

Results: Diagnosis may thus rely on psychoanalytical “markers” or “indicators” regarding the subject (e.g. deficits in the symbolic register, dysregulated rapport with one’s body, problematic inscription in social relations etc.) at least as much as on symptomatic phenomenology. Therapy may also take advantage of and deploy the unique coping strategies employed by the psychotic individual.

Conclusions: The diagnostic and therapeutic insights offered by Lacanian psychoanalysis create the possibility of a fruitful theoretical, diagnostic and therapeutic approach for clinical and subclinical psychotic conditions; indicate that psychoanalysis is indispensable for clinical psychiatry; and signal the possibility of a time-honored alternative to the in-vogue neurocognitive paradigm of “personalized” psychiatry.

Disclosure: No significant relationships.

Keywords: psychosis; lacanian psychoanalysis; continuum; coping

EPV0621

Factors associated with real-world functioning in first stages of schizophrenia disorder

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Introduction: Schizophrenia is one of the most disabling diseases affecting the patient’s ability to live independently, to be socially active and to work or study^{1,2}. Therefore, identifying predictors of functioning in the first stages of the disease is important to prevent a negative progression of functional outcome in these patients³.

Objectives: To identify the factors associated with real-world functioning in patients with recent onset of the disease.

Methods: Secondary analysis of a cross-sectional, naturalistic study. 84 patients with Schizophrenia (F20), aged 18-71 in their first five years of the disorder under maintenance treatment. Assessments: PANSS, CDS, CGI-S, CAINS; functioning: PSP, cognition: MATRICS. Statistical analysis: student-t test, ANOVA, Pearson correlation and lineal regression.

Results: Mean age (SD): 31.30 (10.08); men: 62.8%. Statistical significant differences ($p < 0.05$) were found in work status, benzodiazepines and antidepressants use. Furthermore, significant correlations ($p < 0.05$) were found with depressive, positive and negative symptoms (avolition, anhedonia, alogia and affective flattening) and cognition. A significant predictive model was obtained that explains the 72.1% of the variance [$F(5,74) = 20.952$; $p < 0.001$]. This model included depressive symptoms ($B = -0.940$; $p = 0.001$), negative symptoms ($B = -1.696$; $p < 0.001$), avolition and anhedonia ($B = -0.643$; $p = 0.001$), affective flattening and alogia ($B = 1.197$; $p = 0.003$), and visual learning ($B = 0.202$ $p = 0.039$).

Conclusions: Negative and depressive symptoms are the main determinants of real-world functioning in patients with recent onset of schizophrenia. Visual learning also contributes to this outcome. On the other hand, the positive relationship between expressive domain and functioning needs furthermore investigation.

Disclosure: No significant relationships.

Keywords: psychosis; Functioning; schizophrenia; recent onset

EPV0624

Psychosis developed on a travel to china – a case report

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Introduction: Psychosis it is a serious medical condition that could happen to anyone while travelling, even without a prior history of mental illness. Some psychotic episodes during travel likely are brief psychotic disorders. This is a poorly understood subject that seems to have an increasing incidence.

Objectives: This work aims to present a clinical case of a patient who developed psychotic symptoms on her visit to China, and to provide a brief update review of this subject.

Methods: We describe a case based on patient’s history and clinical data. We also searched and reviewed cases on “travel” AND “psychosis” and “tourist” AND “psychosis” using PubMed® database.

Results: We report the case of a 41-year-old woman without psychiatric antecedents or substance use who developed psychotic symptoms during a travel to China. Symptoms resolved completely soon after returning to Portugal and admission to the psychiatric emergency service where an antipsychotic treatment was initiated. Psychosis in tourists typically occur in destinations with strong symbolic or mystical connotations and in individuals who travel alone for several days. The most common symptoms are hallucinations, delusions, ideas of reference and agitation. Most patients improved and returned to previous functioning.

Conclusions: To improve the knowledge of travel-related psychosis it is important to identify the cases and the associated biological and clinical factors, later on it may be possible to identify the predictive factors of these psychosis. Further research are necessary to establish a possible association between brief psychotic episode and travel to China, as reports for tourists to Jerusalem and to Florence.

Disclosure: No significant relationships.

Keywords: travel; psychosis; tourist

EPV0625

Mindfulness-based group therapy for inpatients with schizophrenia spectrum disorders – feasibility, acceptability, and preliminary outcomes of a rater-blinded randomized controlled trial

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Introduction: The therapeutic effectiveness of mindfulness-based interventions (MBIs) has been shown for various mental disorders.

However, for schizophrenia spectrum disorders (SSD), only a few trials have been conducted, mostly in outpatient settings.

