the AVH as "voices" was typically acquired in the psychiatric setting.

Conclusions: AVH themselves are not a sufficient sign of mental disturbance unless it is an aspect of a profound change in the structure of consciousness. There is an apparent continuity between thinking and hallucinations. AVH articulate themselves within the intimidate sphere of the patient in another dimension and not in the shared social world as a real perception. The patient's difficulties to describe the detailed features of hallucinations could be an expression of the psychiatrist's insistence on framing the hallucination in the perceptual space to which it does not belong leading to a risk of missing the phenomenon.

Disclosure of Interest: None Declared

EPP1014

The vineyard as a therapeutic landscape of the mind: preliminary results of a pilot study

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Introduction: Young people represent a vulnerable population, with 75% of mental disorders first emerging before 25 years of age. This pilot stems from the acknowledged need to design and test non-stigmatizing programs that are appealing to young people and suited for the protean mental health problems that they experience.

Objectives: The study involves a group of youths (aged 16-25) with different forms of mental ill-health in a locally and culturally meaningful activity, namely hand-harvesting grape in the renowned area of Langhe (Italy). The aim is to investigate viticultural practices as possibly effective in supporting recovery by promoting social interaction and fostering a sense of belonging in the broader process of winemaking.

Methods: The project is multidisciplinary in its design and implementation, involving psychiatrists, psychologists, rehabilitation specialists and sociologists. Research methods include clinical assessment, participant observation, and semi-structured interviews with the participants.

Results: During the harvest season, a stable group of participants has been involved in a one-to-one relationship with professional vine growers. This relational geometry was built around the performance of a practical task: that of filling in a box with manually harvested grape and moving it along the rows of vines. Within each dyad, which represents the most fragile and intimate of all social forms, practical knowledge has been conveyed from the experienced worker to the youth. Most importantly, the repeated encounters provided an opportunity for human interaction and exchange that went beyond the activity being performed, involving the gradual disclosure of self, the ability to listen, connect and empathize with personal stories from diverse backgrounds. Participants' narratives collected during and after the pilot describe the vineyard as a psychic more than a physical place – a landscape of the mind, structured around the emotional and sensorial contents of the experience. The study's core finding emerging from fieldwork and youths' accounts is the beneficial effects of the intervention

on transdiagnostic factors such as social anxiety symptoms, low self-efficacy and poor social skills.

Conclusions: The pilot provides suggestions to orient meaningful and non-stigmatising programs for vulnerable young people, hosted in landscapes that can become therapeutic not by virtue of their aesthetic features, but because of the access they provide to social (i.e. opportunities for new relationships), material (occasions to create and share something tangible) and affective (promotion of positive emotions, containment of loneliness and feelings of inadequacy) resources.

Disclosure of Interest: None Declared

EPP1016

A real-world data analysis of Clinical Global Impression-Severity (CGI-S) as a transdiagnostic predictor of psychiatric hospitalisation

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Introduction: Preventing psychiatric admissions holds benefits for patients as well as healthcare systems. The Clinical Global Impression-Severity (CGI-S) scale is a 7-point measurement of symptom severity, independent of diagnosis, which has shown capability of predicting risk of hospitalisation in schizophrenia. Due to its routine use in clinical practice and ease of administration, it may have potential as a transdiagnostic predictor of hospitalisation.

Objectives: To investigate whether early trajectories of CGI-S scores predict risk of hospitalisation over a 6 month-follow-up period.

Methods: A retrospective cohort study was conducted, analysing Electronic Health Record (EHR) data from the NeuroBlu Database (Patel et al. BMJ Open 2022;12:e057227). Patients were included if they had a psychiatric diagnosis and at least 5 recorded CGI-S scores within a 2-month period, defined as the 'index' period. The relationship between early CGI-S trajectories and risk of hospitalisation was investigated using Cox regression. The analysis was adjusted for age, gender, race, number of years in education, and psychiatric diagnosis. Early CGI-S trajectories were estimated as clinical severity (defined as the mean CGI-S score during the index period) and clinical instability (defined as a generalised Root Mean Squared Subsequent Differences of all CGI-S scores recorded during the index period). The primary outcome was time to psychiatric hospitalisation up to 6 months following the index period. Patients who had been hospitalised before or within the index period were excluded.

