EPP0597

Different trajectories of the first-episode psychosis remission in young adults

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Introduction: Analysis of the first-episode psychosis remission, including post-psychotic affective and primary negative symptoms as well as personality changes, is necessary to personalize therapy and rehabilitation.
Objectives: We aimed to identify different trajectories of psychosis remission in young adults.
Methods: First-episode psychosis patients (n=56, mean age 19.8±2.5 years, all males) underwent psychopathological assessment at the stage of remission.
Results: Three trajectories of remission were identified. The thymopathic trajectory (33.93%, 19 patients) was characterized by the gradual increase of subclinical affective symptoms and resulted with a high-quality remission. In 63.61% cases in this group persistent depressed mood was present after a psychotic episode. Some patients (36.84%) became prone to depressive reactions. The pathocharacterological trajectory (39.28%, 22 patients) was characterised by personality changes with increase of existing traits or the development of traits previously not present. Types with an increase of schizoid (14.29%), histrionic (19.64%), and anxiety-hypochondriacal (5.36%) traits were identified. Patients in this group had high- as well as low-quality remission. The destructive trajectory (26.79%, 15 patients) was characterised by residual positive or single negative symptoms. Patients in this subgroup had low-quality remission with poor functioning and signs of treatment resistance.
Conclusions: Analysis of trajectories of the first-episode psychosis remission allowed us to choose the most effective strategy for personalized supportive treatment.

Disclosure: No significant relationships.
Keywords: First Episode Psychosis; remission; remission formation; post psychotic personality disorders

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Evaluation of the Correlation between Gaze Avoidance and Schizophrenia Psychopathology with Deep Learning-based Emotional Recognition

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Introduction: Direct gaze is the most important mediator of social interaction and communication. Existing studies have evaluated eye movements of patients with schizophrenia by presenting stimuli using photographs or pre-recorded videos, but few directly investigated gaze avoidance in real-world situations.

Objectives: To investigate the correlation between gaze avoidance and psychopathology in patients with schizophrenia through eye movement measurements in real-life interpersonal situations.
Methods: We enrolled 52 clinically stable patients with schizophrenia. Psychopathology was evaluated using the Positive and Negative Syndrome Scale (PANSS), Hamilton Depression Rating Scale, and Hamilton Anxiety Rating Scale. After presenting a visual stimulus, eye movements were measured with Tobii Pro Wearable Glasses 2, and deep learning-based emotional recognition using the residual masking network was used for neutral stimulus verification. Statistical analyses were performed using Pearson's correlation and regression analyses.
Results: Data of 45 participants with verified stimulus neutrality by deep learning image recognition were used for analysis. The first dwelling time was negatively correlated with the PANSS positive syndrome subscale (p=0.028), general psychopathology subscale (p=0.008), total score (p=0.008), 5-factor positive symptoms (p=0.035), and 5-factor depression/anxiety symptoms (p=0.008). The baseline-area of interest (AOI) pupil diameter change was positively correlated with PANSS 5-factor positive symptom scores (p=0.039). After adjusting for additional variables, the same items had a significant effect on the first dwelling time and baseline-AOI pupil diameter change.
Conclusions: Psychopathology, particularly positive symptoms, was associated with gaze avoidance and pupil diameter in patients with schizophrenia. Evaluating the characteristics of eye movements in patients with schizophrenia will enable better understanding of their symptoms.

Disclosure: No significant relationships.
Keywords: Psychopathology; eye tracking; schizophrénia; gaze avoidance

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EEG correlates of impaired anticipation processes in the early stages of schizophrenia

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Introduction: An impairment of anticipation processes is considered as a common deficiency in schizophrenia (Kveraga et al., 2007), however its neural mechanisms remain poorly understood.
Objectives: The aim of the study was to analyze CNV-like slow negative waves during the pre-target stimuli waiting period in patients with the first episode of the disease.
Methods: 32-channels EEGs during "Go / No go delay" saccadic paradigm have been recorded in 16 young male patients with illness duration less than 2 years and 18 age and sex matched healthy subjects. The delay period between fixation and target ("Go" or "No go") visual stimulus was 2800-3000 ms. The early and late components of CNV - like slow negative waves (PMN1 and 2) have been studied in 1 sec pre-stimulus interval of delay period.

