Objectives: Our study seeks to establish a direct connection between ADHD scores and rejection sensitivity among college students. We also investigate the mediating role of well-being, creative executive efficiency, self-regulation, and resilience, while exploring the moderating role of savoring capacity.
Methods: Between February and May of 2023, we conducted a cross-sectional study using an online questionnaire, gathering data from 304 Hungarian higher education students aged 18 to 35. The majority, 78.0%, were female, and 71.4% were full-time students. Most participants were pursuing a bachelor's degree (56.6%), followed by undivided master's (21.7%), doctoral studies (13.8%), and traditional master's degrees (6.9%). We administered the Adult ADHD Self-Report Scale (ASRS-v.1.1), The Mental Health Test (MHT), and the Rejection Sensitivity Questionnaire (A-RSQ) for our research.
Results: First, the ADHD scores were significantly associated with each mediator (well-being: $\beta = -.343$, $p < .001$; creative and executive efficiency: $\beta = -.183$, $p < .01$; self-regulation ($\beta = -.230$, $p < .001$; and resilience: $\beta = -.321$, $p < .001$). There was a direct effect of ADHD scores on rejection sensitivity scores ($\beta = .466$, $p < .001$). Finally, we also detected the indirect effects of ADHD scores on rejection sensitivity scores through the four mediators ($\beta = .227$, $p < .001$). Savoring capacity significantly moderated the relationship between ADHD and rejection sensitivity scores ($\beta = -.244$, $p < .001$).
Conclusions: ADHD scores in our study population significantly correlate with well-being, creative and executive efficiency, self-regulation, and resilience. Furthermore, these scores directly influence rejection sensitivity, suggesting a heightened vulnerability to perceived rejection among those with higher ADHD scores. The indirect effects emphasize that the relationship between ADHD and rejection sensitivity is mediated by the aforementioned positive psychological constructs. This underscores the need for holistic interventions in ADHD populations, addressing not just core ADHD symptoms but also enhancing well-being, cognitive efficiency, self-regulation, and resilience to potentially mitigate rejection sensitivity.

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Schizophrenia and other psychotic disorders

EPP0448

The mediating role of social stress sensitivity on the relationship between hostile attribution bias and paranoia: An experience sampling study

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Introduction: Heightened affective responses to daily life stressors, referred to as elevated affective reactivity to stress (or 'stress sensitivity'), have been proposed as a putative mechanism of schizophrenia. Previous studies on stress sensitivity mainly used a case-control design; given that schizophrenia is heterogeneous its relationship with specific symptoms (e.g. paranoia) is yet to be addressed. In view of the continuum approach of understanding psychotic symptoms, the relationship between stress sensitivity (especially 'social stress sensitivity') and paranoia in the general population is important. Supported by emerging evidence of the relationship between hostile attribution bias (i.e. a tendency to interpret others' actions as hostile and intentional) and paranoia, we hypothesized that social stress sensitivity mediates the relationship between hostile attribution bias and momentary experiences of paranoia.
Objectives: Using experience sampling method, this study aimed to examine the association between social stress sensitivity, hostile attribution bias and momentary paranoia in non-clinical young adults. We also tested the role of social stress sensitivity as mediator of the relationship between hostile attribution bias and momentary paranoia.
Methods: Consented participants free from any past and current psychiatric diagnoses (confirmed with the Structured Clinical Interview for DSM-IV Disorders) completed the measure of hostile attribution bias (i.e. abbreviated Ambiguous Intentions Hostility Questionnaire). Participants then filled in an ESM questionnaire measuring momentary levels of paranoia, social stress (i.e. pleasantness of and preference for being alone or with others) and negative affect on a mobile phone app repeatedly, ten times per day over six days. Social stress reactivity was calculated as the within-moment correlation between social stress and negative affect. The associations between social stress sensitivity, hostile attribution bias and momentary paranoia, and the mediating role of social stress sensitivity, were tested with multilevel modelling.
Results: The final sample consisted of 131 participants (57.3% female, mean age= 20.36 (SD= 2.93)). The mean compliance rate was 71.9% (SD= 0.16). Social stress sensitivity was positively associated with momentary paranoia (B= 0.03, p= .002). Hostile attribution bias was associated with momentary paranoia (B= 0.41, p< .001), as well as social stress reactivity (B= 0.10, p= .003). The mediating effect from hostile attribution bias to momentary paranoia via social stress sensitivity was significant (ab= 0.05, 95% CI [0.03-0.07]).
Conclusions: Social stress sensitivity was related to momentary paranoia, as well as hostile attribution bias. Our finding suggests social stress reactivity as a potential mechanism underlying the relationship between hostile attribution bias and paranoia.

Disclosure of Interest: None Declared

EPP0449

Retrospective evaluation of sociodemographic and clinical characteristics of patients with schizophrenia receiving clozapine monotherapy and clozapine combined with different antipsychotics

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Introduction: Schizophrenia is a chronic mental disorder and clozapine is an atypical antipsychotic that can be used in treatment-resistant schizophrenia patients. However, treatment-resistant schizophrenia may also include patients with an inadequate response to clozapine.

