based on individual characteristics and biomarkers/genetic variants shared by specific subgroups of patients.
Objectives: This study aims to address the new paradigm of precision medicine in psychiatry and to discuss, through the literature, its emerging clinical framework.
Methods: We conducted an exhaustive review of the scientific literature using PubMed database and Google Scholar, with "Precision Medicine in Psychiatry" as keywords.
Results: Our review revealed that while psychiatrists have long practiced a personalized therapeutic approach with, for example, treatment choices guided by individual criteria, the methods for achieving this objectively have until now been largely lacking. This dilemma has begun to be resolved with the implementation of data analysis methods such as machine learning and large-scale genomic analysis studies. The goals of precision psychiatry involved the delineation of genetic risk factors using GWAS, the redefinition of the functional domains involved in mental disorders and pharmacological repositioning. The highly polygenic nature of mental disorders and the failure of GWAS to confirm the role of candidate genes have suggested that a systems genetic approach that considers function at the network level would provide a better approach to the problem of linking heterogeneous genetic risk factors and brain mechanisms. In addition, the growing evidence that certain disorders such as psychotic disorders are syndromes rather than diseases in their own right suggests that many conditions currently recognized as such may have similar underlying patterns of cognitive dysfunction and neurobiological abnormalities that will need to be reclassified.
Conclusions: The application of precision medicine in psychiatry is still in its infancy. Numerous research programs creating large multimodal databases with multiple data on brain imaging, genetics, etc. will soon support the clinical deployment of precision medicine in psychiatry.

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EPV0756

Dismantling task-sharing psychosocial interventions to personalize care for people affected by common mental disorders: developing a taxonomy of active ingredients and ranking their efficacy

D. Papola[1,2*], V. Patel[1] and C. Barbui[2]
[1]Global Health and Social Medicine, Harvard Medical School, Boston, United States and [2]Neuroscience, Biomedicine and Movement Sciences, University of Verona, Verona, Italy
*Corresponding author.
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Introduction: The global burden associated with common mental disorders is high, especially for people living in low resource settings. Although psychosocial interventions delivered by locally available lay or community health workers are effective, mechanisms of intervention response are poorly understood. One of the greatest barriers is that psychosocial interventions are administered as complex, multi-component "packages of care".
Objectives: Our aim is to systematically review all the randomized controlled trials (RCTs) that have tested the efficacy of psychosocial interventions delivered through the task shifting modality to treat people suffering from common mental disorders (depression, anxiety, and related somatic complaints) in low resource settings, dismantle the intervention protocols creating a taxonomy of active intervention components, and re-evaluate their efficacy.
Methods: We will use the component network meta-analysis (cNMA) methodology. The major benefit of cNMA is the possibility to disentangle intervention components and explore their effectiveness separately or in various combinations (even in disconnected networks). cNMA increases statistical power by combining direct and indirect comparisons while fully respecting the randomized structure of the evidence. According to the additive cNMA model which we will implement, adding a component "c" to a composite intervention "X" will lead to an increase (or decrease) of the effect size by an amount only dependent on "c", and not on "X". We will denote the corresponding component specific incremental standard mean difference (iSMD) so that iSMDc = SMD(X+c) v. (X). Combining these component-specific iSMDs will allow the estimation of SMD between any two composite interventions.
Results: A network of comparisons and a hierarchy that includes all intervention components expressed as iSMD, indicating the added benefit of adding a component to an intervention, will be presented. By selecting the most effective components it will be possible to outline a novel task shifting psychosocial intervention to be tested in future RCTs.
Conclusions: These findings will set the basis for further investigations in the field of precision medicine. This project is funded by the European Union's HORIZON EUROPE research programme under grant agreement No 101061648.

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EPV0757

Pharmaco-EEG of antipsychotics' response: a systematic review

M. De Pieri[1*], V. Rochas[2], M. Sabe[1], C. Michel[2] and S. Kaiser[1]
[1]HUG and [2]University of Geneva, Geneva, Switzerland
*Corresponding author.
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Introduction: Response to antipsychotic medications (AP) is subjected to a wide and unpredictable variability and efforts were directed to discover predictive biomarkers to personalize treatment. Electroencephalography abnormalities in subjects with schizophrenia were reported, as well as a pattern of EEG changes induced by APs
Objectives: The aim of this review is to provide a synthesis of the EEG features that are related to APs efficacy, including both pretreatment signatures and changes induced by APs during treatment.
Methods: A systematic review of English articles using PubMed, PsychINFO and the Cochrane database of systematic reviews was undertaken in april 2023. Additional studies were added by handsearch. Studies having as an endpoint the relationship between AP-related clinical improvement and electroencephalographic features were included. Heterogeneity prevented a quantitative synthesis.
Results: Out of 1232 records screened, 22 studies were included in a final qualitative synthesis. Included studies evaluated resting-state

and task-related power spectra, functional connectivity, microstates and epileptic abnormalities. At pre-treatment EEG, the most relevant predictors of a poor response were a change in theta power compared to healthy control, a high alpha power and connectivity, a diminished beta power in resting-state. Considering EEG during treatment, an increased theta power, a reduced beta-band activity, an increased alpha activity, a decreased coherence in theta, alpha and beta-band were related to a favorable outcome.
Conclusions: EEG is promising as a method to create a predictive biomarker for response to APs; further investigations are warranted to harmonize and generalize the contradictory results of reviewed studies.

