

samples. As a result, the derived polygenic risk scores (PRS) show decreased predictive power when applied to non-European populations.

Objectives: A long-term scientific cooperation between the Charité Universitätsmedizin Berlin and the Hanoi Medical University aims to address this limitation by recruiting a large genetic cohort of comprehensively phenotyped schizophrenia patients and controls in Vietnam.

Methods: A pilot study was conducted at the Department of Psychiatry of the Medical University Hanoi in 2017. Data collection encompassed i) genome-wide SNP genotyping of 200 schizophrenia patients and 200 control subjects ii) structured interviews to assess symptom severity (PANSS), iii) clinical parameters (e.g. duration of illness, medication) and demography.

Results: SCZ-PRS of the pilot sample (N=400) were generated using different training data sets: i) European, ii) East-Asian and iii) mixed GWAS summary statistics from the Psychiatric Genomics Consortium's latest discovery sample. Most variance explained was observed using a mixed discovery sample (R^2 liability=0.053, $p=3.11 \times 10^{-8}$, $P_d < 0.5$), followed by PRS based on the East-Asian summary statistics (R^2 liability=0.0503, $p=6.78 \times 10^{-8}$, $P_d < 1$) and the European sample (R^2 liability=0.0363, $p = 4.26 \times 10^{-6}$, $P_d < 0.01$).

Conclusions: With this pilot project we established an efficient recruitment, genotyping and data analysis pipeline. Our results corroborate previous findings indicating that transferability of PRS across populations depends on the ancestral composition of the initial discovery dataset. We therefore aim to expand data collection efforts in the future in order to improve risk prediction across diverse populations.

Disclosure: No significant relationships.

Keywords: Vietnam; genetics; schizophrénia

EPV0616

What does static electricity has to do with schizophrenia?

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Introduction: The suspiciousness of a paranoid patient could reach extremes.

Objectives: To present the lessons learned after an interview with a similar patient.

Methods: Case report.

Results: Fifty-two year old woman suffering from paranoid schizophrenia (F20.0). Symptoms almost identical to her previous (two) hospitalizations: delusions of thought reading and of being surveilled by electronic equipment in her house/neighborhood. This time, though, she was additionally convinced of being the object of medical experiments and of being electronically surveilled even within the ward. Treatment: risperidone 12mg/day, lorazepam 3.75mg/day, biperiden 2mg/day. Three weeks after admission, the author noted a slight tremor in her hands (most certainly of extrapyramidal origin). I asked her to place both hands in front of her, fingers wide open, to assess it better. The patient followed with the fingers attached, though. Consequently, I approached my hands to hers -to show how it should be done correctly-, touching them lightly. Then, a spark was generated between our hands.

Evidently, it was an electrostatic discharge (I was wearing a wool sweater that day; static electricity could easily accumulate on wool). She became outraged: "what kind of experiments are you doing to me?", "what electronic devices are you using?", "this is the proof of what I have been constantly saying".

Conclusions: The symptoms of psychotic relapses could evolve over time. A clinician should refrain from any strictly unnecessary physical contact with an exceedingly paranoid patient, particularly when the latter claims that is the object of "medical experiments". The elaborative "ability" of such patients could be, simply, astounding.

Disclosure: No significant relationships.

Keywords: paranoid; psychopathology; schizophrénia; Delusion

EPV0617

Clozapine prescribing during follow-up of a first-episode psychosis cohort

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Introduction: Of those with schizophrenia, one third develop treatment-resistant illness. Nearly 60% of these benefit from clozapine- the only antipsychotic medication licensed in this group. **Objectives:** As treatment-resistant illness developed in the follow-up of a first-episode psychosis (FEP) cohort, clozapine was prescribed. This study retrospectively compared the clozapine prescribing patterns, within this cohort, to National Institute for Health and Care Excellence (NICE) guidelines. In addition, impact on hospitalisation, physical health monitoring and augmentation strategies employed following clozapine initiation were examined. Factors delaying initiation of clozapine treatment or contributing to its discontinuation were also explored.

Methods: The study included 339 individuals resident within an Irish community mental health team catchment area, referred with FEP from 1 January 2005 to 31 August 2016. Data were extracted from electronic medical records.

Results: Within the cohort, clozapine was prescribed to 32 individuals (9.4%). The mean number of adequate trials of antipsychotic prior to starting clozapine was 2.74 (SD 1.13; range 1–5). The mean time to clozapine trial was 2.1 years (SD 1.95; range 0.17–6.25). Following initiation of clozapine, mean hospital admissions per year fell from 2.3 to 0.3 ($p=0.00$). Mean inpatient days pre- and post-clozapine also decreased (147 vs. 53; $p=0.00$). In all, 18 patients ceased use of clozapine, 5 temporarily and 13 permanently.

