Objectives: This study examines satisfaction with social connectedness (SSC) as predictor of positive and negative symptoms in people with a psychotic disorder.

Methods: Data from the Pharmacotherapy Monitoring and Outcome Survey (PHAMOUS, 2014-2019) was used from patients diagnosed with a psychotic disorder (N=2109). Items about social connectedness of the Manchester short assessment of Quality of Life (ManSA) were used to measure SSC. Linear mixed models were used to estimate the association of SSC with the Positive and Negative Syndrome Scale (PANSS) after one and two years against $\alpha=0.01$. Analyses were adjusted for symptoms, time since onset, gender and age. Additionally, fluctuation of positive and negative symptom scores over time was estimated.

Results: Mean duration of illness of the sample was 18.8 years (SD 10.7) with >65% showing only small variation in positive and negative symptoms over a two to five-year time period. After adjustment for covariates, SSC showed to be negatively associated with positive symptoms after one year ($\beta=-0.47$, p<0.001, 95% CI =-0.70,-0.25) and two years ($\beta = -0.59$, p<0.001, 95% CI = -0.88,-0.30), and for negative symptoms after one year ($\beta=-0.52$, p<0.001, 95% CI = -0.77,-0.27). The prediction of negative symptoms was not significant at two years.

Conclusions: This research indicates that interventions on SSC might positively impact mental health for people with psychosis. SSC is a small and robust predictor of future levels of positive symptoms. Negative symptoms could be predicted by SSC at one year.

Disclosure: No significant relationships.
Keywords: social connectedness; PSYCHOTIC DISORDERS; positive symptoms; negative symptoms

O0144

DiscoVR: results of a multicenter RCT on a social cognitive virtual reality training to enhance social cognition in psychosis

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Introduction: Functional deficits, that is, problems in fulfilling appropriate social roles in daily life, are very common in people with a psychotic disorder. In recent years, Virtual Reality (VR) has emerged as a potential tool to improve SCT. Our research group has developed an immersive VR-SCT ('Dynamic Interactive Social Cognition Training in Virtual Reality': 'DiSCoVR').

Objectives: To evaluate to effects of a VR-based social cognition training (SCT) for people with a psychotic disorder.

Methods: This intervention was compared the an active VR-control condition in a multicenter RCT. Both interventions contained sixteen individual 45-60-minute on-site sessions, administered twice a week. Main study outcomes are social

cognition and social functioning in daily life assessed with experience sampling.

Results: From baseline to post-treatment (n=72), none of the time*group interactions were significant, indicating an absence of treatment effects. A significant effect of time was observed for the SERS total score (b=9.84, 95% CI=3.81-15.87, p=.002), indicating overall improvement in self-esteem.

Conclusions: We did not find any significant treatment effects. An effect of time on self-esteem was found at post-treatment, but not follow-up, suggesting a temporary improvement in self-esteem in both groups. One way to interpret these results is that, contrary to other SCT interventions, DiSCoVR does not improve social cognition or social functioning. This could be due to characteristics of the treatment protocol. Another possibility is that, contrary to the premise of VR-SCT, our VR environments inadequately simulated reality. Adapting an established protocol to VR, could further elucidate the merit of VR as a training method.

Disclosure: No significant relationships.
Keywords: virtual reality; social cognition; Psychosis; Treatment

O0145

Alcohol-induced psychotic disorder: a study of hospitalized patients in Lisbon

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Introduction: While alcohol-induced psychotic disorder (AIPD) is a well-recognised clinical disorder, relativery little is known about aspects such as epidemiology, course and treatment of the condition. Current evidence suggests AIPD can be clinically distinguised from alcohol-withdrawal delirium and schizophrenia. AIPD is associated with high comorbidity with other psychiatric disorders, high re-hospitalization and mortality rate, namely suicidal behaviour.

Objectives: The objetive of the study was to examine the correlates, clinical features, psycopathology, and short-term response in an inpatient sample with alcohol-induced psychotic disorder, predominant hallucinations (ICD-10 F10.52) admitted to Centro Hospitalar Psiquiátrico de Lisboa.

Methods: We collected retrospectively data from all admitted patients to our Alcohol Unit between January 2010 and January 2020 with the diagnosis of AIPD. The exclusion criteria were: presence of preexisting psychotic disorder, delirium, or other substance use disorders. We characterized our sample in Demographic categories, Clinical categories, Treatment and Short-term course.

Results: A total of 113 subjects were included in the study. The prevalance of alcoholic hallucinosis was found to be 1.3% of all patients who received inpatient treatment. Most individuals reported auditory hallucinations, that iniciated when they