i.e., accelerated aging, were then further explored with univariate analyses.

The EphysAGE Model had an explained variance of 46% (MAE=8.7 years, T=14.31, P_{1000}<0.001). The patients with SCZ had a significantly higher EphysAGE (mean[SD]=0.61[10.32]) than the patients with MDD (mean[SD]=-1.10[10.49], p=0.04). The classification models discriminated SCZ from HC (Balanced Accuracy, BAC=72.7%, p<0.001), MDD from HC (BAC=67.0%, p<0.001), and SCZ from MDD individuals (BAC=63.2%, p<0.001). Higher EphysAGE was associated with an increased likelihood of being misclassified as SCZ in HC and MDD (ρ_{HC}=0.23, p<0.001; ρ_{MDD}=0.17, p=0.01) based on percentile rank scores from the SCZ Model. Moreover, in the Differential Diagnostic Model, higher EphysAGE is positively correlated with being misclassified as SCZ in patients with MDD (ρ_{MDD}=0.14, p=0.03).

Machine learning models can extract electrophysiological signatures of MDD and SCZ for potential clinical use. However, the impact of aging processes on diagnostic separability calls for timely application of such models, possibly in early recognition settings.

Disclosure of Interest: None Declared

SP0015

The clinical role of rTMS in difficult-to-treat depression

B. Baune

Department of Psychiatry, University of Münster, Münster, Germany
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Abstract: Several meta-analyses demonstrated the efficacy of unilateral High-Frequency Left-sided (HFL) repetitive Transcranial Magnetic Stimulation (rTMS) for individuals with Major Depressive Disorder (MDD); however, results are contradictory due to heterogeneity of the included studies. Empirical evidence on the relative efficacy of rTMS treatment compared with standard pharmacotherapy in Treatment-Resistant Depression (TRD) is presented. Random effects models were used to assess the effects of rTMS on response and remission rates. In 19 randomized double-blinded sham-controlled studies were included for quantitative analysis for response (n = 854 patients) and 9 studies for remission (n = 551 patients), the risk ratio (RR) for response and remission are 2.25 and 2.78, respectively for patients after two treatment failures using rTMS as add-on treatment compared to standard pharmacotherapy. The presentation will conclude, that rTMS is significantly more effective than sham rTMS in TRD in response and remission outcomes and may be beneficial as an adjunctive treatment in patients with MDD after two treatment failures. This finding is consistent with previous meta-analyses; however, the effect size was smaller than in the formerly published literature.

Disclosure of Interest: None Declared

SP0016

Recovery in schizophrenia: conceptualization and factors implicated

A. Vita

Department of Experimental and Clinical Sciences, University of Brescia, Brescia, Italy
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Abstract: Schizophrenia has a heterogeneous range of possible outcomes. A portion of patients with schizophrenia significantly improves over the long term, with both clinical and functional remission. Recovery has been differently conceptualized by clinicians and service users, the former focusing on clinical and functional outcomes, the latter more underlying issues as the building a trail of personal meaning and subjective well-being. Besides the "clinical" and "personal" recovery, attention is now put on a wider perspective of "societal" recovery . The frequency of recovery achievement depends on which of these perspectives is considered. Many factors, demographic, clinical, contextual and treatment-related are involved in modulating the probability to meet these objectives. Both pharmacological and psychosocial interventions, and their integration, and attention to environmental and social circumstances could substantially improve the outcome of schizophrenia and achievement of specific recovery goals.

Disclosure of Interest: None Declared

SP0017

Recovery in schizophrenia: the role of antipsychotic treatment

I. Bitter

Psychiatry and Psychotherapy, Semmelweis University, Budapest, Hungary
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Abstract

Introduction: Comprehensive care programs, which include individually planned pharmacotherapy are associated with higher rates of recovery[1] and better long-term prognosis[2]. However, there are barriers to individually optimised antipsychotic treatment both from both the patients and treatment teams perspectives.

Objectives: To summarize the potential contribution of adequate long-term antipsychotic treatment to recovery or better outcomes in schizophrenia.

Method: Review of research data.

Results A shorter duration of untreated psychosis, a lower number of relapses, and the absence of a chronic course of psychosis are associated with higher rates of recovery and a better prognosis. The OPUS early intervention program was associated with better outcomes for up to 10 years, but not for more than 20-years[3]. Second generation antipsychotics are associated with