The 5-year prognostic accuracy of the DSM-5 APS in adolescent was adequate (Area Under the Curve=0.77) with high sensitivity (91.3%) and suboptimal specificity (63.2%).

Conclusions: The DSM-5 APS diagnosis can be used to detect help-seeking adolescents at risk of psychosis and predict their long-term outcomes, leading the way to new preventive approaches.

Disclosure: The authors declare that they do not have a significant financial interest, consultancy or other relationship with products, manufacturer(s) of products or providers of services related to this abstrac.

Keywords: Psychosis; Adolescents; Attenuated Psychosis Syndrome; At risk of psychosis adolescents outcome

EPP0207

Menstrual psychosis diagnosis: Does it still hold?

C. Adão[1]*, I. Donas-Boto[1], A. Velosa[1], P. Trindade[1] and R. Caetano[1,2]

[1]Centro Hospitalar de Lisboa Ocidental, Psychiatry Department, Lisboa, Portugal and [2]NOVA Medical School, Psychiatry And Mental Health, Lisboa, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.512

Introduction: Menstrual psychosis was first described in the 18th century. Brockington defined its characteristics: acute onset; brief duration with full recovery; confusion, stupor and mutism, delusions, hallucinations, or a manic syndrome and periodicity in temporal association with the menstrual cycle.

Objectives: Description of a clinical case of menstrual psychosis and review of the literature.

Methods: Description of a clinical case. Non systematic review of the literature, searching the terms "psychosis"; "menstrual"; "catamenial" in the databases Pubmed, Medline and Cochrane.

Results: Female, 39-year-old patient. No psychiatric history until the postpartum period of a traumatic vaginal birth, when she developed stupor and mutism which lasted for two days. During the following 2 years, she progressively presented with sadness, asthenia, anhedonia, insomnia and incapacity for self-care. She was prescribed paroxetine and olanzapine, with partial recovery. Subsequently, she had at least 6 episodes with about 3-day duration of asthenia, food refusal, insomnia, incapacity for self-care, disorganization of thought and behavior and mystical and persecutory delusions, coincident with the beginning of menstruation. She was hospitalized in two of them and received treatment with venlafaxine 75mg and paliperidone 6mg, with psychotic symptoms remission after a week.

Conclusions: This case presents the characteristics of menstrual psychosis. This is a rare condition, with only 30 reported cases worldwide. According to current classification systems, this condition fulfills diagnostic criteria for brief psychotic disorder. Nonetheless, studying in more detail this disorder could be interesting, with the goal of deepening the knowledge of the neurobiology of psychosis, particularly the effects of estrogen on this disorder.

Disclosure: No significant relationships.
Keywords: brief psychotic disorder; Psychosis; menstrual; catamenial

EPP0208

Correlation between social functioning and quality of life in patients diagnosed with schizophrenia

B. Ristic[1] and B. Batinic[2,3]*

[1]Institute of Mental health, Clinic For Addiction Treatment, Belgrade, Serbia; [2]Faculty of Philosophy, Department Of Psychology, Belgrade, Serbia and [3]University Clinical Centre of Serbia, Clinic Of Psychiatry, Belgrade, Serbia
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.513

Introduction: Social dysfunction is a significant feature of schizophrenia leading to deminution of quality of life (QoL).

Objectives: To explore the correlation between social functioning and quality of life in patients diagnosed with schizophrenia.

Methods: The study sample comprised 32 patients diagnosed with schizophrenia (24 males and 8 females) recruited from the Clinic for mental disorders "Dr Laza Lazarevic" in Belgrade, with a mean age of 41.28 years (min 24, max 62), assessed by the Social Functioning Scale (SFS) and the World Health Organization Quality of Life questionnaire (WHOQOL-BREF).

Results: There were two significant quasi-canonical positive correlations between social functioning and QoL (1: f-test=16.4, p=.001; 2: f-test=23, p=0.0001.) The first structure is formed through the set of SFS subscales- Recreation, Independence-performance and Independence-competence and set of QoL subscales- Mental health, Physical health, Environment and General assessment of QoL. The second structure is formed through the set of SFS subscales- Interpersonal functioning and Social engagement/withdrawal and the set of QoL subscales- General assessment of QoL and Environment. Furthermore, the first canonical component indicates a greater overlap of the opposition set by social functioning (23%) which leads to the assumption that the direction of influence goes from social functioning to QoL. Due to the equality of redundancy in the second canonical component, the direction of influence can only be inferred on the basis of the first canonical component.

Conclusions: Social functioning and quality of life are related in patients diagnosed with schizophrenia, and this relationship is based on specific subfactors within those areas.

Disclosure: No significant relationships.
Keywords: schizophrénia; social functioning; Quality of Life

EPP0209

Predictive value of body composition and core symptoms in schizophrenia for cardiorespiratory fitness: CORTEX-SP study

M. Tous-Espelosin[1], N. Iriarte Yoller[2]*, C. Pavón[2], P.M. Sanchez[2], A. Sampedro[3] and S. Maldonado-Martín[1]

[1]Faculty of Education and Sport-Physical Activity and Sport Sciences Section. University of the Basque Country (UPV/EHU), Department Of Physical Education And Sport, Vitoria-Gasteiz, Spain; [2]Osakidetza, Alava´s Psychiatric Hospital, Mental Health Network, Vitoria-Gasteiz, Spain and [3]Faculty of Psychology and Education, University of Deusto, Department Of Methods And Experimental Psychology, Bilbao, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.514