Introduction: Some evidence suggests that disruption of integrity in the superior longitudinal fascicle (SLF) may influence cognitive functions in chronic schizophrenia (CS) but the results are inconclusive.
Objectives: Using diffusion tensor imaging tractography, we investigated the differences in fiber integrity between patients with CS and healthy controls (HC) together with the relationship between fiber integrity and cognitive functions.
Methods: Forty-two patients with CS and 32 HC took part in the study. Assessment of cognitive functions was performed using Measurement and Treatment Research to Improve Cognition in Schizophrenia.
Results: showed group differences, left and right in fractional anisotropy (FA) and mean diffusivity (MD) of the SLF, where patients showed less integrity than controls. Patients performed worse attention/vigilance, working memory, verbal learning, visual learning, reasoning and problem solving, and social cognition tasks than HC. However, when premorbid IQ and level of education were controlled for, the differences were no longer statistically significant in verbal learning and social cognition. In patients with CS, a positive correlation was found between FA of the left SLF and attention/vigilance and working memory. Moreover, in this group there was a negative correlation between MD of the left and right SLF and working memory and social cognition.
Conclusions: These findings provide evidence that SLF disruption appears in patients with CS and might account for impairment of cognitive functioning. This research was funded by the Polish Minister of Science and Higher Education's program named "Regional Initiative of Excellence" number 002/RID/2018/2019 to the amount of 12 million PLN.

Disclosure: No significant relationships.
Keywords: chronic schizophrenia; white matter integrity; Diffusion Tensor Imaging; cognitive functions

EPV1335

Homeostasis Model Assessment of IR (HOMA-IR) and Metabolic Syndrome (MetS) in First Episode Psychosis

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doi: 10.1192/j.eurpsy.2022.1985

Introduction: Metabolic syndrome (MetS) is common in chronic psychosis but also exists in the early stages. HOMA-IR is an independent predictor of cardiovascular diseases and has already been described in first episode of psychosis.
Objectives: To determine whether HOMA levels differ according to MetS at each time assessment over 2 years.
Methods: MetS and HOMA levels are determined at baseline and at 6, 12, 18 and 24 months in a sample of 50 patients participating in the PEPsNa Early Intervention Programme during two years of follow-up. Adult Treatment Panel III (ATP III) criteria are used to define MetS. Insulin resistance measured with the Homeostatic Model Assessment (HOMA-IR) is computed with the formula fasting plasma glucose (mg/dL) times fasting insulin (mIU/mL) divided by 405. Mann-Whitney U Test are used to compare HOMA variable according to presence of metabolic syndrome.
Results: The results showed that HOMA levels differed statistically significantly between patients who met MetS criteria and those who did not at 12 ($p<0.046$) and 24 ($p<0.004$) months of treatment.
Conclusions: Given the small sample size the results of our study indicate that there is a sustained relationship over time between HOMA levels and Metabolic Syndrome (MetS) and that the HOMA IR may be useful in identifying those patients with an increased metabolic and cardiovascular risk.

Disclosure: No significant relationships.

EPV1336

The impact of traumatic childhood events on functioning in patients with schizophrenia

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doi: 10.1192/j.eurpsy.2022.1986

Introduction: A history of adverse childhood experiences (ACEs) can increase the risk of schizophrenia spectrum disorders and might be related to unfavorable clinical and functional outcomes of psychosis
Objectives: To assess the relationship between the history of ACEs and functioning in stabilized patients with schizophrenia or schizoaffective disorder.
Methods: We conducted a cross-sectional, descriptive and analytical study. It was carried out on out patients with stabilized schizophrenia or schizoaffective disorder. The diagnosis of schizophrenia and schizoaffective disorder was established based on DSM-5 criteria. We used the ACEs scale to screen for traumatic events that occurred in the childhood and we used the Functional Assessment Staging Scale (FAST) to assess the patients' ability to function and perform tasks of daily living
Results: Seventy five patients were included.The mean age was 39.81 ±9.96 years.The sex ratio was 4 .34. The mean score of ACE was 3.55 ± 2.41 and 88% of patients had experienced at least one traumatic event.The mean sore of the FAST scale was 33 ± 14.95.The total score of FAST was significantly higher in case of physical negligence in childhood (p=0.018). No correlation was found with the others ACEs.The FAST sub score of cognitive functioning correlated with the history of parents separation (p= 0.47) and physical negligence (p= 0.03). we also found that The FAST sub score of interpersonal relationships correlated with the history of emotional abuse (p=0.021)
Conclusions: Our data has shown that ACEs contribute to functioning impairment in schizophrenia and schizoaffective disorder. This impairment affects mainly the cognitive functioning and the interpersonal relationships

Disclosure: No significant relationships.
Keywords: adverse childhood experiences; schizophrénia