Results: As compared to norm, the patients showed significantly increased latencies of saccades to correctly discriminated stimuli and higher percent of "errors saccades". The amplitudes of No go-PMN1 and Go-PMN2 waves were also increased in patients. The amplitude foci of these waves were diffusely distributed in patients and mostly localized in frontal leads in norm.

Conclusions: The findings assume some violation of anticipation for action (motor or inhibitory response) processes as well as an increase of presumably cortical activation during stimulus anticipation in the "Go/No go delay" saccadic paradigm in the early stage of schizophrenia.

Disclosure: No significant relationships.

Keywords: go/no-go delay paradigm; anticipation; saccade; slow waves

EPP0598

Age-related network connectivity pattern changes are associated with risk for psychosis

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Introduction: Psychosis onset typically occurs during adolescence or early adulthood, coinciding with the latest stage of brain maturation. Alterations in brain functional connectivity (FC) accompany the emergence of psychiatric symptoms and cognitive impairments. Thus, age-related FC changes may be informative regarding psychosis onset.

Objectives: We defined neurotypical age-related FC trajectories and hypothesized that FC of individuals at familial and clinical high risk (HR) for psychosis deviates from FC of neurotypical controls (NC).

Methods: We analyzed two independent cohorts, of (a) 356 early adult NC (yNC; age=22±2y, m:f=149:207), and 127 mature adult NC (aNC; age=38±7y, m:f=79:48), and (b) 92 yNC (age=22±2y, m:f=34:58), 33 aNC (age=36±6y, m:f=21:12), 38 early HR adults (age=20±3y, m:f=18:20). We acquired fMRI data from multiple scans (resting-state, working memory, episodic memory, and implicit emotion processing). FC was obtained by computing Pearson's correlations between time-courses of every independent component (IC) defined by an Independent Component Analysis approach (NeuroMark). Age-varying components of interest (yNC/aNC differences on FC based on linear mixed effect regressions) were tested for differences between HR and yNC through the Wilcoxon rank-sum test.

Results: showed age-related FC differences (yNC/aNC) in a set of 17 IC pairs ($p_{FDR}<0.05$). HR showed increased FC within a network including dorsolateral and medial prefrontal cortices, and sensorimotor cortex, while decreased FC between cerebellum and the parietal and visual cortices, compared with yNC ($p_{FDR}<0.05$). HR showed no significant difference compared with aNC ($p_{FDR}>0.05$).

Conclusions: This study tested FC alterations associated with the risk for psychosis and highlighted the relationship between psychosis and potentially altered brain functional processes.

Disclosure: No significant relationships.
Keywords: fMRI; Risk for psychosis; Independent Component Analysis; Neurodevelopment

Old Age Psychiatry 02 / Rehabilitation and Psychoeducation 02

EPP0599

Mental Health Screening and Digital Intervention for Thai Seniors Citizen in Primary Care

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Introduction: Avoidable disability associated with depression, anxiety, and impaired cognition among older adults is pervasive. Incentives for the detection of mental disorders in late life include increased reimbursement, reduced cost, and less burden for patients and families.

Objectives: Mental health problems in the elderly are major public health issues around the world. Thai older adults who experience mental illness rarely seek care from mental health specialists; rather, they tend to seek help from a general physician. Primary health care is, therefore, an important setting for the detection of mental health symptoms and subsequent treatment. We describe the design and implementation of a mental health care model in the Thai primary care system. Initial results of screening for behavioral and emotional problems are reported.

Methods: This work is intended to explore mental health conditions in Thai elderly people to provide of identifying and non-pharmacological treating psychiatric conditions in the Primary care unit. The instruments used in the survey, which consists of twelve symptoms found in the elderly, developed into an online program to suit pandemic conditions.

Results: In an effort to document mental health problems in the primary care system, 4,854 veterans (mean age 68) from 46 provinces across Thailand were screened for multiple mental health symptoms. The sample divided into 1,701 males (35%) and 3,153 females (65%).