medications (≥12 weeks on current drug and ≥35 days on current dose before treatment) who have functional impairment in day-to-day activities and interact ≥1 hour per week with a designated study partner. Patients with cognitive impairment due to developmental, neurological or other disorders, with a current DSM-5 diagnosis other than schizophrenia or receiving cognitive remediation therapy within 12 weeks prior to screening, will be excluded. Patients will be recruited from multiple centres across 41 countries in Asia, North and South America, Europe and the Asia-Pacific Region, and randomised 1:1 to receive either iclepertin 10 mg (oral administration; n=293), or placebo (n=293) once daily for 26 weeks. The primary endpoint is change from baseline in overall composite T-score of the Measurement and Treatment Research to Improve Cognition in Schizophrenia Consensus Cognitive Battery. The key secondary endpoints are change from baseline in total score on the Schizophrenia Cognition Rating Scale and change from baseline in the adjusted total time T-score in the Virtual Reality Functional Capacity Assessment Tool.
Results: The CONNEX programme is currently recruiting (**Table**); the first patients were enrolled in Aug–Sept 2021 and completion is expected in Q1 2025. The presentation will describe the current study status, information relating to screening failures, and the experience of collecting these data as part of a large multi-country, multicentre study.

Table. The number of patients recruited by 31 August 2023

	CONNEX 1	CONNEX 2	CONNEX 3
Screened	565	521	493
Randomised	409	360	350
Completed trial medication	202	184	191

Conclusions: Iclepertin may represent the first efficacious medication for cognitive impairment associated with schizophrenia.
Funding: Boehringer Ingelheim

Disclosure of Interest: C. Reuteman-Fowler Employee of: Boehringer Ingelheim, Z. Blahova Employee of: Boehringer Ingelheim, S. Ikezawa Consultant of: Boehringer Ingelheim Pharma GmbH, Lundbeck, Takeda Pharma, Sumitomo Dainippon Pharma, Employee of: International University of Health and Welfare, Mita Hospital, Tokyo, Japan, S. Marder Consultant of: Boehringer Ingelheim Pharma GmbH, Merck, Biogen and Sunovion, P. Falkai Consultant of: Boehringer Ingelheim Pharma GmbH, Boehringer Ingelheim Pharma Advisory Board, J. H. Krystal Shareolder of: Freedom Biosciences, Inc., Biohaven Pharmaceuticals, Sage Pharmaceuticals, Spring Care, Biohaven Pharmaceuticals Medical Sciences, EpiVario, RBNC Therapeutics, Terran Biosciences and Tempero Bio, Consultant of: Aptinyx, Atai Life Sciences, AstraZeneca Pharmaceuticals, Biogen, Biomedisyn Corporation, Bionomics, Boehringer Ingelheim International, Cadent Therapeutics, Clexio Bioscience, COMPASS Pathways, Concert Pharmaceuticals, Epiodyne, EpiVario, Greenwich Biosciences, Heptares Therapeutics, Janssen, Jazz Pharmaceuticals, Otsuka America Pharmaceutical, Perception Neuroscience Holdings, Spring Care, Sunovion Pharmaceuticals, Takeda Industries, Taisho Pharmaceutical Co.; Biohaven Pharmaceuticals, BioXcel Therapeutics, Cadent Therapeutics, Cerevel Therapeutics, Delix Therapeutics, EpiVario, Eisai, Jazz Pharmaceuticals, Novartis, PsychoGenics, RBNC Therapeutics, Tempero Bio and Terran Biosciences Advisory Boards

O0102
Association between loneliness in childhood and first-episode psychosis

C. M. Díaz-Caneja[1]*, L. Donaire[2], V. Cavone[2], Á. Andreu-Bernabeu[2], J. González-Peñas[2], M. Díaz-Marsá[3], R. Rodríguez-Jiménez[4], Á. Ibáñez[5], E. Baca-García[6,7,8], J. C. Leza[9], M. F. Bravo-Ortiz[10], J. L. Ayuso-Mateos[11] and C. Arango[2]