Objectives: This study aimed to investigate feasibility, acceptability, and preliminary effectiveness of a four-week mindfulness-based group therapy (MBGT) for in-patients with SSD.

Methods: A pre-registered randomized controlled trial (RCT) was conducted at the in-patient ward for SSD. All measures were employed at baseline, post-intervention (4-weeks), and follow-up (12-weeks). The primary outcome was 'mindfulness'. Secondary outcomes were rater-blinded positive- and negative symptoms, depression, social functioning, as well as self-rated mindfulness, depression, anxiety, psychological flexibility, quality of life, and medication regime.

Results: N=40 participants were randomized into either four-week treatment-as-usual (TAU; n=19) or MBGT+TAU (n = 21). Protocol adherence was 95.2%, and the retention rate to treatments was 95%. ANCOVA analysis revealed significant improvements in the MBGT+TAU compared to TAU for the primary outcome and negative symptoms. Exploratory analyses showed medium-to-large intervention effects on secondary outcomes mindfulness, positive, negative, and depressive symptoms, psychological flexibility, quality of life, and social functioning for MBGT+TAU and small-to-moderate changes on positive symptoms and social functioning for TAU. No serious adverse effects were reported.

Conclusions: This study supports the feasibility and acceptability of MBGT for in-patients with SSD, including high protocol adherence and retention rates. A proof of concept of the MBIs and corresponding improvements on various clinical and process parameters warrant a fully powered RCT to determine effectiveness, cost-efficiency, and longitudinal outcomes of MBGT for SSD.

Disclosure: No significant relationships.

Keywords: randomized controlled trial; Schizophrenia spectrum disorders; mindfulness; psychotherapy

EPV0626

Insomnia associated with neutrophil/lymphocyte ratio in female patients with schizophrenia

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Introduction: Worse sleep quality and increased inflammatory markers in women with schizophrenia (Sch) have been reported (Lee et al. 2019). However, the physiological mechanisms underlying the interplay between sleep and the inflammatory pathways are not yet well understood (Fang et al. 2016).

Objectives: Analyze the relationship between Neutrophil/Lymphocyte (NLR), Monocyte/Lymphocyte (MLR) and Platelet/Lymphocyte (PLR) ratios, and insomnia in Sch stratified by sex.

Methods: Final sample included 176 Sch patients (ICD-10 criteria) [mean age: 38.9±13.39; males: 111(63.1%)]. Assessment: PANSS, Calgary Depression Scale (CDSS), and Oviedo Sleep Questionnaire (OSQ) to identify a comorbid diagnosis of insomnia based on ICD-10. Fasting counting blood cell were performed to calculate ratios. Statistics: U Mann-Whitney, logistic regression.

Results: Insomnia as comorbid diagnosis was present in 22 Sch (12.5%) with no differences between sex [14 males (12.6%), 8 females (12.3%)], neither in their age. Female patients with insomnia showed increased NLR [2.44±0.69 vs. 1.88±0.80, U=122.00 (p=0.034)]. However, no differences in PLR and MLR were found, neither in any ratio in males. Regression models using insomnia as dependent variable and covariates (age, PANSS-positive, PANSS-negative, CDSS) were estimated. Females: presence of insomnia was associated with NLR [OR=3.564 (p=0.032)], PANSS-positive [OR=1.263 (p=0.013)] and CDSS [OR=1.198 (p=0.092)]. Males: only PANSS-positive [OR=1.123 (p=0.027)] and CDSS scores [OR=1.220 (p=0.005)] were associated with insomnia.

Conclusions: NLR represent an inflammatory marker of insomnia in Sch but only in female patients. Improving sleep quality in these patients could help to decrease their inflammatory response.

Disclosure: No significant relationships.

Keywords: female; schizophrenia; Insomnia; Inflammation

EPV0628

Investigating the influence of thought interference and somatic passivity on outcomes in patients with psychosis

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Introduction: Of the many studies describing psychotic symptoms in schizophrenia, few have investigated their direct influence on prognosis.

Objectives: We aimed to apply natural language-processing (NLP) algorithms in routine healthcare records to identify reported somatic passivity and thought interference symptoms (thought broadcasting, insertion and withdrawal), and determine associations with prognosis by an analysis of routine outcomes.

Methods: Four algorithms were thus developed on de-identified mental healthcare data from a large south London provider and were applied to ascertain recorded symptoms over the three months following first presentation to that service in a cohort of patients with a primary schizophreniform disorder (ICD-10 F20-F29) diagnosis. The primary binary dependent variable for logistic regression analyses was any negative outcome (Mental Health Act section, >2