

i.e., accelerated aging, were then further explored with univariate analyses.

The EphysAGE Model had an explained variance of 46% (MAE=8.7 years, $T=14.31$, $P_{1000}<0.001$). The patients with SCZ had a significantly higher EphysAGE (mean[SD]=0.61[10.32]) than the patients with MDD (mean[SD]=-1.10[10.49], $p=0.04$). The classification models discriminated SCZ from HC (Balanced Accuracy, BAC=72.7%, $p<0.001$), MDD from HC (BAC=67.0%, $p<0.001$), and SCZ from MDD individuals (BAC=63.2%, $p<0.001$). Higher EphysAGE was associated with an increased likelihood of being misclassified as SCZ in HC and MDD ($\rho_{HC}=0.23$, $p<0.001$; $\rho_{MDD}=0.17$, $p=0.01$) based on percentile rank scores from the SCZ Model. Moreover, in the Differential Diagnostic Model, higher EphysAGE is positively correlated with being misclassified as SCZ in patients with MDD ($\rho_{MDD}=0.14$, $p=0.03$).

Machine learning models can extract electrophysiological signatures of MDD and SCZ for potential clinical use. However, the impact of aging processes on diagnostic separability calls for timely application of such models, possibly in early recognition settings.

Disclosure of Interest: None Declared

SP0015

The clinical role of rTMS in difficult-to-treat depression

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Abstract: Several meta-analyses demonstrated the efficacy of unilateral High-Frequency Left-sided (HFL) repetitive Transcranial Magnetic Stimulation (rTMS) for individuals with Major Depressive Disorder (MDD); however, results are contradictory due to heterogeneity of the included studies. Empirical evidence on the relative efficacy of rTMS treatment compared with standard pharmacotherapy in Treatment-Resistant Depression (TRD) is presented. Random effects models were used to assess the effects of rTMS on response and remission rates. In 19 randomized double-blinded sham-controlled studies were included for quantitative analysis for response ($n = 854$ patients) and 9 studies for remission ($n = 551$ patients), the risk ratio (RR) for response and remission are 2.25 and 2.78, respectively for patients after two treatment failures using rTMS as add-on treatment compared to standard pharmacotherapy. The presentation will conclude, that rTMS is significantly more effective than sham rTMS in TRD in response and remission outcomes and may be beneficial as an adjunctive treatment in patients with MDD after two treatment failures. This finding is consistent with previous meta-analyses; however, the effect size was smaller than in the formerly published literature.

Disclosure of Interest: None Declared

SP0016

Recovery in schizophrenia: conceptualization and factors implicated

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Abstract: Schizophrenia has a heterogeneous range of possible outcomes. A portion of patients with schizophrenia significantly improves over the long term, with both clinical and functional remission. Recovery has been differently conceptualized by clinicians and service users, the former focusing on clinical and functional outcomes, the latter more underlying issues as the building a trail of personal meaning and subjective well-being. Besides the “clinical” and “personal” recovery, attention is now put on a wider perspective of “societal” recovery. The frequency of recovery achievement depends on which of these perspectives is considered. Many factors, demographic, clinical, contextual and treatment-related are involved in modulating the probability to meet these objectives. Both pharmacological and psychosocial interventions, and their integration, and attention to environmental and social circumstances could substantially improve the outcome of schizophrenia and achievement of specific recovery goals.

Disclosure of Interest: None Declared

SP0017

Recovery in schizophrenia: the role of antipsychotic treatment

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Abstract

Introduction: Comprehensive care programs, which include individually planned pharmacotherapy are associated with higher rates of recovery¹ and better long-term prognosis². However, there are barriers to individually optimised antipsychotic treatment both from both the patients and treatment teams perspectives.

Objectives: To summarize the potential contribution of adequate long-term antipsychotic treatment to recovery or better outcomes in schizophrenia.

Method: Review of research data.

Results A shorter duration of untreated psychosis, a lower number of relapses, and the absence of a chronic course of psychosis are associated with higher rates of recovery and a better prognosis. The OPUS early intervention program was associated with better outcomes for up to 10 years, but not for more than 20-years³. Second generation antipsychotics are associated with

lower mortality rates, including suicides in young people with schizophrenia.⁴

Higher doses of antipsychotics are associated with poorer outcomes and with potential structural brain changes, while adequate (lower) doses of antipsychotics are associated with lower side effect burden and better overall outcomes⁵. A significant proportion of patient may benefit from polypharmacy (combination of 2 antipsychotics)⁶. Antipsychotic treatment discontinuation strategies are associated with the development of treatment resistance.⁷

Conclusions: Adequate (low dose) antipsychotic treatment is part of the complex early intervention programs and long term treatment of schizophrenia, which are associated with higher rates of recovery and good outcomes. The role of polypharmacy (combination of 2 antipsychotics) may need a reconsideration in the treatment guidelines of schizophrenia.

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SP0018

Recovery in Schizophrenia: The Role of Psychosocial interventions

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Abstract: Recovery in Schizophrenia: The Role of Psychosocial interventions Recovery is individual and so needs individual responses from the mental health services. Different interventions are useful at different stages and of course they only “work” for some people. The paper will describe some psychosocial interventions and the role they might play in the patient’s journey to their expected recovery. Three main strategies are often referred to – reducing symptoms, reducing barriers to recovery, and extending and maintaining recovery to achieve some stable and acceptable (to the patient) optimal level of functioning. Psychosocial intervention strategies are beneficial for each of these often thought of as independent, but they are inter-related with one type of therapy leading to reductions in the need for other therapies. The process of considering which one to start with is a choice and this paper will describe some decision making to ensure that patients have the best options.

Disclosure of Interest: None Declared

SP0019

Does war increases the risk for psychoses?

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Abstract: The [World Health Organization \(WHO\)](#) has stated that in situations of armed conflict, “Around 10 percent of the people who experience traumatic events will have serious mental health problems, and another 10 percent will develop behavior that will hinder their ability to function effectively.” Problems include post-traumatic stress disorder, anxiety, depression, substance misuse, and possibly precipitation of psychosis. War has a catastrophic effect on the health and well being of nations. Studies have shown that conflict situations cause more mortality and disability than any major disease. Only through a greater understanding of conflicts and the myriad of mental health problems that arise from them, coherent and effective strategies for dealing with such problems can be developed.

Disclosure of Interest: None Declared

SP0020

Mental Health Policy Name: War and mental health (Croatian experience)

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Abstract: War represents one of the major traumatic events for humans and comes with enormous consequences for individuals and society over a long period of time. War causes acute psychological trauma, but also results in subacute, chronic psychiatric disorders for all those experiencing or witnessing direct war trauma and to those experiencing indirect war trauma resulting from losing the safety of home and financial income, to losing family members and close ones. Therefore, acute reaction to trauma may result in maladaptive disorders and PTSD within days of experiencing trauma and with chronic posttraumatic stress conditions even years after the traumatic experience. Chronic PTSD is associated with higher morbidity of somatic conditions, including hypertension, hyperlipidemia, metabolic syndrome, all resulting in cardiovascular and cerebrovascular disorders. Additionally, according to reports from World Health Organisation (WHO), it has been projected that in emergencies, on average, the percentage of people with a severe mental disorder increases by 1 per cent over and above an estimated baseline of 2–3 per cent. In addition, the percentage of people with mild or moderate mental disorders, including mood and anxiety disorders (including PTSD), may increase by 5–10 per cent above an estimated baseline of 10 per cent. Furthermore,