antipsychotics prescribed, >22 days spent in crisis care) over the subsequent 2 years, adjusted for age, gender, ethnic group, neighbourhood deprivation, diagnostic group, and recorded paranoia, persecutory delusions or auditory hallucinations.
Results: In 9,323 patients, final models indicated significant associations of this composite outcome with baseline somatic passivity (prevalence 4.9%; adjusted odds ratio 1.61, 95% CI 1.37-1.88), thought insertion (10.7%; 1.24, 1.15-1.55) and thought withdrawal (4.9%; 1.36, 1.10-1.69), but not independently with thought broadcast (10.3%; 1.05, 0.91-1.22).
Conclusions: Symptoms traditionally central to the diagnosis of schizophrenia, but under-represented in current diagnostic frameworks, were thus identified as important predictors of short- to medium-term prognosis.

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Keywords: Natural-Language Processing; prognosis; schizophrénia; psychosis

EPV0630

CT abnormalities in late-onset schizophrenia and schizoaffective disorder correlate with number of psychotic episodes and cognitive dysfunction

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Introduction: Late-onset psychosis is associated with development of dementia. Search for neuroimaging signs in these patients is important.
Objectives: This study aimed to assess CT abnormalities and their clinical correlations in late-onset psychosis.
Methods: Patients with DSM-V diagnosis of late-onset schizophrenia (LOS, n= 43, age 65.2±9.4, 90% females) and schizoaffective disorder (LOSAP, n=9, age 64.9±5.8, 30% females) underwent CT and cognitive examination before discharge. Atrophy and ventricles enlargement were ranged from 0 (abs.) to 3 (sev.); vascular pathology - from 0 (abs.) to 2 (mult.). Patients were compared with 16 controls (age 58.1±10.8, 50% females). Nonparametric statistic was used.
Results: Patients had more severe frontal (χ^2 19.7, p=0.003), temporal (χ^2 10.7, p=0.097), parietal (χ^2 21.7, p=0.001), cerebellar (χ^2 14.8, p=0.005) atrophy and ventricles enlargement (χ^2 15.6 p=0.016). 29 % of LOS and 44% of LOSAP patients had leukoaraiosis. All findings correlated with age. In patients ventricular enlargement correlated with number of psychotic episodes (r=0.338, p=0.014), lower MMSE (r=-0.314, p=0.045), immediate (r=-0.508, p=0.002) and delayed (r=-0.404, p=0.016) verbal recall. Temporal atrophy correlated with number of episodes (r=0.439, p=0.001), lower MMSE (r=-0.327, p=0.037) and immediate verbal recall (r=-0.339, p=0.046); cerebellum atrophy - with lower MMSE (r=-0.338, p=0.036) and FAB (r=-0.407, p=0.01); leukoaraiosis - with number of episodes (r=0.503, p=0.001), prolonged hospital stay (r=0.345, p=0.024); vascular pathology – with number of episodes (r=0.336, p=0.015), lower visual recall (r=-0.399, p=0.019), performance time in TMT-B (r=0.404, p=0.024).
Conclusions: Correlations between CT pathology, cognitive dysfunction and number of psychotic episodes may reflect progression of brain pathology due to psychosis.

Disclosure: No significant relationships.
Keyword: late-onset psychosis schizophrenia neuroimaging

EPV0631

Decision making and implicit suicidality in schizophrenia spectrum disorders

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Introduction: Research shows that mental illnesses increase suicidal risk. Studies have found that suicidal risk is associated with impaired decision-making.
Objectives: To analyze decision making based on emotional learning in implicit suicidality.
Methods: 56 male patients with schizophrenia spectrum disorder (F20) and denied presence of suicidal ideation were involved into the study (mean age 23±2.7),. Methods: Iowa gambling task (IGT) - integral indicators were used: the prevalence of "good" choices over "bad" ones, total score; and an indicator reflecting the ignorance of consequences of one's choice - the subject remains on a "bad deck" after a loss. The Rorschach test (Rorschach Comprehensive system) was administered: Suicide Constellation «S-CON» and its components were used.
Results: According to the analysis, prevalence of "good" choices (IGT) negatively correlates with «S-CON» (Spearman's correlation -0.328*, hereinafter significance level: ~ - p<0.1; * - p<0.05). A decrease in the total IGT score is associated with the following cognitive indicators: disregard for social conventions, nonconformism («P») (Spearman's, 0.337*); a tendency to react defensively to a problem situation, blocking activity in terms of making decisions («R») (0.308*). Ignoring the consequences of one's choice (IGT) correlates with such emotional factors as emotional incontinence, superficiality of emotions, emotional lability («FC:CF+C») (-.0382*), ambivalence of emotions («Blcol-shd») (statistical tendency, 0.277~), expressed dissatisfaction with the existing situation, internal tension and dysphoria («S») (0.291~).
Conclusions: The relationship of implicit suicidality with decision-making was found to be similar to the relationship of pronounced suicidality with decision-making. Suicidality is associated with impaired ability to make decisions based on emotional learning.