Conclusions: Patients are being prescribed clozapine earlier than previously demonstrated. However, delayed treatment remains common, and many patients discontinue clozapine. Further research is necessary to describe and address factors which contribute to its discontinuation.

Disclosure: No significant relationships.

Keywords: first-episode psychosis; psychosis; treatment-resistant schizophrenia; clozapine

EPV0618

Achievement of remission after first-episode psychosis in youth

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Introduction: Dynamic assessment of remission achievement after first-episode psychosis (FEP) is necessary for early detection of post-psychotic depression, negative symptoms and changes in personality traits. The latter allows to decrease suicide risk and optimize treatment and social rehabilitation.

Objectives: We aimed to analyze achievement of remission after FEP in youth and to define prognostic criteria for psychosis outcome.

Methods: Fifty-six patients (16-25 y.o., mean age 19,8 ± 2,5 y.o.) after FEP have been receiving follow-up outpatient visits for 3 years. PANSS was applied to assess psychotic symptoms. Depressive symptoms were assessed with HAMD-21.

Results: Remission achievement after FEP is a three-stage process. The stage of reduction and modification of psychotic symptoms is characterized by diminishing personality deterioration and decrease of leading positive symptoms. The second stage, stabilization, is defined through the presence of depressive symptoms with positive (HAMD-21 17,49 ± 7,49) and negative affectivity (HAMD-21 23,68 ± 9,24) with preponderance of emotional, volitional, and cognitive deficits as well as high suicide risk. The third stage, reintegration, is characterized by the combination of negative symptoms with preserved personality resources. There are three reintegration trajectories, with predominant affective or negative symptoms or personality deficits. Mean decrease of PANSS scores was 54,88 ± 6,17 during the overall remission. In the majority of cases (62,5%) the stage of reintegration was finished with the achievement of high-quality remission, coinciding with international remission criteria. The study was supported by RFBR grant 18-013-01214

Conclusions: Our approach to remission assessment allowed us to decrease suicide risk and to provide optimal treatment.

Disclosure: No significant relationships.

Keywords: achievement of remission; youth psychiatry; First episode psychosis

EPV0619

Religious delusions in adolescence and young adults: Features of psychopathology and clinic

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Introduction: Religious delusions is a complex psychopathological phenomenon. The delusional disorders with religious content in young age, the need for an additional detailed study of the conditions of their formation, patterns of the course and outcome of the disease determine the relevance of this study.

Objectives: To identify the psychopathological features, the conditions of formation, the characteristics of the course of psychosis with religious delusions in young age.

Methods: 95 patients (62 male and 33 female) with religious delusions (delusion of sin - 33,7%, delusion of demonic possession (40,0%), messianic and antagonistic delusion - 18,9%, oneiroid with religious content - 7,4 %) in psychotic episode (F20, F25 according to the ICD-10) at a young age (16-25 years) were included in the study and examined with clinical-psychopathological, clinical-follow-up and psychometric (PSP, SANS) methods. The average duration of follow-up was 7.4 ± 2.3 years.

Results: In a post-psychotic period it is possible to preserve or form religiosity, as well as a complete reduction of the religious worldview in patients who had been indifferent to religious issues before the first episode of the disease. Though, the formation of residual psychotic symptoms with religious content were noted with greater frequency. The delusions of demon obsession in a psychosis episode is unfavorable prognostic factor.

Conclusions: General psychopathological features of psychotic states with religious delusions, according to the specificity of young age, were identified. A role of the previous religiosity, including overvalued religious ideas, was clarified.

Disclosure: No significant relationships.

Keywords: delusions; Religiosity; youth; psychosis

EPV0620

Being psychotic is not necessarily being ill: Psychotic continuum and the relevance of lacanian psychoanalytic approach

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Introduction: The notion of subclinical psychosis is as old as Eugen Bleuler's work on schizophrenia. It is also consistent with psychodynamic theories (see PDM-2) on the organization of personality on different levels including, among others, a psychotic level of personality organization. Research on the continuum of psychosis has offered substantial support to the view that psychotic phenotypes are significantly more prevalent than clinical psychosis.

Objectives: This may imply that being "psychotic" is not necessarily being ill. This assumption raises important theoretical and clinical questions: what causes psychosis to manifest itself clinically and, conversely, what possibly prevents it from doing so?

Methods: At the same time, it potentially frees psychiatry from certain diagnostic and therapeutic impasses. It allows for a shift of emphasis from misleading classifications and often frustrating "evidence-based" therapeutic attempts to a more personalized approach.