

Multivariate Cox regression analysis demonstrated that depressive symptoms and elevation of sST2 were both independent predictors of all-cause mortality and HF-related hospitalization.

Conclusions: The serum levels of sST2 and depressive symptoms were independent and additive predictors of all-cause mortality and heart failure-related hospitalization in patients with ischemic HF.

Disclosure: No significant relationships.

Keywords: Heart Failure; Neurobiological Factors; Depression; comorbidity

O0128

Remote Assessment of Disease and Relapse in Major Depressive Disorder (RADAR-MDD): Recruitment, retention, and data availability in a longitudinal remote measurement study.

F. Matcham^{1*}, D. Leightley², S. Siddi³, F. Lamers⁴, K. White², P. Annas⁵, G. De Girolamo⁶, S. Difrancesco⁴, J.M. Haro³, M. Horsfall⁴, A. Ivan², G. Lavelle¹, Q. Li⁷, F. Lombardini³, D. Mohr⁸, V. Narayan⁷, C. Oetzmann¹, B. Penninx⁴, S. Simblett⁹, S. Bruce⁹, R. Nica⁹, T. Wykes¹⁰, J. Brasen⁵, I. Myin-Germeys¹¹, A. Rintala¹¹, P. Conde⁹, R. Dobson¹⁰, A. Folarin⁹, C. Stewart², Y. Ranjan¹⁰, Z. Rashid², N. Cummins⁹, N. Manyakov¹², S. Vairavan⁷ and M. Hotopf¹

¹Institute of Psychiatry, Psychology & Neuroscience, King's College London, Department Of Psychological Medicine, London, United Kingdom; ²Institute of Psychiatry, Psychology & Neuroscience, King's College London, Department Of Psychological Medicine, London, United Kingdom; ³Parc Sanitari Sant Joan de Déu, Fundació Sant Joan de Déu, Cibersam, Barcelona, Spain; ⁴Department of Psychiatry and Amsterdam Public Health Research Institute, Amsterdam Umc, Amsterdam, Netherlands; ⁵H. Lundbeck A/S, N/a, Valby, Denmark; ⁶IRCCS Istituto Centro San Giovanni di Dio Fatebenefratelli, N/a, Brescia, Italy; ⁷Janssen Research and Development, LLC, N/a, New Jersey, United States of America; ⁸Center for Behavioral Intervention Technologies, Department Of Preventative Medicine, Northwestern University, United States of America; ⁹Institute of Psychiatry, Psychology & Neuroscience, King's College London, Psychology, London, United Kingdom; ¹⁰King's College London, Institute Of Psychiatry, Psychology And Neuroscience, London, United Kingdom; ¹¹KU Leuven, Neurosciences, Leuven, Belgium and ¹²Janssen Pharmaceutica NV, N/a, Beerse, Belgium

*Corresponding author.

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Introduction: Major Depressive Disorder (MDD) is prevalent, often chronic, and requires ongoing monitoring of symptoms to track response to treatment and identify early indicators of relapse. Remote Measurement Technologies (RMT) provide an exciting opportunity to transform the measurement and management of MDD, via data collected from inbuilt smartphone sensors and wearable devices alongside app-based questionnaires and tasks.

Objectives: To describe the amount of data collected during a multimodal longitudinal RMT study, in an MDD population.

Methods: RADAR-MDD is a multi-centre, prospective observational cohort study. People with a history of MDD were provided with a wrist-worn wearable, and several apps designed to: a) collect data from smartphone sensors; and b) deliver questionnaires,

speech tasks and cognitive assessments and followed-up for a maximum of 2 years.

Results: A total of 623 individuals with a history of MDD were enrolled in the study with 80% completion rates for primary outcome assessments across all timepoints. 79.8% of people participated for the maximum amount of time available and 20.2% withdrew prematurely. Data availability across all RMT data types varied depending on the source of data and the participant-burden for each data type. We found no evidence of an association between the severity of depression symptoms at baseline and the availability of data. 110 participants had > 50% data available across all data types, and thus able to contribute to multiparametric analyses.

