Results: Preliminary data showed that SZ and SUD patients presented lower SRIS and MW values than HC. Examining MW in detail, participants with SZ reported higher scores at than MW-D, while in people with SUD, MW-D scores were higher than MW-S scores. Linear regressions revealed that MW-D was negatively associated with self-reflection in SUD; moreover, insight scores were negatively associated with MW-S in SZ.
Conclusions: Our preliminary results confirm the importance of acting on the elements of metacognition in patients with mental disorders to improve the general outcome of the disease. A comprehensive therapeutic approach should include psychotherapeutic and social interventions aimed at increasing attention and introspection.

Disclosure of Interest: None Declared

EPV0618

The Impact of ECT on mood symptoms: 50 patients were assessed using Hamilton Depression rating scale at the start, mid point and end of ECT. These results showed a clear reduction in depression symptoms as ECT progressed.

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Introduction: ECT is a recognised, safe and effective treatment for severe/psychotic depression. Neuro and functional brain imaging has indicated what specific changes take place with ECT and at what stage. This study aims to explore the specific impact on depression and mood symptoms as ECT progresses, using longer version of Hamilton Depression Rating Scale at star, mid poitn and end point of ECT.
Patient themselves are often keen advocates of ECT (if they found it effective and tolerable).
Objectives: specifically to consider the impact of ECT on mood and depressive symptoms as ECT progresses.
This is to reconsider and reflect on if ECT is effective and also to consider at what satge of treatment ECT appears to have the greatest impact or brings about the greatest change
All patients having ECT will be assessed and clerked as per routine but will also be assessed using Hamilton Depression Rating Scale (17 item version), an observer rated scale to assess severity of depressive symptoms. This will be used with all ECT patients, regardless of diagnosis or indication for ECT. Basic demographic details, diagnosis, co morbidities and previous ECT recorded.
Findings
Methods: Patients are are ideally assessed before ECT has started to give a baseline/true reflection of their depressive illness and then at the mid point (around session 6) and then at the end of treatment (ideally session 12).
Hamilton depression Rating scale (HDRS) longer version is used - 17 questions with scores out of 40. Higher scores indicate more severe depression. HDRS is an observer rated scale, with numerous questiosn about biological symptoms of depression and is a well established assesment tool. The same rater was used to try to rule out observer bias.
Results: Patients had a significant drop in HDRS scores as ECT progressed, with the biggest drop being between the start of ECT and the midpoint. Thsi trend continued from mid to end point but with a less steep gradient.
mean HDRS scores at start were 24/40 (indicting severe depression).
Mean HDRS at midpoint 12/40 (indicating mild depression)
Mean HDRS at end opf ECT 5/40 (indicating nromal range/no depression)
Conclusions: ECT works for mood symptoms associated with depression. All patients having ECT had a reduction in their HDRS scale as ECT progressed, most marked in the 1st half but this trend continued in 2nd half (but at slower rate). This was the case even for patients who were not having ECT for mood symptoms (eg for aggression or psychosis).

Disclosure of Interest: None Declared

EPV0619

Human endogenous retroviruses and autism spectrum disorder: Brief review of recent literature

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Introduction: Human endogenous retroviruses (HERVs) are genetic elements resulting from ancestral infection of germline cells. HERVs have been associated with multiple complex disorders, including neurodevelopment disorders, namely autism spectrum disorder (ASD).
Objectives: In this review, we aim to explore the relationship between endogenous retroviruses and autism spectrum disorder.
Methods: A non-systematic review of literature published in the Pubmed database in the last ten years was performed. A combination of the search terms "autism spectrum disorder", "ASD", "endogenous retrovirus", "human endogenous retrovirus", "ERV" and "HERV" was used. Articles were selected based on title and abstract review.
Results: Preclinical and human studies suggest that the abnormal expression of endogenous retroviruses can represent a biological trait of neurodevelopment disorders in affected individuals and their parents. The precise epigenetic processes that underpin this relationship remain elusive. Nonetheless, HERVs play various roles, modulate host immune response and may affect human embryogenesis. All of these factors can participate in the interplay among genetic vulnerability, environmental risk factors, and maternal immune activation that contribute for the development of ASD.
Conclusions: There is a recent, mounting body of evidence linking HERVs and ASD. Whether HERVs behave as a cofactor for the development of ASD or an epiphenomenon of neurodevelopmental disorders remains unclear. Further research is needed to assess if there is causality and evaluate the potential for HERVs to serve as biomarkers for ASD.

Disclosure of Interest: None Declared