

antipsychotics prescribed, >22 days spent in crisis care) over the subsequent 2 years, adjusted for age, gender, ethnic group, neighbourhood deprivation, diagnostic group, and recorded paranoia, persecutory delusions or auditory hallucinations.

Results: In 9,323 patients, final models indicated significant associations of this composite outcome with baseline somatic passivity (prevalence 4.9%; adjusted odds ratio 1.61, 95% CI 1.37-1.88), thought insertion (10.7%; 1.24, 1.15-1.55) and thought withdrawal (4.9%; 1.36, 1.10-1.69), but not independently with thought broadcast (10.3%; 1.05, 0.91-1.22).

Conclusions: Symptoms traditionally central to the diagnosis of schizophrenia, but under-represented in current diagnostic frameworks, were thus identified as important predictors of short- to medium-term prognosis.

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Keywords: Natural-Language Processing; prognosis; schizophrenia; psychosis

EPV0630

CT abnormalities in late-onset schizophrenia and schizoaffective disorder correlate with number of psychotic episodes and cognitive dysfunction

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Introduction: Late-onset psychosis is associated with development of dementia. Search for neuroimaging signs in these patients is important.

Objectives: This study aimed to assess CT abnormalities and their clinical correlations in late-onset psychosis.

Methods: Patients with DSM-V diagnosis of late-onset schizophrenia (LOS, n= 43, age 65.2±9.4, 90% females) and schizoaffective disorder (LOSAP, n=9, age 64.9±5.8, 30% females) underwent CT and cognitive examination before discharge. Atrophy and ventricles enlargement were ranged from 0 (abs.) to 3 (sev.); vascular pathology - from 0 (abs.) to 2 (mult.). Patients were compared with 16 controls (age 58.1±10.8, 50% females). Nonparametric statistic was used.

Results: Patients had more severe frontal (χ^2 19.7, p=0.003), temporal (χ^2 10.7, p=0.097), parietal (χ^2 21.7, p=0.001), cerebellar (χ^2 14.8, p=0.005) atrophy and ventricles enlargement (χ^2 15.6 p=0.016). 29 % of LOS and 44% of LOSAP patients had leukoaraiosis. All findings correlated with age. In patients ventricular enlargement correlated with number of psychotic episodes (r=0.338, p=0.014), lower MMSE (r=-0.314, p=0.045), immediate (r=-0.508, p=0.002) and delayed (r=-0.404, p=0.016) verbal recall. Temporal atrophy correlated with number of episodes (r=0.439, p=0.001), lower MMSE (r=-0.327, p=0.037) and immediate verbal recall (r=-0.339, p=0.046); cerebellum atrophy - with lower MMSE

(r=-0.338, p=0.036) and FAB (r=-0.407, p=0.01); leukoaraiosis - with number of episodes (r=0.503, p=0.001), prolonged hospital stay (r=0.345, p=0.024); vascular pathology - with number of episodes (r=0.336, p=0.015), lower visual recall (r=-0.399, p=0.019), performance time in TMT-B (r=0.404, p=0.024).

Conclusions: Correlations between CT pathology, cognitive dysfunction and number of psychotic episodes may reflect progression of brain pathology due to psychosis.

Disclosure: No significant relationships.

Keyword: late-onset psychosis schizophrenia neuroimaging

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Decision making and implicit suicidality in schizophrenia spectrum disorders

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Introduction: Research shows that mental illnesses increase suicidal risk. Studies have found that suicidal risk is associated with impaired decision-making.

Objectives: To analyze decision making based on emotional learning in implicit suicidality.

Methods: 56 male patients with schizophrenia spectrum disorder (F20) and denied presence of suicidal ideation were involved into the study (mean age 23±2.7). Methods: Iowa gambling task (IGT) - integral indicators were used: the prevalence of "good" choices over "bad" ones, total score; and an indicator reflecting the ignorance of consequences of one's choice - the subject remains on a "bad deck" after a loss. The Rorschach test (Rorschach Comprehensive system) was administered: Suicide Constellation «S-CON» and its components were used.

Results: According to the analysis, prevalence of "good" choices (IGT) negatively correlates with «S-CON» (Spearman's correlation -0.328*, hereinafter significance level: ~ - p<0.1; * - p<0.05). A decrease in the total IGT score is associated with the following cognitive indicators: disregard for social conventions, non-conformism («P») (Spearman's, 0.337*); a tendency to react defensively to a problem situation, blocking activity in terms of making decisions («R») (0.308*). Ignoring the consequences of one's choice (IGT) correlates with such emotional factors as emotional incontinence, superficiality of emotions, emotional lability («FC:CF+C») (-.0382*), ambivalence of emotions («Blcol-shd») (statistical tendency, 0.277~), expressed dissatisfaction with the existing situation, internal tension and dysphoria («S») (0.291~).

Conclusions: The relationship of implicit suicidality with decision-making was found to be similar to the relationship of pronounced suicidality with decision-making. Suicidality is associated with impaired ability to make decisions based on emotional learning.

Disclosure: No significant relationships.

Keywords: Rorschach test; Iowa gambling task; schizophrenia; implicit suicidality