[1]Department of Child and Adolescent Psychiatry, Institute of Psychiatry and Mental Health, Hospital General Universitario Gregorio Marañón, IiSGM, CIBERSAM, ISCIII, School of Medicine, Universidad Complutense; [2]Department of Child and Adolescent Psychiatry, Institute of Psychiatry and Mental Health, Hospital General Universitario Gregorio Marañón, IiSGM, CIBERSAM, School of Medicine, Universidad Complutense; [3]Department of Psychiatry, Instituto de Investigación Hospital Clínico San Carlos (IdISSC), CIBERSAM, ISCIII, School of Medicine, Universidad Complutense; [4]Department of Psychiatry, Instituto de Investigación Sanitaria Hospital 12 de Octubre (imas 12), CIBERSAM, ISCIII, School of Medicine, Universidad Complutense; [5]Department of Psychiatry, Hospital Universitario Ramón y Cajal, IRYCIS, CIBERSAM, ISCIII, Universidad de Alcalá; [6]Department of Psychiatry, Hospital Fundación Jiménez Díaz, Hospital Rey Juan Carlos, Hospital General de Villalba, Hospital Infanta Elena, Instituto de Investigación Sanitaria Fundación Jiménez Díaz, CIBERSAM, ISCIII, Universidad Autónoma de Madrid, Madrid, Spain; [7]Universidad Catolica del Maule, Talca, Chile; [8]Department of Psychiatry, Centre Hospitalier Universitaire, Nîmes, France; [9]Department of Pharmacology & Toxicology, School of Medicine, Universidad Complutense de Madrid, Instituto de Investigación Sanitaria Hospital 12 de Octubre (imas 12), IUIN; [10]Department of Psychiatry, Clinical Psychology and Mental Health, Instituto de Investigación Hospital Universitario La Paz, IdiPaz, Hospital Universitario La Paz, CIBERSAM, ISCIII, Department of Psychiatry, Universidad Autónoma de Madrid and [11]Department of Psychiatry, Hospital Universitario de La Princesa, Instituto de Investigación Sanitaria del Hospital Universitario de La Princesa, IIS Princesa, CIBERSAM, ISCIII, School of Medicine, Universidad Autónoma de Madrid, Madrid, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.225

Introduction: Evidence from observational and genetic studies suggests a bidirectional relationship between loneliness and psychosis. To our knowledge, no previous study has assessed the association between loneliness in childhood and first-episode psychosis (FEP).
Objectives: We aimed to assess the association between loneliness in childhood and the odds of FEP and clinical variables of interest (i.e., diagnosis and clinical and functional severity) in FEP and to explore gender differences in this association.
Methods: This was an observational, case-control study, based on the AGES-CM cohort, a longitudinal prospective study including patients with FEP ages 7-40, their first-degree relatives, and an age- and sex-matched sample of controls in seven university hospitals in the region of Madrid. We assessed loneliness in childhood with the question *"Have you ever felt lonely for more than 6 months before the age of 12"* and objetive social isolation with the peer relationships item from the childhood subscale of the Premorbid Adjustment Scale. We conducted logistic and linear regression analyses to assess the association between childhood loneliness and i) the odds of presenting a FEP and ii) clinical variables of interest (diagnosis and scores on positive, negative, general, depressive, and manic symptoms and functioning), while adjusting for demographic variables.

Results: The study sample comprised 285 patients with FEP (32.6% female, age 24.50 ± 6.2 years) and 546 controls (48.7% female, age 25.93 ± 5.5 years). Loneliness in childhood was associated with increased odds of FEP (adjusted odds ratio; aOR: 2.17, 95% CI [1.40-3.51], p=.002). This association remained significant after controlling for objective social isolation in childhood (aOR:2.70, IC 95% [1.58-4.62], p<.001).
The effect of the association was stronger in females (aOR:4.74, 95% CI [2.23-10.05], p<.001) than in males (aOR:1.17, IC 95% [0.63-2.19], p=.623). In females with FEP, loneliness in childhood was significantly associated with increased odds of receiving a diagnosis of other psychosis (aOR:0.155, 95% CI [0.048-0.506], p=.002) relative to an SSD diagnosis. In the FEP sample, loneliness in childhood was associated with greater severity of positive and affective symptoms and worse functioning.
Conclusions: Loneliness in childhood is associated with increased odds of FEP and clinical variables of interest. This suggests the potential role of this phenotype as an early risk marker for psychosis that could help guide targeted interventions.

