Disclosure of Interest: None Declared

SP049

Early development of physical co-morbidity and premature death in long-term first-episode psychosis cohorts

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doi: 10.1192/j.eurpsy.2025.131

Abstract: People with psychosis present a significantly higher premature death, leading to a reduction of life expectancy of up to 15-20 years.
To a high extent, this premature mortality is due to a higher incidence of common physical conditions, appearing earlier than in the general population. Traditionally, the focus has been put on the cardiovascular diseases. However, more recently, there ir mounting evidence of the contribution of other conditions to this premature mortality, such as repiratory (e.g.: chronic obstructive pulmonary disease) and liver (MAFLD) conditions.
We are presenting results from PAFIP and ITPCan early intervention programs (Cantabria, Spain), regarding the early impact of psychosis on physical health, observing early alterations at the organic level (e.g.: liver, lung), which precede the development of chronic organic pathology causing premature mortality in the general population.

Disclosure of Interest: None Declared

SP050

Long-term prognosis of schizophrenia in a Danish context

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doi: 10.1192/j.eurpsy.2025.132

Abstract: The Danish OPUS trial was originally a randomized controlled trial testing Early Intervention Services among individuals diagnosed with schizophrenia spectrum disorders between the years 1998-2002. Today, the OPUS trial includes a unique cohort of individuals (n=578) longitudinally followed and clinically assessed for more than two decades after a first diagnosis within the schizophrenia spectrum. Using longitudinal Danish register data and clinical data from the Danish OPUS cohort, we explored the effects of early intervention services including symptom remission, use of antipsychotics, hospitalization, global functioning and other aspects of life including social relations, parenthood, and mortality.

Results: Investigating modern-era treatment facilities in 20 years of follow-up of the OPUS trial, we found no evidence for long-term disease-modifying effects from two years of Early Intervention Services compared to Treatment as Usual. While a majority of participants experienced a reduction and stabilization of psychotic symptoms over time it seems half of all the participants experienced no significant improvements in negative symptoms. Still, 17% were in clinical recovery, and 40% were in symptom remission. Combining clinical data from the Danish OPUS cohort with the Danish registers, we found that 29% (n=120) of individuals were in current treatment with antipsychotic medication after 20 years of follow-up. A total of 36% (n=51) of the clinical sample were in remission of psychotic symptoms and off antipsychotics with better clinical outcomes compared to individuals in non-remission off/on medication. Additionally, a substantial proportion of 38% (219 out of 578) of individuals in the OPUS cohort had become parents over two decades, and on average, they had better functional and clinical outcomes than their counterparts without children. A mortality rate of 14.2 was found. Suicide was the single most common cause of death, but death due to natural causes and death due to unnatural causes made of roughly half of all deaths each.
Conclusions: While many patients may achieve remission of psychotic symptoms, our findings suggest negative symptoms are of a much more chronic nature. Investigating the use of antipsychotics over 20 years a substantial proportion were in remission and off medication. Since an observational study design cannot differentiate between cause and effect, these individuals still set a benchmark for good outcomes in schizophrenia. Also, 38% of individuals had become parents over two decades, and cross-sectionally, they had better illness prognosis and lifetime course than their counterparts without children. Finally, one in seven of the participants in the OPUS trial had died during follow-up. Suicide is a vital problem even many years after diagnosis and suicide-preventive measures are needed in the later course of illness.

Disclosure of Interest: None Declared

SP051

Twenty-year follow up of the TIPS study

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doi: 10.1192/j.eurpsy.2025.133

Abstract: Background: Comparing long-term outcomes in psychosis can be challenging due to widely differing definitions, measures, and populations. The remission working group led by Andreasen et al. suggested remission criteria based on positive symptoms and duration. However, there is no internationally agreed definition of functional recovery. The TIPS study is one of very few with very long-term follow-up, and this presents a unique opportunity both to investigate outcomes as well as use findings to develop valid definitions for the future.
Objective: In this longitudinal study, we explore remission patterns and functional status with regards to social contacts, living situation and employment status over 20 years.

https://doi.org/10.1192/j.eurpsy.2025.133 Published online by Cambridge University Press

Methods: A representative sample originally consisting of 201 first episode psychosis patients from two Norwegian well defined catchment areas in the Scandinavian TIPS study have been followed for more than 20 years with symptom and functional measures. Assessments have taken place at inclusion, one, two, five, ten and twenty years. At the 20-year follow-up, 43% of living participants were retained; 15% had died.
Results: Data analysis is in progress, and symptoms and function results will be presented.