Conclusions: RADAR-MDD is the largest multimodal RMT study in the field of mental health. Here, we have shown that collecting RMT data from a clinical population is feasible.

Disclosure: No significant relationships.

Keywords: remote measurement technologies; longitudinal; major depressive disorder; observational

O0130

Effect of medical education on European psychiatrists' knowledge in management of major depressive disorder and psychiatric emergencies

L. Thevathasan*, L. Fairley and C. Phillips

Medscape LLC, Clinical Strategy, London, United Kingdom

*Corresponding author.

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Introduction: The challenge for psychiatrists is keeping up to date with the latest clinical trial data in managing major depressive disorder (MDD) and psychiatric emergencies.

Objectives: We evaluated whether an online educational video lecture directed at psychiatrists, could improve knowledge and confidence regarding management of psychiatric emergencies associated with MDD.

Methods: Educational effect was assessed using a 3-question repeated pairs, pre/post assessment survey. A paired-samples t-test was conducted to assess overall number correct and confidence change. A McNemar's test was conducted to assess question-level significance. P values < 0.05 are statistically significant. Cohen's d test was used to estimate the magnitude of effect of education. The activity launched on 8 April 2021, and preliminary data analysed as of 24 June 2021.

Results: 807 psychiatrists participated in the programme, of which 150 completed the pre- and post-assessment test. An average overall correct response rate of 44% pre- increased to 74% post- (67% relative increase, P<0.001; Cohen's d = 0.91). Knowledge on the burden of suicide and MDD improved from 38% pre- to 85% post- (124% relative increase, P<0.001). Knowledge regarding clinical data for novel therapies for use in psychiatric emergencies improved from 47% pre- to 68% post- (45% relative increase, P<0.01). Knowledge regarding signs of suicidal intent in patients with MDD improved from 49% pre- to 71% (45% relative increase, P<0.001) following education.

Conclusions: This study demonstrates the positive effect of online medical education on psychiatrists' knowledge in contemporary management of psychiatric emergencies associated with MDD in Europe.

Disclosure: The results of this study were from an educational programme that was developed through independent educational funding from Janssen Neuroscience.

Keywords: Suicide; major depressive disorder; Psychiatric emergencies; MDD

Schizophrenia and other Psychotic Disorders 2

O0131

Clinical Indicators of Symptom Dimensions and Cognitive Ability in Schizophrenia

L. Farakish^{1*}, S. Legge¹, M. Owen¹, M. O'Donovan¹, J. Walters¹ and A. Cardno²

¹Cardiff University, Mrc Centre For Neuropsychiatric Genetics And Genomics, Division Of Psychological Medicine And Clinical Neurosciences, School Of Medicine, Cardiff, United Kingdom and ²University of Leeds, Division Of Psychological And Social Medicine, Leeds Institute Of Health Sciences, Faculty Of Medicine And Health, University Of Leeds, Leeds, Uk, Leeds, United Kingdom

*Corresponding author.

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Introduction: Schizophrenia is a heterogeneous disorder and it is unknown what causes individual variability in symptoms and cognitive ability.

Objectives: To examine the association between nine clinical predictors measurable at the onset of schizophrenia and five phenotype dimensions: positive, negative (diminished expressivity), negative (motivation and pleasure), disorganised symptoms and cognitive ability.

Methods: 852 participants (mean age 49 years old) with a diagnosis of schizophrenia or schizoaffective depression were included from the CardiffCOGS cross-sectional sample. Phenotype dimensions were created using confirmatory factor analysis and a 5-factor model. Associations were tested using linear regression, adjusting for age and sex. A Bonferroni correction was applied for ($p < 1.1 \times 10^{-3}$) for multiple testing.

