Introduction: Fetal or neonatal hypoxia (FoNH) is a known risk factor for schizophrenia. It has been hypothesized that FoNH induced expression of schizophrenia susceptibility genes (Schmidt-Kastner et al. 2012, Giannopoulou et al. 2018).
Objectives: To test this hypothesis, we explore the effects of FoNH and some genetic variants on age at onset (AAO) of schizophrenia.
Methods: The study included 1670 patients (women 1021 (61.1%), mean age 34.6 (SD 13.6), mean age at disease onset 25.4 (10.5) years) with ICD-10 diagnosis of schizophrenia or schizoaffective psychosis. The effects of FoNH in interaction with sex, family history (FH) and genetic variants on AAO of schizophrenia were evaluated. Polymorphisms rs2514218 DRD2 (n=943), Val66Met BDNF (n=820) and VNTR AS3MT (n=804) were genotyped.
Results: Among all patients studied 179 (10.8%) had experienced FoNH. Regression model showed that FoNH, sex and FH of schizophrenia contribute significantly (p=0.000) to AAO. In the FoNH group, AAO was lower compared to the group without FoNH (20.7 (6.2) vs 25.5 (10.) years). When comparing men and women, there was a difference between FoNH and non- FoNH subgroups only in women (p=0.000). No interaction between FH and FoNH was observed though positive FH had an effect on AAO. There was the interaction effect of VNTR AS3MT and FoNH on AAO. In the FoNH group, carriers of 2 repeats had younger AAO compared to the carriers homozygous for 3 repeat variant (19.6 (4.9) vs 22. (7.6) years).
Conclusions: We demonstrate the interaction effects of FoNH and VNTR AS3MT polymorphism on AAO of schizophrenia.

Disclosure: No significant relationships.
Keywords: gene-environmental interaction; schizophrénia; hypoxia; age at disease onset

EPP0236

Cognitive biases in first psychotic episode with Attention deficit and hyperactivity disorder: a controlled study.

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Introduction: Cognitive biases are a core feature of psychotic disorders. Moreover, people with first episode of psychosis (FEP) have more difficulties in social cognition, in particular in theory of mind. On the other hand, deficits in processing speed and distractibility appear to be core features of attention deficit hyperactivity disorder (ADHD) and impairment in these basic processes can lead to deficits in more complex functions, that could induced to cognitive biases.
Objectives: To evaluate whether FEP with and without ADHD differ in the rate and type of cognitive biases.
Methods: Participants 121 FEP treated at the Early Intervention Service of Reus and aged between 14 and 28 years. *Instruments : The Diagnostic Interview for ADHD (DIVA) and the Cognitive Biases Questionnaire for Psychosis (CBQp) measuring 2 themes : anomalous perception (AP) and threatening events (TE) and 5 cognitive biases: Intentionalising (Int) , Catastrophising (Cat), Dichotomous thinking (DT), Jumping to conclusions (JTC) and Emotional reasoning (ER)*
Results: 31 out 121 (25.6%) met criteria for childhood ADHD. Compared with FEP ADHD- , FEP-ADHD+ presented significant higher scores in the CBQp total score (U= 2.538 ; p=0.001), the AP theme (U=2.262; p=0.02) , the TE theme (U= 2.242 ; p=0.02) and DT bias ((U= 2.188 ; p=0.03)
Conclusions: Our findings support the fact that subjects with FEP-ADHD+ presented more cognitive biases than those ADHD-. So, FEP-ADHD+ subjects could represent a clinical subgroup with a worse prognosis than FEP-ADHD$^-$ subjects, presenting more delusions, distress and a worse cognitive insight.

Disclosure: No significant relationships.
Keywords: adhd; First Psychotic Disorder; cognitive biases

EPP0237

The organisational climate of NHS Early Intervention Services (EIS) for psychosis: A qualitative analysis

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Introduction: Cognitive remediation (CR) therapy for psychosis significantly improves recovery but is yet to be widely implemented in UK National Health Service and it is likely to be of greatest value if implemented early. Organisational climate within teams in the health services is one factor likely to affect CR implementation into Early Intervention Services (EIS), that serve those with a first episode.
Objectives: To understand the organisational climate within UK NHS EIS and the barriers and facilitators for the introduction of CR.
Methods: We conducted semi structured interviews with 42 EIS members of four teams in four NHS Mental Heath Trusts.
Results: There were differences between teams, including involvement in decision making, leadership style, and willingness to adopt CR. Resource shortages were considered the main implementation barrier across all teams. The evidence for CR benefits and the recognition of a clinical need was the main facilitator. Teams with more democratic leadership, involving all team members in decision making, and knowledge of both the evidence base and need for CR, may feel better able to successfully incorporate it into their service.
Conclusions: Engaging team members in the implementation process through cooperative and consultative decision-making can stimulate a flattened hierarchical structure, empowering staff to overcome existing and new NHS pressures and effectively deliver evidence-based care. The consideration of local conditions and organisational micro-climates mediate the successful implementation of new interventions and is needed in addition to generic,

context-free variables such as resources before new interventions can be introduced.

