SP0030

Cardiovascular and metabolic issues in the treatment of schizophrenia: focus on the management of negative symptoms

P. Falkai

Psychiatry, University of Munich, Munich, Germany
doi: 10.1192/j.eurpsy.2024.74

Abstract: Mortality from cardiovascular disease is increased in people with mental health disorders in general and schizophrenia in particular. The causes are multifactorial, but it is known that antipsychotic medication can cause cardiac side-effects beyond the traditional coronary risk factors. Schizophrenia itself is a contributor to an increased risk of cardiovascular mortality via cardiac autonomic dysfunction and a higher prevalence of metabolic syndrome, both contributing to a reduced life expectancy.

Overall, management of cardiovascular risk within this population group must be multifaceted and nuanced to allow the most effective treatment of serious mental illness to be conducted within acceptable parameters of cardiovascular risk; some practical measures are presented for the clinical cardiologist.

Disclosure of Interest: None Declared

SP0028

Validation of the rating scales for negative symptoms: new strategies

S. Leucht[*] and S. Wehr

Psychiatry and Pwsychotherapy, Technical University of Munich, School of Medicine and Health, Munich, Germany
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.75

Abstract: Negative symptoms of schizophrenia are linked with poor functioning and quality of life. Therefore, appropriate measurement tools to assess negative symptoms are needed. The NIMH-MATRICS Consensus defined five domains for negative symptoms. We used the COSMIN guidelines for systematic reviews to evaluate the quality of psychometric data of negative symptom scales as Clinician-Rated Outcome Measure (ClinROM). COSMIN assesses risk of bias, so called updated criteria of measurement properties, a modified GRADE approach and a final judgement on the rating scale. In the lecture the process will be described using the Brief Negative Symptom Scale and the Clinical Assessment Interview for Negative Symptoms (CAINS) as examples.

Disclosure of Interest: None Declared

SP0029

Digital treatments for affective disorders: an integrated overview

U. Volpe

Department of Clinical Neurosciences/DIMSC, Università Politecnica delle Marche, Ancona, Italy
doi: 10.1192/j.eurpsy.2024.76

Abstract: Affective disorders represent a category of psychiatric syndromes with high prevalence and associated disability. While effective, both pharmacological and psychosocial, treatments are available for depression and bipolar disorder, the many therapeutic needs of affected patients are far from being properly addressed under routine conditions. Along the past decade, several digital treatments, tools and approaches have been developed and tested in clinical settings, showing an highly promising potential to fill the treatment gap of affective psychopathology. In more detail, reviewed here will be telepsychiatry solutions for affective disorders, also encompassing the available officially approved digital therapies for major depression and bipolar disorder. Furthermore, the impact of artificial intelligence, serious gaming, social media and virtual/augmented reality in the treatment of mood disorders will be also discussed, in the light of the most recent research evidence on these topics.

Disclosure of Interest: None Declared

SP0030

Tackling adversity through innovation: A pilot study exploring VR as a tool to identify and diagnose depression

S. Sutori[1*] and
Karolinska Institutet: E. Eliasson, G. Hadlaczky, I. Todorov, V. Carli; University of Padua: F. Mura, V. Cardi; Polytechnic University of Valencia: V. Ortiz, M.A. Raya; University of Pisa: A.L. Alfeo, V. Catrambone, G. Valenza

[1]National Centre for Suicide Research and Prevention (NASP), LIME, Karolinska Institutet, Solna, Sweden
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.77

Abstract

Introduction: The final aim of the EXPERIENCE project is to enable individuals to record and share extended-personal realities in Virtual Reality (VR) - which entails the consideration of a person's neurophysiological, psychological, and cognitive states. One prospective application is using this technology to aid in assessing symptoms of affective disorders.

Objectives: The objective is to test the ability of a pre-designed VR environment to differentiate between individuals with depressive symptoms and healthy controls (HCs) via machine learning algorithms.

Methods: Conducted as a pilot study in Italy, we recruited 100 volunteers, comprising 50 HCs and 50 individuals with moderate depressive symptoms assessed via the PHQ-9. Through a 40–60-minute VR engagement, comprehensive data on cognitive (inc. cognitive flexibility, sustained attention, working memory, processing speed), behavioral (exploration, attentional bias), and physiological (heart-rate variability, skin conductance) variables was collected. Subsequently, an explainable artificial intelligence model (xAI) was trained on data from 80% of the sample and tested on the remaining 20% in terms of accuracy for between-group classification.

Results: Following an iterative process that considered both the importance assigned to each variable in the different models and