No correlation was found between serum D-serine level, DAO level, and the D-serine/DAO ratio with cognitive function. D-serine level negatively correlated with age(r=-0.265, p=0.012) and age at onset of the disease (r=-0.227, p=0.032).
Conclusions: The findings support the view that D-serine and DAO may play a role in the pathophysiology of schizophrenia and related psychotic disorders. To better understand the relationship between D-serine metabolism and symptom clusters in psychosis and the effects of antipsychotic drugs on NMDAR dysfunction, further studies that directly measure DAO enzyme activity and examine cognitive symptoms in more detail are needed.

Disclosure of Interest: None Declared

O0107

Catchment area rates of involuntary care and subsequent patient morbidity and mortality in Norway

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Introduction: Mental health legislation allows for involuntary care of patients with severe mental disorders, assuming it improves health and reduces risk. Professionals have warned against potentially adverse effects of recent initiatives to heighten involuntary care threshold, such as CRPD and national coercion-reduction strategies. We have not found that the impact of high thresholds for involuntary care have been studied.
Objectives: Our aim was to use national data from Norway to test implications of the hypothesis that areas with lower levels of involuntary care show higher levels of morbidity and mortality in their severe mental disorder populations compared to areas with higher levels. We pre-specified five models of how such adverse effects could manifest in national register data.
Methods: Using national register data, we calculated standardized (by age, sex, and urbanicity) involuntary care ratios across Community Mental Health Center areas in Norway. For patients diagnosed with severe mental disorders (ICD10 F20-31), we tested whether lower area ratios in 2015 interacted with 1) case fatality over four years, 2) an increase in inpatient days, and 3) time to first episode of involuntary care over the following two years. We also assessed 4) whether area ratios in 2015 predicted an increase in the number of patients diagnosed with F20-31 in the subsequent two years and whether 5) standardized involuntary care area ratios in 2014–2017 predicted an increase in the standardized suicide ratios in 2014–2018.
Results: We included 21481 patients with either an F20-31 diagnosis, an episode of involuntary care in 2015, or both. The standardization variables age, sex, and urbanicity explained 70.5% of the variance in raw rates of involuntary care, and the remaining extremal quotient was 2.5. Age and sex predicted case-fatality, but involuntary care-rate was insignificant. Patients with F20-31 and no involuntary care episode in 2015 showed a steady reduction in inpatient days the following years, but not significantly related to the area's involuntary care rates. For the same sample, these rates did not predict the time to an episode of involuntary care. The area's involuntary care rate in 2015 did not predict *changes* in the number of patients in treatment for a diagnosis of F20-31 from 2015-2017. Finally, the area's involuntary care rate from 2014-2018 explained 1.2% of the variance in suicides in 2014-2019 in the area.
Conclusions: In the models, we found no significant associations between low standardized catchment area rates of involuntary care and the pre-specified outcomes. This raises questions about some assumptions in mental health legislation and merits further research.

Disclosure of Interest: None Declared

O0108

Preliminary data from the CONNEX-X extension trial examining the long-term safety of iclepertin in patients with schizophrenia who completed Phase III CONNEX trials

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Introduction: Cognitive impairment associated with schizophrenia (CIAS) is an important unmet need as there are no effective treatments available. Iclepertin (BI 425809), a glycine transporter-1 inhibitor, has been shown to improve CIAS in Phase II trials, and Phase III trials are underway.
Objectives: The ongoing CONNEX-X extension study aims to collect additional safety data relating to iclepertin treatment in patients with CIAS.
Methods: CONNEX-X (NCT05211947/1346-0014) is a multinational, multicentre, open-label, single-arm extension study in patients with CIAS who completed 26 weeks of treatment (iclepertin 10 mg or placebo) in one of 3 Phase III CONNEX parent trials (NCT04846868/1346-0011, NCT04846881/1346-0012, NCT04860830/1346-0013). An estimated 1400 clinically stable outpatients will be treated (iclepertin 10 mg daily) for 1 year, irrespective of previous treatment (iclepertin/placebo). Patients are excluded if any of the following circumstances occur during the parent study and up to Visit 1 of CONNEX-X: suicidal behaviour or ideation (type 5 on the Columbia-Suicide Severity Rating Scale), diagnosis with moderate/severe substance use disorder, diagnosis other than schizophrenia (according to Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition), development of any condition preventing participation, a haemoglobin level decrease (>25% or <100g/L from baseline in parent trial) or haemoglobinopathies. The primary endpoint is the occurrence of treatment-emergent adverse events. The secondary endpoints include change from baseline (CfB) in Clinical Global Impressions-

