**Results:** There were significant differences between TBIs and conventional interventions for functioning (d = 0.25, SE = 0.09, z = 2.72, p = <.01), but not for quality of life (d = 0.14, SE = 0.08, z = 1.78, p = .076) in patients with psychosis.

**Conclusions:** On average, patients who received TBIs performed better in functioning, but not in quality of life. Functioning is impaired in patients with psychosis, so TBIs should be considered a complement and efficacious intervention, highlighting the power of these type of interventions in improving some outcomes.

**Disclosure:** No significant relationships.

**Keywords:** Psychosis; Technology-based interventions; Mobile interventions; schizophrénia

## EPP0362

## Psychopathological networks in psychosis and changes over time: A long-term cohort study of first-episode psychosis

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**Introduction:** First-episode psychosis is a critical period for early interventions to reduce the risk of poor outcomes and relapse as much as possible. There are now many studies revealing the patterns of course in the short and medium terms, but uncertainties about the long-term outcomes of symptomatology remain to be ascertained.

**Objectives:** First, we ascertained whether the structure of psychopathological symptoms, dimensions and domains of psychopathology remains invariant over time between first-episode psychosis and long-term follow-up. Second, we analysed the changes in the interrelationships of psychopathological symptoms, dimensions and domains of psychopathology between FEP and long-term follow-up at three levels.

**Methods:** We performed network analysis to investigate first-episode and long-term stages of psychosis at three levels of analysis: micro, meso and macro. The sample was a cohort of 510 patients with first-episode psychoses from the SEGPEP study, who were reassessed at the long-term follow-up (n = 243). We used the Comprehensive Assessment of Symptoms and History (CASH) for their assessments.

**Results:** Our results showed a similar pattern of clustering between first episodes and long-term follow-up in seven psychopathological dimensions at the micro level, 3 and 4 dimensions at the meso level, and one at the macro level. They also revealed significant differences between first-episode and long-term network structure and centrality measures at the three levels.

**Conclusions:** Our findings suggest that disorganization symptoms have more influence in long-term stabilized patients. The main results of the current study add evidence to the hierarchical, dimensional and longitudinal structuring of first-episode psychoses.

**Disclosure:** No significant relationships.

**Keywords:** Network Analysis; First-episode psychosis; Long-term; Psychopathology

## EPP0364

## Decreased Resting-state fMRI Local Coherence in Schizophrenia Patients with Poor Long-term Outcome

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**Introduction:** Schizophrenia is heterogeneous in terms of symptoms and outcome, but neurobiology of this heterogeneity is not well-studied. Local correlation analysis of fMRI data provides a measure of local coherence, i.e., average correlation between BOLD-signal in a voxel and its neighbours. Local correlation is a promising approach, and it seems important to find links between local brain coherence and schizophrenia outcome.

**Objectives:** We aimed to compare brain local coherence between schizophrenia patients with varied long-term outcomes and healthy controls (HC).

**Methods:** Patients with chronic schizophrenia spectrum disorders (37 males, mean age 41.5±5.5) and HC (17 males, mean age 38±7.7) underwent resting-state fMRI (3T). Cluster analysis based on PANSS and PSP allowed us to allocate patients into two subgroups (N = 13/24). The second subgroup had significantly more marked negative and general psychopathology symptoms and worse functioning than the first subgroup. Local coherence in the brain was compared between clinical subgroups and HC (ANOVA, $p<.001$ voxelwise, $p[FDR]<.05$ clusterwise).

**Results:** Local coherence in the paracingulate gyri bilaterally ({-2; 58; 14}; 2712 mm$^3$) differentiated the groups. *Post hoc* analysis revealed decreased local coherence in the subgroup with poorer outcome compared to HC, along with the absence of differences between the subgroup with better outcome and HC. There were no differences between clinical subgroups.

**Conclusions:** Hypoactivity of the cingulate cortex is related to negative symptoms (Bersani et al., 2014). Their severity, in turn, is strongly associated with outcome. Thus, local coherence in the cingulate cortex may be one of the factors which underlie outcome heterogeneity.

**Disclosure:** No significant relationships.

**Keywords:** resting-state fMRI; Local Correlation; outcome; schizophrénia

## EPP0365

## Course of the Metabolic Syndrome (Mets) in a First Episode Psychosis Sample

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