Objectives: In our study, we retrospectively analysed the sociodemographic and clinical characteristics of patients receiving clozapine monotherapy and patients receiving clozapine in combination with different antipsychotics. In this way, we aimed to evaluate the factors that influence the response to clozapine.
Methods: Clozapine monotherapy and clozapine in combination with different antipsychotics were identified by retrospective chart review of patients followed up at the Schizophrenia and Other Psychotic Disorders Outpatient Clinic, Department of Psychiatry, Faculty of Medicine, Selçuk University. Sociodemographic and clinical characteristics were recorded and subjected to statistical analysis. The study was approved by the Ethics Committee of Selçuk University.
Results: Of the 143 patients whose data were analysed, 60 (42%) were female. The mean age of the patients was 40.2±12.0 years and the mean duration of training was 10.4±4.3 years. 62 patients (43.4%) used long-acting antipsychotics. 90 patients (62.9%) were using clozapine, 52 (36.4%) were using clozapine as monotherapy, 5 (3.5%) were using clozapine together with another oral antipsychotics drug, and 33 (23.1%) were using clozapine together with a long-acting antipsychotic. No statistically significant difference was found when comparing mean age, age at first antipsychotic initiation, age at clozapine initiation and mean clozapine dose between patients using clozapine monotherapy (n=52) and patients using different antipsychotics in combination with clozapine (n=38). When the two groups were compared, a significant difference was found in the mean number of antipsychotics used before starting clozapine and the mean number of hospitalisations, with a lower number in the monotherapy group (3.1±1.4 vs 4.1±2.0, p=0.01 and 2.8±2.2 vs 4.5±3.2, p=0.006, respectively).
Conclusions: It is important to assess the concept of treatment resistance appropriately in the treatment of schizophrenia patients. The results of our study suggest that starting clozapine treatment promptly in treatment-resistant patients may increase the likelihood that patients will benefit from clozapine and reduce the need for additional treatments. Although our data and criteria for evaluating response to treatment are limited, it is important to draw attention to the clinical results of proceeding in accordance with the guidelines in the treatment of schizophrenia. Evaluating the response to clozapine treatment needs studies with stronger data and larger sample sizes.

Disclosure of Interest: None Declared

EPP0450

A specialized unit for women with schizophrenia: Results from the healthcare model Observatories-Monitoring Stations and Interventions.

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Introduction: There are many theoretical reasons to implement gender-specific care for schizophrenia. For all these reasons, the Mutua Terrassa-Functional Unit for Women with Schizophrenia was inaugurated in January 2023 in the context of a community mental health service.
Objectives: Our aim today is to describe the health care model applied in this newly initiated unit.
Methods: We created a healthcare model in our new unit consisting of A)Five observatories of Health (somatic morbi-mortality, hyperprolactinemia-HPRL, substance use disorders, social exclusion/discrimination, and drug safety); B)Monitoring stations or vigilance teams (reflecting the 5 observatories); and C)resulting actions (specific interventions). The observatory teams each meet monthly. In this presentation, according to the healthcare model we implemented, we first describe data about the original patient recruitment and then focus on the observatories of somatic morbi-mortality and hyperprolactinemia.
Results: From 265 potentially eligible women, 42 were included in the 5 observatories. (A) of the 11 women in the observatory of somatic morbi-mortality, 10 women had died within the last 24 months. Causes of Death: (1)respiratory tract disease (n=5,45.4%), (2)cancer (n=3;27.3%): lung cancer (n=1), pancreatic cancer (n=1), kidney cancer (n=1), (3)ischemic colitis (n=1;9%), (4) Alzheimer disease (n=1;9%). 2) Morbidity. One woman had an ongoing glioblastoma. (B)Observatory of HPRL. Eight women with moderate/severe HPRL were included. Strategies for lowering prolactin levels were discussed with neuroendocrinologists. Interventions:adjunctive aripiprazole (n=3), switch to aripiprazole (n=2), lowering antipsychotic doses (n=2), and adjunctive cabergoline (n=1).
Conclusions: Designating special teams to focus on specific problems of women with schizophrenia will reduce morbidity and improve outcomes in this vulnerable population.

Disclosure of Interest: None Declared

EPP0451

NADPH-dependent peroxidase activity of antibodies in patients with schizophrenia

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Introduction: The development of oxidative stress in patients with schizophrenia is associated with changes in the level of activity of antioxidant enzymes. It is likely that catalytically active antibodies (abzymes) can take on these functions. Abzymes are antibodies with enzymatic activity. Catalase and SOD activity of abzymes was previously detected in patients with schizophrenia. But NADPH-dependent peroxidase activity has not been studied. The present work discusses the protective role of abzymes against reactive oxygen species within the pathogenesis of schizophrenia.
Objectives: The aim of the study was to investigate the NADPH-dependent peroxidase activity of IgG in patients with paranoid