O0011

Predictive and discriminant validity of different psychopathology and temperament scales for major psychiatric disorders – 23-year follow-up of the Northern Finland Birth Cohort 1966

J. Miettunen*, A. Ahola and E. Jääskeläinen

University of Oulu, Center For Life Course Health Research, Oulu, Finland
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.218

Introduction: Several psychological and psychiatric instruments have been developed to recognize or predict different psychiatric disorders.
Objectives: We studied the predictive, and discriminant validity of different psychopathology scales and temperament traits for subsequent psychiatric diagnoses due to schizophrenia, bipolar and depressive disorders in a 23-year follow-up.
Methods: Temperament traits, perceptual aberration, physical and social anhedonia, depression and anxiety subscales of Symptom Checklist (SCL-D and SCL-A), Hypomanic Personality Scale (HPS), Schizoidia Scale, and Bipolar II Scale were completed as part of the 31-year follow-up survey of the prospective Northern Finland 1966 Birth Cohort (n = 5006). New onset psychiatric diagnoses were followed until age of 54 years using different nationwide registers.
Results: In the follow-up 28 (0.6%) individuals had diagnosis of schizophrenia, 40 (0.8%) bipolar and 405 (8.1%) depressive disorders. Several of the included scales associated statistically significantly with subsequent diagnoses. High SCL-A and SCL-D scores were strong predictors (Cohen's d's between 0.76 and 1.08) for schizophrenia and depressive disorders, whereas high HPS score was best predictor (d=0.67) for bipolar disorders. When comparing patient groups, schizophrenia group had low scores in reward dependence when compared with both bipolar (d=-0.80) and depressive (d=-0.66) disorders. Harm avoidance was the best trait to discriminate depressive and bipolar disorders, with higher scores in depressive disorders (d=0.48).
Conclusions: Interestingly we found that differed psychopathology scales were strong but non-specific predictors for these psychiatric disorders, whereas temperament traits were useful predictors regarding discriminating these disorders. The presented scales can be used in population samples when predicting psychiatric illnesses.

Disclosure: No significant relationships.
Keywords: bipolar disorders; schizophrénia; Depression; temperament

O0012

Pharmacogenetic markers to predict safety of antipsychotics in adolescents experiencing acute psychotic episodes

D. Ivashchenko[1]*, K. Akmalova[2], E. Grishina[2], Y. Shevchenko[1] and D. Sychev[3]

[1]Russian Medical Academy of Continuous Professional Education, Child Psychiatry And Psychotherapy, Moscow, Russian Federation; [2]Russian Medical Academy of Continuous Professional Education, Molecular Medicine, Moscow, Russian Federation and [3]Russian Medical Academy of Continuous Professional Education, Clinical Pharmacology And Therapeutics, Moscow, Russian Federation
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.219

Introduction: There are relatively fewer pharmacogenetic studies of antipsychotics in adolescents than in adult patients. The development of personalized pharmacotherapy is promising.
Objectives: Identify the most significant pharmacogenetic predictors of antipsychotic safety in adolescents experiencing acute psychotic episodes
Methods: The study included 101 adolescents diagnosed with acute polymorphic psychotic disorder at the time of admission (F23.0-9 according to ICD-10). All patients were taking an antipsychotic as their main treatment for 14 days. Children's Global Assessment Scale (CGAS), Positive and Negative Symptoms Scale (PANSS), Clinical Global Impression Severity (CGI-S) and Improvement (CGI-I), UKU Side Effects Rating Scale (UKU SERS), Sympson-Angus Scale (SAS), Barnes Akathisia rating scale (BARS) were used. All study participants underwent pharmacogenetic testing of pharmacokinetic and pharmacodynamic factors.
Results: CYP2D6 "intermediate" metabolism increased the risk of developing an adverse reaction by a trend of significance (OR= 2.616 (95% CI 0.950-7.203); p=0.063). Carriage of HTR2A rs6313 was associated with a lower score on the UKU SERS "Other Symptoms" subscale (Beta=(-0.289); p=0.003) and an objective score on the BARS akathisia severity scale (Beta=(-0.217); p= 0.029). DRD3 rs324026 carriers had a lower BARS akathisia scale score (Beta=(-0.349); p=0.004); DRD3 rs6280 carriers had a lower SAS extrapyramidal symptom severity scale score (Beta=(-0.351); p=0.003). Carriers of ANKS1B rs7968606 were associated with a higher SAS scale score (Beta=0.237; p=0.017).
Conclusions: We proposed that genotyping of CYP2D6*4, *10, DRD3 rs324026 (C allele), DRD3 rs6280 (C allele), HTR2A rs6313 (TT genotype) and ANKS1B rs7968606 (T allele) will predict the high risk of intolerance to antipsychotics in adolescents with acute psychotic episodes.

Disclosure: No significant relationships.
Keywords: Adolescents; Safety; Antipsychotics; pharmacogenetics

O0013

Suicide behaviour and Problematic Internet Use

J. Ortuño-Sierra[1]*, B. Lucas Molina[2], A. Gutiérrez[3], R. Aritio Solana[3], A. Pérez-Albéniz[4] and E. Fonseca Pedrero[4]

[1]University of La Rioja, Educational Sciences, Logroño, Spain; [2]University of Valencia, Psychology, Logroño, Spain; [3]Univerity of La Rioja, Educational Sciences, Logrono, Spain and [4]Univerity of La Rioja, Educational Sciences, Logroño, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.220

Introduction: The use of internet among children and adolescent has risen in the last decade. In addition, suicide is the second cause of death among adolescents. Previous research have indicated the relation between Problematic Internet Use (PIU) and different mental health problems. Nonetheless there is a lack of studies analyzing the relation between suicide behaviour and PIU