Severity (CGI-S) and CfB in haemoglobin. Further efficacy endpoints include CfB in MATRICS Consensus Cognitive Battery (MCCB) overall composite T-score, CfB in Schizophrenia Cognition Rating Scale total score and CfB in Virtual Reality Functional Capacity Assessment Tool (VRFCAT) total times.
Results: Currently, 460 patients have been enrolled and randomised from the parent trials with 0% screening failures (-80% rollover rate, 30 August 2023). Current study status, including recruitment, screening failures and data collection experiences, are presented.
Conclusions: Patient enrolment rates from the CONNEX trials to the CONNEX-X open-label extension study are stable. CONNEX-X will allow the exploration of long-term safety, as well as descriptive analyses of cognitive and functional endpoints of iclepertin in the treatment of CIAS.
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Emergency Psychiatry

O0109

Evaluation of Psychiatric High and Intensive Care (EPHIC-study): monitoring innovative care from a value-based approach

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Introduction: Systematic monitoring and evaluation of innovative healthcare programs are essential to develop sustainable solutions to health needs in the population (Porter & Teisberg, 2006). Development of Psychiatric High and Intensive Care Units (HIC's) in Belgium, following the Dutch Model (van Mierlo et al., 2013), is an innovative model for patients with acute and severe psychiatric illness, resulting in potential danger. HIC aims to provide intensive, need-adapted care with interventions that reduce (perceived) coercion, focusing on participative processes and continuity of care.
Objectives: (1) What are the clinical characteristics of admitted patients? (2) How does clinical symptomatology evolve during admission? (3) How do patients, relatives and caregivers experience the process of care and recovery? (4) What is the role of HIC's in the reformed mental health care?
Methods: This is an explorative, hypothesis-generating study, using a mixed-method approach, consisting of qualitative and quantitative methods against a value-based framework. Data collection lasted 18 months in the first 9 HIC's in Belgium. Results are based on validated questionnaires completed by adult patients and their HIC caregivers at admission and discharge (N=472).
Results: We provide the first, preliminary results. Suicidality, psychotic and substance-related symptoms are the most important primary symptoms. Almost 70% have 2 or more symptoms, with psychiatric comorbidity of 50%. Substance-related- and psychotic disorders are the two most common diagnoses, followed by personality disorder cluster B and depressive disorder. 83% have been in residential care in the past, of whom 87% twice or more. The median age is 36 years, but the median age of onset of mental disorders is 21 years, which equals to 15 years in mental disorder progress and comorbidity development. Over 50% meet the criteria for Severe Mental Illness and 56% are involuntary admitted. There is a high degree of unmet needs: no outpatient care is provided for one out of five prior to admission and there is a low follow-up by mobile teams prior to and after admission (around 12% each). We found significant improvements after an average stay of 22 days for aggression, suicidality and crisis (respectively decrease of 68%, 25% and 9%); readiness to change and motivation for treatment (respectively increase of 5% and 14%) The Client Satisfaction Questionnaire scores range from 1 to 4, with an average score 3.15 out of 4.
Conclusions: Based on these preliminary results we can conclude that aggression, suicidality, crisis, readiness to change and motivation for treatment all improve significantly after a short stay of 3 weeks. Despite a vulnerable, severely distressed population, patients are generally satisfied with received care. There is a high degree of unmet needs: insufficient provided outpatient care and low follow up by mobile teams.

Disclosure of Interest: None Declared

Forensic Psychiatry

O0113

Involuntary Psychiatric Hospitalization of Minors Due to Court Orders: Effectiveness Assessing Through a Case Series

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Introduction: Involuntary treatments in forensic psychiatry represents a complex intersection of mental health, legal systems and ethics. Judicial authorities may compulsorily refer children to inpatient clinics for receiving necessarily treatment. Despite its importance, there is limited research on the reasons behind and effectiveness of such interventions in minors.
Objectives: The objectives of this study were to describe the clinical characteristics of minors who have risks of harming themselves and/or others so receiving involuntary treatment due to a court order. It is aimed to assess the effectiveness of involuntary treatment.