Disclosure: No significant relationships.
Keywords: Rorschach test; Iowa gambling task; schizophrénia; implicit suicidality

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EPV0632

Yoga-based group therapy for in-patients with schizophrenia spectrum disorders – a qualitative approach

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Introduction: Yoga may pose a promising complementary therapy in the multimodal treatment of schizophrenia spectrum disorders (SSD). However, to date, no studies have qualitatively examined the patients' experience of practising Yoga.
Objectives: This qualitative study aimed to assess the mechanisms and processes of Yoga-based group therapy (YBGT) for in-patients with SSD by exploring their subjective experiences.
Methods: Twenty-five semi-structured interviews were conducted with in-patients with SSD after they participated in a YBGT session. Interviews were transcribed, coded by two independent researchers, and analysed using an inductive thematic approach. The research team collaboratively discussed emerging categories to reduce redundancy and form meaningful themes and subthemes.
Results: The analysis revealed seven main themes. YBGT was perceived as feasible and focusing on individual adaptation, captured by the theme 'inclusivity'. Nevertheless, participants encountered 'challenges'; thus, physical limitations need to be considered. While practising together, participants experienced 'interconnectedness' and developed a 'mindful stance' as they accepted their limitations and adapted exercises with self-compassion. Following the flow of asanas required physical persistence, which ultimately led many participants to experience 'confidence' and 'relaxation'. YBGT affected 'symptom representation' as heightened awareness led participants to notice impeding as well as improved symptoms.
Conclusions: YBGT seemed to have various promising effects on in-patients with SSD. Future research should examine to what extent these effects can be sustained and how the mindful approach during YBGT can be transferred to areas outside the Yoga class. Furthermore, a randomised-controlled trial could investigate the effectiveness of a manualised YBGT.

Disclosure: No significant relationships.
Keywords: yoga-based group therapy; Schizophrenia spectrum disorders; qualitative approach; psychosis

EPV0633

The usage of clozapine in a patient with schizophrenia and epilepsy: A case report

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Introduction: The usage of clozapine in patients with schizophrenia and epilepsy raises many challenges due to the epileptogenic effects of the drug. There is little data about using clozapine for treatment of treatment-resistant schizophrenia (TRS) accompanied by epilepsy.
Objectives: To present a case report illustrating a patient diagnosed with epilepsy and TRS, successfully treated with clozapine.
Methods: A literature review on "PubMed" database was conducted, using the keywords: clozapine, antipsychotics, epilepsy, seizures, psychoses. Information regarding the clinical case was obtained by consulting the patient's file.
Results: We present a woman, 33 years old with mild intellectual disability and a 10-year history of schizophrenia. At the age of 24, the patient lost consciousness and experienced tonic – clonic seizure, but epilepsy was not diagnosed. The patient was hospitalized multiple times due to positive symptoms of schizophrenia and suicidal thoughts. Various combinations of neuroleptics and electroconvulsive therapy were used for treatment without therapeutic effect. At the age of 32, a diagnosis of TRS was established, leading to treatment with a moderate clozapine dose (400mg/day). At the fifth month of treatment with clozapine un episode of generalized seizures occurred, leading to a diagnosis of idiopathic generalized epilepsy. Since then, the patient was treated with levetiracetam and the dosage of clozapine was lowered to 275mg/d. The seizures did not re-occur and clinical response to the psychiatric treatment was positive.
Conclusions: This case report highlights how clozapine can be used safely and effectively for patients with TRS and epilepsy and how the epileptogenic effects can be moderated by using antiepileptics in the overall treatment scheme.

Disclosure: No significant relationships.
Keywords: clozapine; Epilepsy; treatment resistant schizophrenia; seizures

EPV0634

Dehydroepiandrosterone sulfate (DEHA-S), cortisol and adrenocorticotropic hormone (ACTH) levels in drug-naive, first episode patients with psychosis

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Introduction: Impaired response to stress and a pathological activation of the hypothalamic-pituitary-adrenal axis have been implicated in the pathophysiology of schizophrenia
Objectives: To measure serum ACTH, cortisol and DEHA-S levels in drug-naïve, first-episode patients with psychosis.
Methods: Results are reported as mean (standard deviation, range). Paired t-test or Wilcoxon signed rank test were performed for