Suicide risk among residents in a cross-sectional study: the role of the Interpersonal Psychological Theory of Suicide

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Introduction: The peculiar requests of postgraduate teaching could affect the students' lives, predisposing them to mental disorders and suicide risk (e.g. Abreu et al., 2021). The Interpersonal Psychological Theory of Suicide (IPTs) (Joiner, 2005) is a model that has proved useful in explaining this risk.

Objectives: We analyzed risk factors associated with current suicidal ideation (SI) and history of suicidal planning and/or suicide attempt (SP/SA) in a sample of 97 Italian residents in psychological (n= 17, 17.5%) and medical and health care area (n=80, 82.5%) (mean age 29.18±3.25 SD).

Methods: Socio-demographic, psychological (i.e. State-Trait Anxiety Inventory, Beck Depression Inventory – II; BDI-II, Rosenberg Self-Esteem Scale, Reasons For Living Inventory; RFL, Psychache Scale, Mental pain questionnaire; MPQ, Visual Analogue Scale - VAS - on mental pain, Acquired Capability for Suicide Scale-Fearlessness About Death) psychosocial (i.e. Interpersonal Needs Questionnaire; INQ, UCLA Loneliness Scale Version 3, Multidimensional Scale of Perceived Social Support; MSPSS) and somatic pain features (i.e. VAS, Pain Vigilance and Awareness Questionnaire; Self-Awareness Questionnaire; SAQ) were collected through an online questionnaire. We compared residents with SI vs No SI and residents with SP/SA vs No SP/SA and the emerged significant variables, have been inserted in logistic regression models with stepwise method, backward elimination.

Results: The presence of depression (BDI-II), low reasons for living (RFL), psychological pain (Psychache Scale and MPQ),