

(IL)-6 followed by tumor necrosis factor (TNF)- α , Apolipoprotein E e4 allele-carriers, C-reactive protein contributed most to suicidal ideation. Although EOD is a strong determinant of suicidal ideation, other non-psychiatric factors, i.e., serum inflammation biomarkers, APOE e4 allele, and multimorbidity, should be taken into account when evaluating a suicidal ideation phenotype in older age.

Disclosure: No significant relationships.

Keywords: epigenetics; older age; Late-life depression; suicidal behaviour

S0060

E-Mental Health in Older Age

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E-Mental Health in older age Ulrich Hegerl, Caroline Oehler Department of Psychiatry, Psychosomatics, and Psychotherapy, Goethe Universität Frankfurt/M, Germany European Alliance against Depression e.V. (www.EAAD.net) The implementation and uptake of digital tools for self management or psychotherapy for people suffering from depression or other mental disorders has gained momentum during the Covid-19 pandemic. While studies using waiting list or treatment as usual control groups are of limited value, meta-analyses of RCTs with face-to-face psychotherapy as control condition have found a comparable antidepressant effect, especially when the interventions were provided together with professional guidance. The iFightDepression-tool offered by the European Alliance against Depression (EAAD) is available in 10 different languages and is broadly used in several European countries. Data will be presented concerning the attitude of older people concerning iCBT and also concerning effects of age, guidance, and gender on both adherence to the iFightDepression-tool and antidepressant effects.

Disclosure: No significant relationships.

Keywords: e-mental health; depression; self-management; CBT

S0061

Suicide and Ageism

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Suicide in old age is frequently considered the result of a rational decision. Accumulation of physical illnesses, frailty, dependence on others, loss of partner and loneliness are often seen as reasons that might justify suicidal acts. Depression is an important risk factor for suicidal behaviour even at very advanced age. However, ageistic views tend to consider depression as a normal feature of the aging process; it is possible that its presence can be overestimated or perhaps generalized more than necessary by making it the scapegoat of any situation related to suicide. In fact, adopting an attitude that involves excessive simplification of problems, where everything is attributable to 'depression', can induce a rigid prescriptive approach, often limited to the indication of an antidepressant drug.

In this way, the appreciation of the multifactorial nature of an individual's crisis becomes too narrow and the chances of counteracting the complexities of a dangerous suicide progression too modest. From a prospect of suicide prevention, approaching a patient carefully and prudently is always to be preferred to the disposition that considers life events as inevitable as well as all reactions related to them, including the most extreme, such as suicide. This attitude can lead to a poor involvement of the treating physicians, who might become too acceptant of the 'unavoidability' of the unfavourable progression of their patient. Such a passive approach may especially characterise the relationship with patients of very advanced age, where stressors of physical and non-physical nature easily aggregate, multiplying their impacting power.

Disclosure: No significant relationships.

Keywords: Suicide; prevention; ageism; old age

Forward and Backward Translation in Psychiatry: Lessons Learned

S0062

Network Analyses: Understanding the Pathways of Functional Improvement in Schizophrenia

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Improving real-life functioning is the main goal of the most advanced integrated treatment programs in people with schizophrenia. The Italian Network for Research on Psychoses used network analysis in a four-year follow-up study to test whether the pattern of relationships among illness-related variables, personal resources and context-related factors differed between patients who were classified as recovered at follow-up versus those who did not recover. In a large sample (N=618) of clinically-stable, community-dwelling subjects with schizophrenia, the study demonstrated a considerable stability of the network structure. Functional capacity and everyday life skills had a high betweenness and closeness in the network at both baseline and follow-up, while psychopathological variables remained more peripheral. The network structure and connectivity of non-recovered patients were similar to those observed in the whole sample, but very different from those in recovered subjects, in which we found few connections only. These data strongly suggest that tightly coupled symptoms/dysfunctions tend to maintain each other's activation, contributing to poor outcome in subjects with schizophrenia. The data suggest that early and integrated treatment plans, targeting variables with high centrality, might prevent the emergence of self-reinforcing networks of symptoms and dysfunctions in people with schizophrenia.

