groups (low, lower middle, higher middle, and high). We used objective and subjective socioeconomic measures and assessed cognitive and behavioral executive functioning through various tests, including the Stroop and Hayling tests, verbal fluency tasks, and the BRIEF questionnaire.
Results: ANOVA analyses didn't show global differences between groups, but Fisher Post Hoc tests revealed that participants from the highest socioeconomic group (group 4) performed better on several tasks. Group 4 showed faster processing times on Stroop tasks, better scores on the Digit Span Task, verbal fluency tasks, and the Modified Card Sorting Test, indicating a better processing speed and stronger cognitive flexibility and working memory. Behavioral executive measures also favored group 4 in areas such as working memory and task control.
Conclusions: This study highlights the clear advantage of higher socioeconomic status in executive functioning. Further research could develop strategies to improve cognitive functioning and quality of life for individuals with a lower socioeconomic level.

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EPV1452

Modifiable risk factors and their joint effect on Schizophrenia: A perspective study

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Introduction: Schizophrenia is a severe psychiatric disorder affecting 50% of patients intermittently and 20% chronically, with high unemployment rates (80-90%) and reduced life expectancy. Although genetic and neurodevelopmental factors are established non-modifiable risk factors, knowledge gaps persist regarding prevention strategies, particularly the combined impact of modifiable risk factors.
Objectives: The aim of this study is to identify the modifiable risk factors and to estimate their joint effect on Schizophrenia.
Methods: We conducted an exposure-wide association study (EWAS) using the UK Biobank cohort to systematically evaluate 206 potentially modifiable factors associated with schizophrenia risk. The study population comprised individuals without schizophrenia at baseline, with diagnoses determined using ICD-10 criteria. We employed Cox proportional hazard regression models with Bonferroni correction (significance threshold: $P<1.91\times10^{-4}$) to identify significant factors. The identified factors were categorized into six domains: lifestyle, local environment, medical history, physical measures, psychosocial factors, and socioeconomic status (SES). Domain-specific, weighed, and standardized scores were calculated based on coefficients from Cox models, adjusting for covariates. Scores were stratified into tertiles (favorable, intermediate, unfavorable) for risk assessment. Population attributable fractions (PAFs) were calculated to quantify prevention potential.
Results: The study cohort included 498,351 participants (54.45% female; mean age: 56.55 years) followed for a mean duration of 14.37 years, during which 1,345 participants developed schizophrenia. We identified 86 significant modifiable factors, with disability (HR 6.23, 95% CI 5.48-7.07), depression (HR 5.06, 95% CI 4.93-5.20), and anxiety disorders (HR 3.69, 95% CI 3.12-4.36) showing the strongest associations. Our analyses suggested that transitioning unfavorable profiles to intermediate and favorable status (Estimation 1) could prevent 59.6% of schizophrenia cases, while shifting both intermediate and unfavorable profiles to favorable (Estimation 2) could prevent 90.4% of cases. In Estimation 2, the preventive potential was highest for SES (18.0%), followed by medical history (17.5%), lifestyle factors (17.0%), psychosocial factors (14.3%), physical measures (12.8%), and local environment (10.8%).

Image:

Table1. Weighted and unweighted PAF for the six domains

	Estimation 1			Estimation 2		
Domains	Unweighted PAF	Communality	Weighted PAF	Unweighted PAF	Communality	Weighted PAF
Lifestyles	0.239	0.282	0.116	0.536	0.252	0.170
Local environment	0.189	0.211	0.091	0.341	0.526	0.108
Medical history	0.107	0.236	0.051	0.552	0.317	0.175
Physical measures	0.273	0.319	0.132	0.402	0.144	0.128
Psychosocial factors	0.137	0.604	0.066	0.449	0.401	0.143
SES	0.289	0.349	0.140	0.567	0.360	0.180
Overall weighted PAF			0.596			0.904

Weighted PAF was calculated after considering the overlap between risk factors. In estimation 1, we shifted the unfavorable profile to intermediate favorable ones. In estimation 2, we shifted all factors to the favorable profile. SES, socioeconomic status.

Conclusions: This analysis identifies multiple modifiable risk factors for schizophrenia, demonstrating substantial prevention potential through multi-domain interventions. Socioeconomic, medical, and lifestyle factors emerge as key targets for prevention strategies. The consistency of associations across genetic risk strata suggests interventions could be beneficial regardless of genetic predisposition, informing targeted prevention strategies and public health policies.

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Physician's Suicidal Behaviours in Europe: Thoughts and Beliefs of Trainees and Early Career Psychiatrists

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