Disclosure of Interest: None Declared

O0089

Multidimensional assessment of personality disorders using different theoretical models: a comparison of the Young Schema Questionnaire, the SCID-5-AMPD structured diagnostic interview, and the PDS-ICD-11 self-report questionnaire

V. Pribula[1], J. Biliczki[2], L. Király[1], F. Pongracz[3], P. Ruscsak[1], N. B. Vadon[4,5], T. A. Renko[4,5], B. Erdelyi-Hamza[4], H. Szocs[3], G. Vizin[1] and X. Gonda[4]*

[1]Institute of Psychology, Eotvos Lorand University; [2]Department of Crisis Intervention and Psychiatry, Peterfy Sandor Street Hospital and Clinic; [3]Institute of Psychology, Eotvos Loránd University; [4]Department of Psychiatry and Psychotherapy and [5]Department of Clinical Psychology, Semmelweis University, Budapest, Hungary
*Corresponding author.
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Introduction: There has been a recent shift in the conceptualisation of personality disorders in diagnostic systems such as DSM-5 or ICD-11, from a categorical approach towards a dimensional approach reflecting severity in general or severity of dysfunction and related pathological traits. In addition, several psychotherapeutic approaches work with their own model of personality pathology, which similarly capture symptoms of personality disorders and their underlying processes in a more subtle way from multiple aspects, and along different constructs.
Objectives: The aim of our study was to investigate similarities and differences between conceptualisations of personality disorder and instruments used for evaluation based on the BNO-11 Personality Disorders Severity Questionnaire (PDS-ICD-11), Module I. of the Structured Diagnostic Interview for the DSM-5 Alternative Personality Model (SCID-5-AMPD) measuring level of personality function, and the Young Schema Questionnaire assessing early maladaptive schemas.
Methods: Hospitalized borderline patients were assessed using the Young Schema Questionnaire, the PDS-ICD-11, and Module I. of the SCID-5-AMPD assessing personality function level. Data are analysed using correlation and linear regression models.
Results: Only part of the results are shown. The PDS-ICD-11 Severity Index and Self-function Index showed significant ($p<0.05$) and strong correlations with the Abandonment (r=0.98, r=0.94), Vulnerability to harm and illness (r=0. 92, r=0.98), Insufficient Self-Control (r=0.91, r=0.88) and Negativism/Pessimism (r=0.95, r=0.90) schemas. The mean score and all domains of the SCID-5-AMPD Module I (level of personality function) showed significant strong correlations with the Vulnerability to harm and illness schema (AMPD-Average r=0.87; AMPD-Identity r=0.86, AMPD-Objectivity r=0.81, AMPD-Empathy r=0. 77, AMPD-Intimacy r=0.80, $p<0.05$); moreover, a strong significant correlation was found between the Abandonment schema and AMPD-Average (r=0.81, $p<0.05$), AMPD-Identity (r=0.98, $p<0.05$), and AMPD-Intimacy domains (r=0.77, $p<0.05$).
Conclusions: The main indicators of measures that operationalise a dimensional approach to personality disorders show distinct patterns of strong overlap with some of the maladaptive schemas but cover only a part of the schema domains. For a careful diagnosis and psychotherapeutic plan, the combined use of these measures can provide in-depth and multifaceted information.

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Prevention of Mental Disorders

EPV0759

The Role of Alcohol Use Disorders in the Development and Progression of Dementia

A. H. I. Abu Shehab[1]*, T. Simona[2], A. B. Ciubară[3], D. C. Voinescu[4], C.-F. Buciu[5] and A. Ciubară[6]

[1]Psychiatry Department, "Elisabeta Doamna" Psychiatric Hospital, Galati; [2]Psychiatry Department, Carol Davila University of Medicine and Pharmacy, Bucharest; [3]Orthopedics and traumatology Department; [4]Rheumatology department, "Dunărea de Jos" University - Faculty of Medicine and Pharmacy, Galati; [5]public health and management, University of Medicine, Pharmacy, Science and Technology of Târgu Mureș, Târgu Mureș and [6]Psychiatry Department, "Dunărea de Jos" University - Faculty of Medicine and Pharmacy, Galati, Romania
*Corresponding author.
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Introduction: In recent years, there has been an increase in interest and research into the link between alcohol use disorders (AUD) and dementia. Alcohol use disorders, which are characterised by excessive and problematic alcohol consumption, have been associated to a variety of detrimental health effects, including liver disease, cardiovascular difficulties, and cognitive impairments.
Objectives: To explore the link between alcohol use disorders and dementia onset and progression, explaining probable causes and emphasising preventive approaches.
Methods: The present study involved a thorough examination of relevant research papers, with a specific emphasis on longitudinal cohort studies, neuropathological observations, and biochemical interactions pertaining to the effects of alcohol on the brain. In addition to the aforementioned criteria, the review also took into account other complicating factors, including choices regarding lifestyle, genetic predisposition, and coexisting medical conditions.
Results: The results indicate a strong association between prolonged and excessive alcohol consumption and a heightened susceptibility to the early onset of dementia. The mechanisms underlying alcohol-related neurological damage encompass direct neurotoxic effects of