antipsychotics and antidepressants, quinolones, and cotrimoxazole). Penicillins are the most appropriate group, and quinolones should be avoided. DDIs between antibiotics and psychotropic drugs have been reported to occur in 20% of patients, which means that DDIs checking is always necessary before prescribing. Psychiatric adverse events (e.g., hallucinations, restlessness, insomnia) have also been seen in patients with mental disorders.
The participants will learn about general recommendations on antibiotic prescribing in this population, focusing on antibiotics and psychotropics, supported by evidence-based data and real clinical pharmacological tools useful for daily practice.

Disclosure: No significant relationships.
Keywords: Infections; Antibiotics; Hospitals and Ambulatory Setting; Psychopharmacology

Predicting the outcomes in psychosis: Recent advances in molecular profiling, neuroimaging and machine learning

S0026

Predicting one-year outcomes in first-episode psychosis

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The outcome of first-episode psychosis (FEP) varies and may be predicted by several baseline measures. In the Helsinki Early Psychosis Study, young adults with FEP (n=97) from the Helsinki area in Finland were broadly assessed as soon as possible after first psychiatric contact for psychosis. Age- and gender-matched population controls were also assessed (n=62). The participants were followed up via appointments and medical records. We present both published and unpublished results on predictors of 12-month clinical, functional, and metabolic outcomes. More severe cognitive deficits at the beginning of treatment predicted several outcomes such as occupational status and functional level – beyond baseline positive and affective symptom levels, but not when negative symptoms were accounted for. More severe baseline obsessive-compulsive symptoms were predictive of a lower rate of remission, whereas a higher level of anxiety symptoms predicted better functional outcome, when the severity of positive symptoms was adjusted for. Adverse childhood experiences measuring cumulating psychosocial stress did not predict occupational status or functional level when positive and negative symptoms and neurocognition were controlled for, whereas in controls having experienced school bullying was associated with lower functioning. Insulin resistance in early psychosis appeared as an early marker of increased vulnerability to weight gain and abdominal obesity in young adults with FEP. Further, increased waist circumference predicted worsening low-grade inflammation, increasing further the cardiovascular risk. In sum, we have found different types of prognostic markers in FEP. Identifying the individuals at risk of less favorable outcomes could affect treatment choices in FEP.

Disclosure: No significant relationships.
Keywords: Psychotic disorders; remission; follow-up; outcome

S0028

Molecular lipids in prediction of psychosis and the associated cardiometabolic co-morbidities

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Lipid metabolism has been an area of increased interest in psychosis research, not only due to its link to metabolic comorbidities, but also due to its putative role in the pathophysiology of psychosis. Lipid disturbances are observed already in the period preceding the onset of psychosis. For example, we performed mass spectrometry based lipidomics in a cohort of individuals at clinical high risk for psychosis (the EU-GEI study) and found that the individuals who transitioned to psychosis within a 2-year follow-up period displayed decreased levels of ether phospholipids. This finding may be of direct (patho)physiological relevance, as ether phospholipids (particularly plasmalogens, a major subgroup of ether phospholipids) are highly enriched in the brain, are supplied to the brain by the liver, have many structural and functional roles, and may act as endogenous antioxidants. Accumulating evidence also suggests that lipid disturbances play a crucial role in the development of metabolic comorbidities associated with psychotic disorders. Our lipidomic studies have shown that psychotic patients who rapidly gain weight during follow-up have elevated triglycerides (TGs) with low double bond count and carbon number at baseline. These TGs are known to be associated with non-alcoholic fatty liver disease (NAFLD) and with increased risk of type 2 diabetes. In conclusion, although the mechanisms linking dysregulation of lipid metabolism with the pathophysiology of psychosis are currently poorly understood, findings by us and others suggest that metabolic abnormalities are evident in people who are vulnerable to psychosis, and to the associated metabolic comorbidities.

Disclosure: No significant relationships.
Keywords: lipidomics; psychosis; lipid metabolism; metabolic co-morbidities

Preventing the “hype, hope and disappointment” cycle in early intervention of psychosis

S0029

Early intervention in psychosis: An innovation trigger in a challenging environment

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