between subgroups with and without autistic traits with logistic regression analysis.
Results: 248 patients with PIT were included (age 15.69 ± 1.86 years, 38.65% female). The prevalence of autistic traits in EOP was 7.04%, with significantly higher prevalence in the group of patients with non-affective psychosis (15.20%) than in other diagnostic groups. PAUSS scores significantly decreased over time, with no significant differences in the trajectories of the total PAUSS and its subscores among the three diagnostic subgroups during the 2-year follow-up. The PAUSS showed good internal consistency at all visits (Cronbach's alpha > 0,88). Patients with autistic traits presented longer duration of untreated psychosis, longer duration of the first inpatient admission, poorer social adjustment in childhood, poorer functionality, greater clinical severity, and poorer response to treatment during follow-up than patients without autistic traits.
Conclusions: The PAUSS is an easy-to-apply tool that can be useful to differentiate psychosis subgroups with worse prognosis.

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EPP0659

Biological subtyping of schizophrenia and relationship with clinical features: a neuroimaging study

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Introduction: The heterogeneity of schizophrenia (SCZ) regarding clinical features including symptomatology, disease course and their inter-relationships with underlying biological substrates remain incompletely understood.
Objectives: In a bid to reduce illness heterogeneity using biological substrates, our study aimed to employ brain neurostructural measures for subtyping SCZ patients, and evaluate each subtype's relationship with clinical features such as illness duration, psychotic psychopathology, and deficit status.
Methods: We recruited 240 subjects (160 SCZ patients, 80 healthy controls) for this study. All participants underwent brain structural magnetic resonance imaging scans and clinical assessments using the Positive and Negative Syndrome Scale. Biological subtypes of SCZ were identified using "Heterogeneity through discriminative analysis" (HYDRA), a clustering technique which accounted for relevant covariates and the inter-group normalized percentage changes in brain volume were also calculated.
Results: We found two neuroanatomical subtypes (SG-1 and SG-2) which were found amongst our patients with SCZ. The subtype SG-1 was associated with enlargements in the third and lateral ventricles, volume increase in the basal ganglia (putamen, caudate, pallidum), longer illness duration, and deficit status. The subtype SG-2 was associated with reductions of cortical and subcortical structures (hippocampus, thalamus, basal ganglia).
Conclusions: These findings have clinical implications in the early intervention, response monitoring, and prognostication of SCZ. Future studies may adopt a multi-modal neuroimaging approach to enhance insights into the neurobiological composition of relevant subtypes.

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EPP0660

Identifying early signs of Treatment Resistance in First Episode Psychosis to revise and aid further treatment

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Introduction: Approximately 1/3 of patients with first episode psychosis (FEP) will not benefit from antipsychotic medications and are considered treatment resistant (TR). TR is currently defined as sustained lack of remission with functional loss in the context of two adequate trials of different antipsychotics. Studies suggest that early initiation of clozapine treatment support a better course of illness in TR. Most treatment guidelines recommend clozapine after two antipsychotic failures. In practice, increased dosages of other antipsychotics or polypharmacy are tried out first. Identifying early signs of TR and revising treatment is thus important. Since the TR definition requires adequate lengths of treatment attempts, they are difficult to apply in FEP.
Objectives: The aim of the current study is to 1) investigate if a shorter observation period can be used to identify subgroups of FEP patients with early signs of TR (no indication of early clinical recovery - NoECR) and 2) investigate differences in antipsychotic treatments over the first year compared to patients in full or partial early recovery (ECR/ partial ECR).
Methods: Participants 18 to 65 years in their first year of treatment were recruited from major hospitals in Oslo. The participants met the DSM-IV criteria for schizophrenia, schizophreniform disorder, schizoaffective disorder, and psychotic disorder NOS. A total of 387 completed baseline clinical assessments and 207 one-year follow-up. The SCID-I for DSM-IV was used for diagnosis, symptoms were measured with the SCI-PANSS. Treatment history was gathered through interviews and medical charts. No-ECR was defined as a) Not meeting remission criteria for at least 12 weeks at follow-up, and b) Not regained functioning, i.e., a GFS score < 60. ECR was defined as a) Meeting the criteria for remission and b)