Disclosure: No significant relationships.
Keywords: Psychosis; organisational climate; Cognitive remediation; early intervention

EPP0238

Real-world treatment patterns and outcomes in patients initiating lurasidone for the treatment of schizophrenia in Europe

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Introduction: Lurasidone is a second-generation antipsychotic shown to have a lower risk of weight gain and a lower incidence of metabolic adverse events compared with some medications in the same class.
Objectives: To describe treatment patterns, clinical outcomes and adverse drug reactions (ADRs) over 12 months following lurasidone initiation in patients with schizophrenia.
Methods: This was a multi-centre observational study involving data collection from patients' medical records, conducted in seven mental health centres in the United Kingdom (UK) and Switzerland. The study included patients aged ≥18 years who initiated lurasidone after 1 January 2016 for the treatment of schizophrenia. Data were collected from medical records both retrospectively and prospectively using a standardised data collection form. Data collected included patient characteristics, treatment history, lurasidone regimens, clinical outcomes and ADRs.
Results: Forty-eight patients participated in the study. The median (interquartile range [IQR]) age at lurasidone initiation was 33.5 (25.5-50.3) years and 31 (65%) patients were male. The median (range) lurasidone starting dose was 37 mg daily (9.3–148 mg). Thirty-eight (79%) patients continued lurasidone for the entire 12-month follow-up period. Among the 14 (29%) patients with documented relapse, the median (IQR) time to relapse was 3.4 (1.5–7.9) months. Five ADRs were recorded in patient notes judged as related to lurasidone: agitation, nausea, akathisia, somnolence and vomiting (one patient each).
Conclusions: In this real-world study of patients with schizophrenia in the UK and Switzerland, 79% of patients continued lurasidone for at least 12 months, and ADRs were reported rarely in patient notes.

Disclosure: This study was sponsored by CNX Therapeutics Ltd (formerly Sunovion Pharmaceuticals Europe Ltd). AJ is an employee of CNX Therapeutics. MA is an employee of OPEN HEALTH who was contracted by CNX Therapeutics for data analysis and medical writing.
Keywords: schizophrénia; Antipsychotics; lurasidone; observational

EPP0239

Working Memory Deficit and Attentional Distractibility in Schizophrenia

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Introduction: Meta-analyses suggest that patients with schizophrenia show deficit in working memory – both verbal and visual – and are more distractible. Working memory disturbances are even regarded as the central deficit in schizophrenia by some researchers. Theta synchronization (especially over fronto-central areas) is related to cognitive control and executive functioning during working memory encoding and retention.
Objectives: The main goal of the study was to gain more understanding of the nature of working memory deficit and attentional distractibility in schizophrenia.
Methods: 35 patients with schizophrenia and 39 matched controls were enrolled in our study. Participants performed a modified Sternberg working memory task that contained salient and non-salient distractor items in the retention period. A high-density 128 channel EEG was recorded during the task. Event-related theta (4-7 Hz) synchronization was analyzed during working memory encoding (learning) and retention (distractor filtering) in a later time window (350-550 ms).
Results: Patients with schizophrenia showed weaker working memory performance and increased attentional distractibility compared to the control group: patients had significantly lower hit rates ($p < 0.0001$) and higher distractor-related commission error rates ($p < 0.0001$). Theta synchronization was modulated by condition (learning < distractor) in both groups but it was modulated by salience only in controls (salient distractor > non-salient distractor, p[patients] = 0.95, p[controls] < 0.001).
Conclusions: Our results suggest that patients with schizophrenia show diminished cognitive control compared to controls in response to salient distractors. Difficulties in cognitive control allocation may contribute to the behavioral results observed in this study.

Disclosure: No significant relationships.
Keywords: working memory; schizophrénia; cognitive control; frontal-midline theta

Mental Health Care 01 / Research Methodology

EPP0241

Cross-cultural analysis of the stigmatising attitudes of psychiatrists across Europe and measurement invariance of the Opening Minds Stigma Scale for healthcare providers

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