

**Results:** Diagnosis may thus rely on psychoanalytical “markers” or “indicators” regarding the subject (e.g. deficits in the symbolic register, dysregulated rapport with one’s body, problematic inscription in social relations etc.) at least as much as on symptomatic phenomenology. Therapy may also take advantage of and deploy the unique coping strategies employed by the psychotic individual.

**Conclusions:** The diagnostic and therapeutic insights offered by Lacanian psychoanalysis create the possibility of a fruitful theoretical, diagnostic and therapeutic approach for clinical and subclinical psychotic conditions; indicate that psychoanalysis is indispensable for clinical psychiatry; and signal the possibility of a time-honored alternative to the in-vogue neurocognitive paradigm of “personalized” psychiatry.

**Disclosure:** No significant relationships.

**Keywords:** psychosis; lacanian psychoanalysis; continuum; coping

## EPV0621

### Factors associated with real-world functioning in first stages of schizophrenia disorder

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**Introduction:** Schizophrenia is one of the most disabling diseases affecting the patient’s ability to live independently, to be socially active and to work or study<sup>1,2</sup>. Therefore, identifying predictors of functioning in the first stages of the disease is important to prevent a negative progression of functional outcome in these patients<sup>3</sup>.

**Objectives:** To identify the factors associated with real-world functioning in patients with recent onset of the disease.

**Methods:** Secondary analysis of a cross-sectional, naturalistic study. 84 patients with Schizophrenia (F20), aged 18-71 in their first five years of the disorder under maintenance treatment. Assessments: PANSS, CDS, CGI-S, CAINS; functioning: PSP, cognition: MATRICS. Statistical analysis: student-t test, ANOVA, Pearson correlation and lineal regression.

**Results:** Mean age (SD): 31.30 (10.08); men: 62.8%. Statistical significant differences ( $p < 0.05$ ) were found in work status, benzodiazepines and antidepressants use. Furthermore, significant correlations ( $p < 0.05$ ) were found with depressive, positive and negative symptoms (avolition, anhedonia, alogia and affective flattening) and cognition. A significant predictive model was obtained that explains the 72.1% of the variance [ $F(5,74) = 20.952$ ;  $p < 0.001$ ]. This model included depressive symptoms ( $B = -0.940$ ;  $p = 0.001$ ), negative symptoms ( $B = -1.696$ ;  $p < 0.001$ ), avolition and anhedonia ( $B = -0.643$ ;  $p = 0.001$ ), affective flattening and alogia ( $B = 1.197$ ;  $p = 0.003$ ), and visual learning ( $B = 0.202$   $p = 0.039$ ).

**Conclusions:** Negative and depressive symptoms are the main determinants of real-world functioning in patients with recent onset of schizophrenia. Visual learning also contributes to this outcome. On the other hand, the positive relationship between expressive domain and functioning needs furthermore investigation.

**Disclosure:** No significant relationships.

**Keywords:** psychosis; Functioning; schizophrenia; recent onset

## EPV0624

### Psychosis developed on a travel to china – a case report

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**Introduction:** Psychosis it is a serious medical condition that could happen to anyone while travelling, even without a prior history of mental illness. Some psychotic episodes during travel likely are brief psychotic disorders. This is a poorly understood subject that seems to have an increasing incidence.

**Objectives:** This work aims to present a clinical case of a patient who developed psychotic symptoms on her visit to China, and to provide a brief update review of this subject.

**Methods:** We describe a case based on patient’s history and clinical data. We also searched and reviewed cases on “travel” AND “psychosis” and “tourist” AND “psychosis” using PubMed® database.

**Results:** We report the case of a 41-year-old woman without psychiatric antecedents or substance use who developed psychotic symptoms during a travel to China. Symptoms resolved completely soon after returning to Portugal and admission to the psychiatric emergency service where an antipsychotic treatment was initiated. Psychosis in tourists typically occur in destinations with strong symbolic or mystical connotations and in individuals who travel alone for several days. The most common symptoms are hallucinations, delusions, ideas of reference and agitation. Most patients improved and returned to previous functioning.

**Conclusions:** To improve the knowledge of travel-related psychosis it is important to identify the cases and the associated biological and clinical factors, later on it may be possible to identify the predictive factors of these psychosis. Further research are necessary to establish a possible association between brief psychotic episode and travel to China, as reports for tourists to Jerusalem and to Florence.

**Disclosure:** No significant relationships.

**Keywords:** travel; psychosis; tourist

## EPV0625

### Mindfulness-based group therapy for inpatients with schizophrenia spectrum disorders – feasibility, acceptability, and preliminary outcomes of a rater-blinded randomized controlled trial

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**Introduction:** The therapeutic effectiveness of mindfulness-based interventions (MBIs) has been shown for various mental disorders.