

based on individual characteristics and biomarkers/genetic variants shared by specific subgroups of patients.

Objectives: This study aims to address the new paradigm of precision medicine in psychiatry and to discuss, through the literature, its emerging clinical framework.

Methods: We conducted an exhaustive review of the scientific literature using PubMed database and Google Scholar, with “Precision Medicine in Psychiatry” as keywords.

Results: Our review revealed that while psychiatrists have long practiced a personalized therapeutic approach with, for example, treatment choices guided by individual criteria, the methods for achieving this objectively have until now been largely lacking. This dilemma has begun to be resolved with the implementation of data analysis methods such as machine learning and large-scale genomic analysis studies. The goals of precision psychiatry involved the delineation of genetic risk factors using GWAS, the redefinition of the functional domains involved in mental disorders and pharmacological repositioning. The highly polygenic nature of mental disorders and the failure of GWAS to confirm the role of candidate genes have suggested that a systems genetic approach that considers function at the network level would provide a better approach to the problem of linking heterogeneous genetic risk factors and brain mechanisms. In addition, the growing evidence that certain disorders such as psychotic disorders are syndromes rather than diseases in their own right suggests that many conditions currently recognized as such may have similar underlying patterns of cognitive dysfunction and neurobiological abnormalities that will need to be reclassified.

Conclusions: The application of precision medicine in psychiatry is still in its infancy. Numerous research programs creating large multimodal databases with multiple data on brain imaging, genetics, etc. will soon support the clinical deployment of precision medicine in psychiatry.

Disclosure of Interest: None Declared

EPV0756

Dismantling task-sharing psychosocial interventions to personalize care for people affected by common mental disorders: developing a taxonomy of active ingredients and ranking their efficacy

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doi: 10.1192/j.eurpsy.2024.1390

Introduction: The global burden associated with common mental disorders is high, especially for people living in low resource settings. Although psychosocial interventions delivered by locally available lay or community health workers are effective, mechanisms of intervention response are poorly understood. One of the greatest barriers is that psychosocial interventions are administered as complex, multi-component “packages of care”.

Objectives: Our aim is to systematically review all the randomized controlled trials (RCTs) that have tested the efficacy of psychosocial interventions delivered through the task shifting modality to treat

people suffering from common mental disorders (depression, anxiety, and related somatic complaints) in low resource settings, dismantle the intervention protocols creating a taxonomy of active intervention components, and re-evaluate their efficacy.

Methods: We will use the component network meta-analysis (cNMA) methodology. The major benefit of cNMA is the possibility to disentangle intervention components and explore their effectiveness separately or in various combinations (even in disconnected networks). cNMA increases statistical power by combining direct and indirect comparisons while fully respecting the randomized structure of the evidence. According to the additive cNMA model which we will implement, adding a component “c” to a composite intervention “X” will lead to an increase (or decrease) of the effect size by an amount only dependent on “c”, and not on “X”. We will denote the corresponding component specific incremental standard mean difference (iSMD) so that $iSMD_c = SMD(X+c) - SMD(X)$. Combining these component-specific iSMDs will allow the estimation of SMD between any two composite interventions.

Results: A network of comparisons and a hierarchy that includes all intervention components expressed as iSMD, indicating the added benefit of adding a component to an intervention, will be presented. By selecting the most effective components it will be possible to outline a novel task shifting psychosocial intervention to be tested in future RCTs.

Conclusions: These findings will set the basis for further investigations in the field of precision medicine. This project is funded by the European Union’s HORIZON EUROPE research programme under grant agreement No 101061648.

Disclosure of Interest: None Declared

EPV0757

Pharmaco-EEG of antipsychotics’ response: a systematic review

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doi: 10.1192/j.eurpsy.2024.1391

Introduction: Response to antipsychotic medications (AP) is subjected to a wide and unpredictable variability and efforts were directed to discover predictive biomarkers to personalize treatment. Electroencephalography abnormalities in subjects with schizophrenia were reported, as well as a pattern of EEG changes induced by APs

Objectives: The aim of this review is to provide a synthesis of the EEG features that are related to APs efficacy, including both pre-treatment signatures and changes induced by APs during treatment.

Methods: A systematic review of English articles using PubMed, PsychINFO and the Cochrane database of systematic reviews was undertaken in april 2023. Additional studies were added by hand-search. Studies having as an endpoint the relationship between AP-related clinical improvement and electroencephalographic features were included. Heterogeneity prevented a quantitative synthesis.

Results: Out of 1232 records screened, 22 studies were included in a final qualitative synthesis. Included studies evaluated resting-state