

substrate of given isoenzyme and its metabolite in urine. Therapeutic drug monitoring has been performed using HPLC-MS/MS.

Results: We didn't reveal a statistical significance for concentration/dose indicator of mirtazapine in patients with different genotypes: (GG) 0.229 [0.158; 0.468] and (GA) 0.290 [0.174; 0.526], $p = 0.196$. We revealed the relationship between the CYP2D6 enzymatic activity and the hsa-miR-370-3p plasma concentration: $r_s = -0.32$, $p < 0.001$. At the same time, correlation analysis revealed a statistically significant relationship between the mirtazapine concentration and the hsa-miR-370-3p plasma concentration: $r_s = 0.31$, $p < 0.001$.

Conclusions: Thus, the effect of genetic polymorphism of the CYP2D6 gene on the efficacy and safety profiles of mirtazapine was demonstrated in a group of 192 patients with recurrent depressive disorder.

Conflict of interest: Authors do not have any conflict of interests.

EPP0958

Anticipating transitions in mental health in at-risk youth: A large-scale diary study into early warning signals

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Introduction: Transitions in mental health, such as the onset or sudden progression of psychopathology, are difficult to foresee. If mental health behaves like other complex systems, drops in mental health may be anticipated by early warning signals (EWS), which manifest in the dynamics of time series data.

Objectives: This study aimed to establish the sensitivity and specificity of EWS as personalized risk markers for sudden drops mental health.

Methods: Individuals (N=122, mean age 23.6 ± 0.7 years, 57% males) at increased risk for psychopathology completed daily questionnaires on mental states for six consecutive months. Transitions in mental health were identified by change point analyses. EWS, operationalized as rising trends in the autoregressive coefficient of 36 negative mental states, were identified using generalized additive models.

Results: EWS were found for 59% of individuals with a drop in mental health, and for 47% without such a drop (sensitivity: 0-.12; specificity: .88-1). There were considerable individual differences in the prevalence, strength, and timing of EWS.

Conclusions: EWS might be informative of impending transitions, yet they are also highly conservative. Present findings may inspire future research into the prerequisites for detecting EWS in the context of mental health, for instance with respect to the stability of pre- and post-transition phases, the magnitude of transitions, and the timescale at which EWS manifest. An improved understanding of the dynamics that govern psychopathology could ultimately allow us to determine whether a specific individual at a specific moment in time is at risk for a sudden onset or progression of mental health problems.

Keywords: diary study; complex systems; transdiagnostic psychopathology; early warning signals

EPP0959

Clozapine point of care testing in acute psychiatry: A precision approach to treatment resistant psychosis

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Introduction: Clozapine, the antipsychotic of choice for treatment-resistant schizophrenia, has a narrow therapeutic range and high interpatient variability in the dose-response relationship. Serum clozapine levels are essential both for therapeutic dosing and to monitor adherence. Use of venepuncture and prolonged result turnaround times with standard laboratory based methods for drug monitoring together contribute to the suboptimal use of clozapine.

Objectives: A novel portable point-of-care (POC) device has been developed to measure whole blood clozapine concentrations using an automated homogenous immunoassay. It is as accurate and reliable as standard laboratory methods but only requires a drop of blood obtained by finger prick and can produce a result in minutes. We pioneered clozapine POC testing in the acute inpatient setting during the outbreak of the COVID-19 pandemic.

Methods: We report on the use of POC clozapine testing in the management of 4 acutely psychotic patients with treatment resistant schizophrenia.

Results: POC testing offered a more practical, less invasive and quicker alternative to conventional methods for monitoring of clozapine levels. Near immediate availability of clozapine levels expedited clinical decisions and helped ensure safe clozapine prescribing to severely unwell patients in a time of crisis. By facilitating patients' early safe discharge from hospital, clozapine point of care testing also reduced length of hospitalisation.

Conclusions: Point of care monitoring of other psychotropic medications in addition to clozapine brings about the prospect of personalised precision medicine for patients with severe mental illness, both in the acute setting and in the community.

Keywords: clozapine; Point of care antipsychotic monitoring; Inpatient psychiatry; schizophrénia

EPP0961

Phenomenological experience personality profile: A test to identify the affective dimensions of psychopathology in the context of precision psychotherapy.

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Introduction: Artificial intelligence algorithms are increasingly used to highlight refined qualifiers of pathologies and to build