Disclosure of Interest: None Declared

SP052

Brain developmental trajectories in offspring of parents with severe mental illness

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doi: 10.1192/j.eurpsy.2025.134

Abstract: Early diagnosis and intervention are essential for managing and improving long-term outcomes of severe mental illness, highlighting the need for reliable early biomarkers. This longitudinal study explores whether there are sex differences in the development of the brain during childhood and adolescence differs between offspring of parents with and without a diagnosis in the mood-psychosis spectrum.
We obtained 286 T1-weighted and diffusion weighted MRI scans of 184 offspring (aged 8–18 years at baseline) of at least one parent diagnosed with bipolar disorder (n=78) or schizophrenia (n=52) and offspring of parents without severe mental illness (n=54); 102 offspring underwent a follow-up scan (on average 3.9 years between scans). Global brain measures, regional cortical thickness and surface area, gyrification and sulcul morphology were computed. Anatomical brain networks were reconstructed into structural connectivity matrices. Network analysis was performed to investigate anatomical brain connectivity. Group comparisons and the interaction with age were analysed with (non)linear mixed-effects models. Explorative analyses will be done on the interaction with sex. To correct for multiple comparisons, we applied a Benjamini-Hochberg false discovery rate (FDR) correction (q=0.05).
A significant effect of age was found on most of the included brain features, with suggestive evidence for subtle deviations in trajectories in the cortical thickness and network metrics, but not in the gyrification index and sulcul morpholoy in offspring of parents with schizophrenia. Sex effects will be discussed during the meeting. Our findings suggest the brain development in familial high-risk youngsters is associated with being at familial risk for schizophrenia.

Disclosure of Interest: None Declared

SP053

Integrating Biological Sex in Precision Psychiatry: The advantage of Using Machine Learning for Personalized Care

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doi: 10.1192/j.eurpsy.2025.135

Abstract: Sex differences in psychiatric disorders are well-documented, yet clinical diagnoses remain primarily symptom-based, overlooking underlying neurobiological distinctions. Despite evidence of sex-specific symptomatology leading to similar diagnostic labels, treatment paradigms often follow a one-size-fits-all approach, contributing to misdiagnosis, suboptimal treatment, and delayed functional recovery. Women, in particular, are disproportionately affected, as psychiatric research has historically prioritized male cohorts to control for hormonal fluctuations and reproductive events (e.g., menarche, pregnancy, menopause), resulting in a gap in sex-specific interventions.
With the advancement of precision psychiatry, integrating sex-informed, multimodal approaches into clinical decision-making is imperative. Machine learning (ML) provides a promising avenue for improving diagnostic accuracy and individualized risk prediction, moving beyond conventional categorical diagnoses.
Here I will highlight findings from two studies leveraging ML to analyze sex-related neuroanatomical patterns:

Neuroanatomical Sex Differences in Early-Phase Psychiatric Disorders – Investigating grey matter volume alterations in individuals at clinical high risk for psychosis (CHR), recent-onset psychosis (ROP), and recent-onset depression (ROD) using a Support Vector Machine (SVM) model.
Sex Differences and Neuroanatomical Classification in Transgender Individuals – Exploring whether ML classifiers trained on cisgender populations accurately reflect neurobiological patterns in transgender individuals, considering sex assigned at birth, gender identity, and hormone therapy.

This research does not seek to exclude individuals with Differences in Sex Development (DSD) but rather aims to establish biological sex as a critical, yet underutilized, variable in psychiatric research. Recognizing sex-specific neurobiological mechanisms is a necessary step toward developing targeted risk calculators (e.g., for postpartum depression, suicide risk) and advancing personalized mental health interventions. By refining ML-based models and integrating sex-informed frameworks, this work contributes to the broader goal of precision psychiatry—tailoring psychiatric care to the diverse biological and psychological realities of individuals.

Disclosure of Interest: None Declared

SP054

Interplay among sex, environment, and heart-brain function in the onset of psychiatric disorders

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https://doi.org/10.1192/j.eurpsy.2025.133 Published online by Cambridge University Press