Results: A total of 36,914 patients were included (mean [SD] age: 29.7 [17.5] years; 57.3% female). Clinical instability (hazard ratio: 1.09, 95% CI 1.07-1.10, $p<0.001$) and severity (hazard ratio: 1.11, 95% CI 1.09-1.12, $p<0.001$) independently predicted risk of hospitalisation. These associations were consistent across all psychiatric diagnoses. Patients in the top 50% of severity and/or instability were at a 45% increased risk of hospitalisation compared to those in the bottom 50% (Figure 1).

Image:
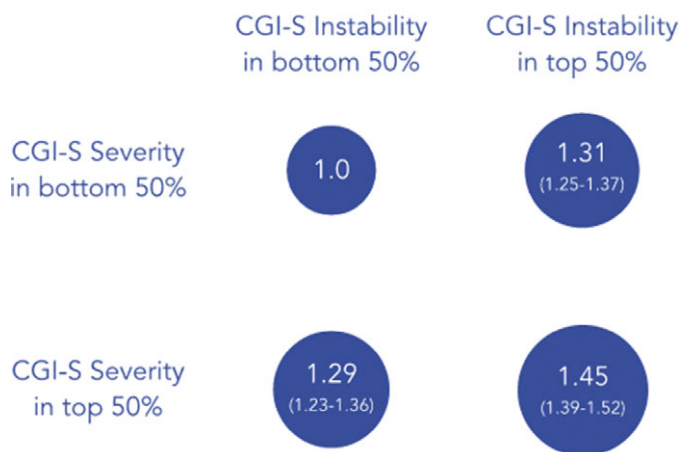
Conclusions: Early CGI-S trajectories reflecting clinical severity and instability independently predict risk of hospitalisation across diagnoses. This risk was compounded when instability and severity were present together. These results have translation potential in predicting individuals who are at high risk of hospitalisation and could benefit from preventative strategies to mitigate this risk.

EPP1017

The kynurenine pathway in schizophrenia, bipolar disorder, and major depressive disorder: a systematic review and meta-analysis of cerebrospinal fluid studies

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Introduction: The kynurenine pathway has been suggested to be involved in the pathophysiology of psychiatric disorders, including schizophrenia (SZ), bipolar disorder (BD), and major depressive disorder (MDD).

Objectives: To conduct a systematic review and meta-analysis of the kynurenine pathway metabolites from cerebrospinal fluid samples in SZ, BD, and MDD.

Methods: PubMed and Scopus databases were searched from inception to April 2022 to identify case-control studies assessing kynurenine metabolites [tryptophan (TRP), kynurenine (KYN), kynurenic acid (KA), quinolinic acid (QA), and 3-hydroxykynurenine (3-HK)] in SZ, BD, and MDD vs. healthy controls (HC). PRISMA guidelines were followed in the literature review. The random effects model parameter was selected when comparing the standardized mean differences (SMD) between groups.

Results: A total of 23 articles met inclusion criteria (number of articles k=8, 8, 11 for SZ, BD, and MDD, respectively). For SZ, KA levels were increased in SZ compared to HC (SMD=2.64, CI=1.16-4.13, p=0.0005, I^2=96%, k=6, n=384). KYN levels were not significantly different between SZ and HC (SMD=4.19, CI=-0.70 to 9.09, p=0.0933, I^2=99%, k=4, n=188). For BD, TRP levels (k=7) did not differ significantly between BD and HC. There was a limited number of studies to conclude increased levels of KA in BD (k=2). For MDD, although some studies tended toward increased levels of KYN in those with remission vs. decreased levels in those with current depression, there were no significant differences in any of the kynurenine metabolite levels. There was a limited number of studies to conclude increased levels of QA in MDD (k=2).

Conclusions: KA, which has possibly neuroprotective effects, is increased in SZ. QA, which has neurotoxic effects, may be increased in MDD. There may be alterations in this pathway based on population characteristics and mood states.