consultations and are erratic in therapeutic compliance. Injectable medication, although present in G2 and in a lower percentage in G3, and the infrequent involuntary treatment in both, may be considered as possible intervention points. An assertive multidisciplinary approach, focused on current treatment and relapse prevention (including social structures and rehabilitation centers), will be the key to their treatment.

Disclosure of Interest: None Declared

EPP0656

Sociodemographic and clinical characteristics of the population with a first psychotic episode attended in the mental health services of area 5 of Madrid (Spain)

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Introduction: Risk of functional impairment and progression to chronic illness in people with a first episode of psychosis (FEP) has motivated early intervention programs, showing promising results. Defining the characteristics of people with FEP at local level enables the clinicians to adjust interventional models to the reality of the population. The area 5 of Madrid (Spain) is referred to La Paz University Hospital and it serves a catchment area of roughly 527,000 people.
Objectives: We aim to identify sociodemographic and clinical characteristics of patients in the area 5 of Madrid (Spain) who meet the criteria of FEP.
Methods: A descriptive retrospective study including 179 people (age range 18-40 years) who were attended in mental health services of La Paz University Hospital (area 5 of Madrid, Spain), between January 2019 and May 2020, having suffered a psychotic episode in the last five years.
Results: The average age of people with FEP was 29.32 years, with a higher proportion of men (62%). The mean duration of untreated psychosis (DUP) was 3.64 months and 47% of patients consume cannabis. We found disparities in DUP among the different districts in the area and we also observed differences depending on the district for inclusion in rehabilitation programs or psychotherapy. The following averages were obtained for the aggregate sample: 1.01 hospitalization/year, 1.42 emergency room visits/year, 1.81 years of illness and a mean dosage equivalent to olanzapine 6.75 mg/day. The incidence of psychosis in our area has been 7.01 cases per 100000 inhabitants/year.
Conclusions: The incidence of psychosis has been as expected according to data recorded at previous studies in Spain. The results obtained in our sample have included a lower DUP and a higher use of cannabis than those described in the literature. We have also found differences when observing the inclusion of patients in different treatments (psychotherapy, rehabilitation), which may be related to the differences in the DUP by districts. Further exploration in this field is needed to draw causal conclusions.

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EPP0657

The Positive and Negative Syndrome Scale for Schizophrenia Autism Severity Scale (PAUSS) in a sample of early-onset psychosis

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Introduction: The Positive and Negative Syndrome Scale for Schizophrenia Autism Severity Scale (PAUSS) scale can be derived from the Positive and Negative Schizophrenia Syndrome Scale, enabling an assessment of psychotic and autistic dimensions with a single tool.
Objectives: The aim of the study was to investigate the prevalence of autistic traits and the diagnostic, developmental, clinical, and functional correlates of this phenotype in a sample of early-onset psychosis (onset before age 18 years; EOP).
Methods: Prospective observational 2 year- follow-up study in a sample of young people with a first-episode of EOP. Demographic, perinatal, developmental, cognitive, clinical, and functional data were collected. PAUSS total scores and socio-communication and repetitive behaviors subscores were calculated. We used the proposed cut-off points for adult populations to define prevalence of autistic traits (PAUSS≥30). Subgroups of patients with and without autistic traits were identified based on the total PAUSS terciles. We used the Cronbach's alpha test to assess the PAUSS internal consistency. Linear mixed models were performed to compare changes in PAUSS during follow-up between diagnostic subgroups [i.e., non-affective psychosis (including schizophrenia and schizophreniform disorder), affective psychosis (including bipolar disorder, schizoaffective disorder and major depressive disorder with psychotic features), and other psychosis (including brief psychotic disorder and psychosis not otherwise specified)]. Developmental, clinical, and functional variables were compared