Results: Age of onset of psychosis was significantly associated with positive symptoms ($\beta = -0.18$, $p = 4.0 \times 10^{-6}$). Lower premorbid IQ was associated with diminished expressivity ($\beta = -0.25$, $p = 7.0 \times 10^{-13}$), reduced motivation and pleasure ($\beta = -0.23$, $p = 4.3 \times 10^{-11}$), disorganised symptoms ($\beta = -0.14$, $p = 7.6 \times 10^{-5}$) and reduced cognition ($\beta = 0.54$, $p = 4.8 \times 10^{-77}$). Poor premorbid social adjustment held associations with all except positive. Developmental delay was associated with reduced cognition ($\beta = -0.35$, $p = 4.3 \times 10^{-5}$). Cannabis use (year before onset), psychosocial stressors (within 6 months), childhood abuse and family history of schizophrenia held no associations.

Conclusions: Clinical indicators measurable at schizophrenia onset are associated with lifetime symptom variability. A younger psychosis onset is associated with more severe positive symptoms, suggesting possible age-targeted management. Pre-established links of lower premorbid IQ with poor premorbid social adjustment and negative symptom severity with cognition are strengthened. Further investigation could potentially improve diagnosis and guide treatment choice for aspects of schizophrenia with poor outcomes.

Disclosure: No significant relationships.

Keywords: Clinical indicators; Phenotype dimensions; Aetiology; schizophrenia

O0132

Patient violence towards their family carers: A qualitative exploration of carers' experiences in psychosis

E. Wildman^{1*}, E. Kuipers^{1,2}, D. Macmanus³ and J. Onwumere^{1,2}

¹King's College London, Institute of Psychiatry, Psychology, and Neuroscience, Department Of Psychology, London, United Kingdom;

²Bethlem Royal Hospital, South London And Maudsley Nhs Foundation Trust, London, United Kingdom and ³King's College London, Department Of Forensic And Neurodevelopmental Science, London, United Kingdom

*Corresponding author.

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Introduction: Compared to the general population, people living with schizophrenia spectrum disorders (SSD) are more likely to perpetrate acts of violence. When this happens, family members (informal carers) are most commonly the victims. However, family violence by people with SSD is often a taboo topic and largely neglected within public discourse, research, and clinical domains. Consequently, our understanding of families' experiences and support needs are limited.

Objectives: To develop a detailed understanding of the subjective experiences, and impact, of patient violence towards family carers.

Methods: Individual semi-structured interviews were held with family carers of adults with SSD and a history of violence perpetration towards their family carer. Interview data were subject to thematic analyses using NVivo software.

Results: Twenty-one UK based carers that were predominately White British (90%) and female (81%) were interviewed. Key themes highlight the range of physical and mental injuries endured by carers following patient violence, and speak to carers' experiences of suffering, living in a constant state of hypervigilance, as well as social isolation in the context of shame, stigma, and an absence of professional and informal support.

Conclusions: Family violence by people living with SSD can and does happen. Yet, too often, carers are left with no option but to continue supporting their relative in the absence of support, even in contexts where this compromises their own safety. The devastating impact of violence is far-reaching, across all levels of the family-system. The findings highlight the danger of neglecting family violence by people with SSD in research and clinical fields.

Disclosure: No significant relationships.

Keywords: Carers; violence; aggression; Psychosis

O0133

A systematic review and meta-analysis of implicit Theory of Mind in schizophrenia

T. Csulak^{1*}, A. Hajnal¹, S. Kiss², F. Dembrowszky², Z. Sipos², M. Varjú-Solymár², M. Kovács¹, M. Herold¹, E. Varga³, P. Hegyi², T. Tényi¹ and R. Herold¹

¹University of Pécs, Department Of Psychiatry And Psychotherapy, Pécs, Hungary; ²University of Pécs, Institute For Translational Medicine, Pécs, Hungary and ³University of Pécs, Department Of Paediatrics, Pécs, Hungary

*Corresponding author.

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