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Keywords: Recovery; everyday life skills; cognition; functional capacity

S0063

From a Pathophysiological Concept to a New Drug

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Although antipsychotics were discovered over fifty years ago, it took another decade until dopamine antagonism was demonstrated as central to their clinical effectiveness. Since accumulated evidence implicates the dopamine system in the pathophysiology of schizophrenia, all licensed first-line treatments operate primarily via antagonism of the dopamine D2 receptor. However, dopamine D2 receptor blockade does not effectively treat negative, cognitive and affective symptoms and, in a significant proportion of patients, it does not improve positive symptoms either. Therefore, additional neurochemical targets were considered. The “revised dopamine hypothesis” proposes that positive symptoms emerge due to hyperactive dopamine transmission in mesolimbic areas, while hypoactive dopamine transmission via the mesocortical pathway in the prefrontal cortex is linked to negative, cognitive, and partly affective symptoms. In this context, the role of D3 receptors were recognised. However, there is also evidence for the involvement of other neurotransmitter systems, suggesting that dopamine signalling relies on a suite of receptors that are thought to either facilitate or inhibit neurotransmitter activity through several interconnected neural circuits. Furthermore, there seem to be clusters of symptoms that cross the boundaries of disorders. Symptoms having similar pathophysiology at neurotransmitter level can be treated with the same drug or class of drugs. Thus, one particular drug might be effective in more than one indication. This lecture aims to illustrate the process of a new drug development by explaining how the underlying pathophysiology on receptor level impacts clinical studies and vice versa.

Disclosure: Employee of Gedeon Richter Plc.

Keywords: pathophysiology; Antipsychotics; Clinical research; Dopamine

Transdiagnostic Psychiatry: The New Trend

S0064

Diagnostic Fluidity: Inter- and Intra-Disease Considerations

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Traditionally, psychopathology has been classified based on the publications of authoritative bodies, such as the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (APA’s DSM). Recently, researchers have expressed an interest in basing classification more on data, as opposed to authority. This movement led to the formation of the Hierarchical Taxonomy of Psychopathology (HiTOP) consortium. Working from data, the HiTOP approach emphasizes dimensions of human individual differences that are arranged hierarchically, as opposed to categories that are arranged based on traditional DSM chapter rubrics. In this talk, I will describe the origins and status of the HiTOP approach, as well as current and future HiTOP directions and priorities.

Disclosure: No significant relationships.

Keywords: Nosology; Classification; Psychopathology; Comorbidity

Mental Health Policy

Discrimination and Its Impact on Mental Health: New Evidence from Research and Clinical Practice

S0065

Neural Basis of Societal Risk for Mental Illness: Focus on Ethnic Minority Position and Racial Prejudice

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Background Urban birth, urban living, and ethnic minority status are established risk factors for schizophrenia, but the mechanisms are unclear. Previous evidence suggests a causal role of social exposures and adverse experiences, but experimental evidence is scarce. Methods We combine multimodal neuroimaging with ecological momentary assessment, geolocation and geospatial analysis in an epidemiological longitudinal sample in Germany. Results We find that established risk factors converge on the perigenual cingulate-amygdala-ventral striatal pathway as shown by structural and functional imaging, supporting a role for the ventral-striatal system in psychosis risk. Using a combination of PET and fMRI data in migrants, we suggest a mechanistic link to psychosis by increased dopamine release and synthesis in striatum secondary to prefrontal dysregulation. Importantly, the regulatory system identified overlaps with that implicated in racial stereotyping and prejudice. Moreover, an experiment measuring information flow during an exchange between migrants and non-migrants indicates that during a trust interaction, cultural distance governs the exchange. Conclusions This work shows a convergent risk circuit related to minority position and migration that could guide primary prevention of schizophrenia through reduction of manifestation risk by contextual intervention.

Disclosure: No significant relationships.

Keywords: migration; Dopamine; social exclusion; cingulate cortex