Disclosure of Interest: C. Díaz-Caneja Grant / Research support from: Instituto de Salud Carlos III (PI17/00481, PI20/00721, JR19/00024), European Union, Consultant of: Angelini, L. Donaire: None Declared, V. Cavone: None Declared, Á. Andreu-Bernabeu: None Declared, J. González-Peñas: None Declared, M. Díaz-Marsá: None Declared, R. Rodríguez-Jiménez: None Declared, Á. Ibáñez: None Declared, E. Baca-García: None Declared, J. C. Leza: None Declared, M. F. Bravo-Ortiz: None Declared, J. L. Ayuso-Mateos: None Declared, C. Arango Grant / Research support from: Madrid Regional Government (R&D activities in Biomedicine S2022/BMD-7216 AGES 3-CM), Instituto de Salud Carlos III, European Union, Consultant of: Acadia, Angelini, Biogen, Boehringer, Gedeon Richter, Janssen Cilag, Lundbeck, Medscape, Menarini, Minerva, Otsuka, Pfizer, Roche, Sage, Servier, Shire, Schering Plough, Sumitomo Dainippon Pharma, Sunovion and Takeda

O0103

Transdiagnostic Analysis of Verbal Fluency across Autism Spectrum Disorder, Schizophrenia, and Neurotypical Healthy Control Groups

F. Kinga[1]*, E. J. Zarka[1] and O. Pesthy[2]
[1]Department of Psychiatry and Psychotherapy, Semmelweis University and [2]Institute of Psychology, ELTE Eötvös Loránd University, Budapest, Hungary
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.226

Introduction: Verbal fluency, a cognitive function that reflects executive functions and the rapid retrieval of pertinent information from memory, has yielded inconsistent findings in previous research on autism spectrum disorder (ASD), however in schizophrenia (SCH) semantic fluency exhibits a more pronounced impairment compared to letter fluency.
Objectives: In this study we aim to comprehensively investigate verbal fluency in ASD, SCH, and neurotypical healthy control individuals (NTP). The primary objective is to investigate disparities in novel response generation, specifically between the ASD, SCH and NTP groups, using phonemic and semantic fluency tasks. Three central inquiries guide our research: (1) whether differences between groups (ASD, SCH, and NTP) can be identified in word productivity, clustering, errors, and perseverations; (2) whether participants with ASD and SCH exhibit different word production with elevated imageability and concreteness values; and (3) if individuals with ASD and schizophrenia demonstrate reduced productivity during the earlier phases of fluency tasks.
Methods: Forty participants with ASD (12 female, 24 male, 4 other, mean age: 30.5), 39 with SCH (10 female, 28 male, 1 other, mean age: 34.7) and 41 NTP (13 female, 28 male, mean age: 31.0) were recruited from the outpatient units of the Department of Psychiatry and Psychotherapy, Semmelweis University. Participants were requested to list as many words as they could on two phonemic and two semantic category conditions. Audio recordings were later transcribed. To assess concreteness and imageability, we employed a seven-point scale and recruited independent external raters to evaluate a total of 1481 words.
Results: Preliminary results indicate that the three study groups did not differ significantly in phonemic fluency ($F(2, 119)= 0.983$, $p=0.377$), during either time period. However, a significant difference was observed in semantic fluency ($F(2, 119)= 6.531$, $p=0.002$). Post-hoc tests (Tukey corrected) revealed that this difference stemmed from impaired performance in the SCH group. Participants with schizophrenia (SCH) exhibited reduced semantic word productivity compared to both neurotypical (NTP) individuals and participants with ASD (Figure 1). However, there were no significant differences between participants with ASD and NTP individuals.
Image: