partially related to the quality of neighborhood social-related resources.

Disclosure of Interest: None Declared

EPP0463

Direct adjusted comparison of expressed emotion towards patients with schizophrenia between halfway houses and family settings

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Introduction: Rates of high expressed emotion (EE) towards patients with schizophrenia have only indirectly been compared between families and community residential facilities, since studies including patients in both settings are unfortunately lacking. High EE rates in staff-patient studies are typically lower than in families, with negligible rates of high emotional overinvolvement (EOI). However, indirect comparisons can suffer from many biases.

Objectives: This study directly compared patients with schizophrenia living in halfway houses or with their families on the EE of their caregivers, adjusting for patient- and caregiver-related confounders.

Methods: We included 40 inpatients with schizophrenia living in halfway houses and 40 outpatients living with their families and recorded the EE of the caring staff (N=22 nurses) or parents (N=56), respectively, through Five Minutes Speech Sample interviews. Each nurse rated 1-12 inpatients and each inpatient was rated by 2-5 nurses, totaling 155 nurse ratings. Each outpatient was rated by one or both parents. Due to the multilevel structure of EE ratings, generalized linear mixed models were fitted. We first adjusted only for differences in patient-related confounders between groups and then added basic caregiver-related demographics.

Results: Compared to outpatients, inpatients were older (p=0.001), less well educated (p=0.002), had a longer disease duration (p=0.047), more hospitalizations (p=0.012), lower severity of psychotic (p=0.027) and, specifically, negative symptoms (p=0.015), and lower perceived criticism (p=0.001). Nurses were younger (p<0.001) and better educated (p=0.001) than parents. After adjusting for patient-related confounders only, EOI was significantly higher in parents (p=0.027) while criticism did not significantly differ between groups. However, after also adjusting for caregiver demographics (age, gender and education), criticism was significantly higher in nurses (p=0.027) while differences in EOI became non-significant.

Conclusions: Differences in EE, when directly compared between parents and professional caregivers, may be explained by differences in patient-related characteristics, caregiver demographics as well as other caregiver characteristics to be investigated in future studies.

Disclosure of Interest: None Declared

EPP0466

Relationship between different PANSS cognitive factors and cognition assessed with MCCB in patients with first psychotic episode of schizophrenia

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Introduction: The Positive and Negative Syndrome Scale (PANSS) has been used as a universal instrument for clinical assessment of psychopathology in schizophrenia. Different studies have analyzed the factorial structure of this scale and have suggested a five-factor model: positive, negative, excited, depressive, and cognitive/disorganized factors. Two of the most used models are the Marder´s solution and the Wallwork´s one.

Objectives: The aim of this work was to study the correlations of the two cognitive factors (Marder and Wallwork) with a cognitive assessment performed with a standard cognitive battery, in a sample of patients with first psychotic episode of schizophrenia.

Methods: Seventy four patients with first psychotic episode of schizophrenia (26.9, SD:7.8 years old; 70.3% male) were included. The cognitive assessment was performed with the MATRICS Consensus Cognitive Battery (MCCB). The MCCB present seven cognitive domains: Speed of processing, Working memory, Attention/Vigilance, Verbal Learning, Visual Learning, Reasoning and Problem Solving, and Social cognition). Pearson correlations were performed between MCCB scores and Marder´s PANSS cognitive factor (P2, N5, G5, G10, G11, G13, G15) and Wallwork´s one (P2, N5, G11).

Results: Correlation between MCCB scores and cognitive factors of Marder and Wallwork can be seen in the table.

	Marder´s cognitive factor	Wallwork´s cognitive factor
Speed of processing	r = -0.461; p<0.001	r = -0.455; p<0.001
Attention/Vigilance	r = -0.414; p<0.001	r = -0.415; p<0.001
Working memory	r = -0.449; p<0.001	r = -0.468; p<0.001
Verbal Learning	r = -0.511; p<0.001	r = -0.405; p<0.001
Visual Learning	r = -0.252; p=0.024	r = -0.254; p=0.029
Reasoning and Problem Solving	r = -0.244; p=0.036	r = -0.272; p=0.019
Social cognition	r = -0.268; p=0.024	r = -0.202; p=0.091

Conclusions: Both PANSS cognition factors show a moderate correlations with Speed of processing, Working memory, Attention/Vigilance and Verbal Learning assessed by MCCB. More discrete correlations were found with Visual Learning, Reasoning and Problem Solving, and with Social cognition (in fact, non-significant correlation with Wallwork´s cognitive factor was found).

Disclosure of Interest: None Declared

EPP0467

The polymorphism ZNF804A rs1344706 is differentially associated with negative symptoms domains in schizophrenia

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Introduction: Negative symptoms (NS) are an important clinical characteristic of schizophrenia. In recent years, clinical research on NS has focused on their clinical heterogeneity. Based on two-factor analysis, it has been proposed to divide NS into abulia-apathy (AA) and expressive deficit (ED) domains. A number of studies have shown that these domains have different effects on the clinical features of schizophrenia, which suggests different pathophysiological mechanisms of their development. Neurobiological differences between AA and DE have been identified in neuroimaging and immunological studies but there is less research on the genetic background of NS.

Objectives: To search for an association between the rs1344706 polymorphism of the zinc finger protein gene (ZNF804A) and the AA and ED subdomains. The rs1344706 polymorphism is one of the best-supported risk variants for schizophrenia. The risk genotype AA has been shown to be associated with clinical presentations of the disease.

Methods: The study included 1116 (741 (66.3% women) patients with schizophrenia. The diagnosis was made according to ICD-10 criteria (item F20). The average age of the patients was 38.4 (13.6) years, age at disease onset was 26.1 (10.6) years. NS were assessed with the PANSS. The PANSS-derived AA domain consisted of Emotional withdrawal (PANSS item N2), Apathetic social withdrawal (N4), Active social avoidance (G16). The DE domain included Blunted affect (N1), Poor rapport (N3), Lack of spontaneity (N6), Mannerism and posturing (G5), Motor retardation (G7), Disturbance of volition (G13). Genotyping of the ZNF804A rs1344706 polymorphism was carried out using HRM-PCR. ANOVA with genotype and sex as independent variables, and age at the time of disease manifestation and its duration as covariates was used. Post hoc tests were performed using Bonferroni correction.

Results: A significant effect of the rs1344706 polymorphism on the severity of symptoms in the AA domain was revealed (F=5.88, df=2, p=0.002). In carriers of the CC genotype, the severity of symptoms was significantly lower than in carriers of the AA genotype and the AC genotype (8.4(3.5), 9.4(7.4) and 8.8(3.5) points, respectively). This effect was independent of sex and was not mediated by age at onset or duration of disease. There was no effect of the rs1344706 polymorphism on the severity of symptoms in the ED domain.

Conclusions: The association of the ZNF804A rs1344706 (A/C) polymorphism with NS of schizophrenia has not been reported so far though some studies have found the effect of this polymorphism on PANSS positive symptoms and PANSS total score. The finding of the association with NS can be explained by the fact that the NS heterogeneity was taken into account in the present study.

Disclosure of Interest: None Declared

EPP0468

Rates of perinatal environment risk factors in schizophrenia patients with higher and lower schizophrenia polygenic risk scores

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Introduction: Understanding the relations between genetic (G) and environmental (E) factors in the development of schizophrenia is important for psychosis prevention. These relations may vary from G x E correlations to G x E interactions and independent additive effects of genetic load and environment. The G x E interactions mean that genetic variants associated with schizophrenia make an individual vulnerable to specific environmental exposures thus enhancing the risk of disease manifestation in those who possess such genetic variants. In the case of independent effects, environmental exposure might serve as the main cause or an additional to genetic load external trigger which is needed for the illness development. Thus, the rate of independent environmental risk factors is expected to be higher in patients with a lower genetic liability to schizophrenia.

Objectives: The study aimed to confirm this hypothesis by comparing schizophrenia patients with higher and lower polygenic risk scores for schizophrenia (SZ-PRS) on the rate of urbanicity, winter birth and obstetric complications (OC), as previous data suggested their independence from the genetic burden of the disease.

Methods: SZ-PRS were calculated for 861 patients with schizophrenia spectrum diagnoses (ICD-10, F2), predominantly of Slavic decent, based on the latest GWAS. For patients comprising the highest and lowest SZ-PRS deciles, information on the environmental risk factors was extracted from medical records. Each environmental factor was coded as present/absent. The presence were defined as being born in the most urban environment (a city's population > 5 million), in winter months and having at least one OC from a predefined list (Alfimova *et al.* Int J Mol Sci 2022; 23: 12629). In addition, hypoxia/asphyxia, and low birth weight were analyzed separately. Polyenviromental risk scores (PERS) aggregating the three factors were calculated using natural logarithms of the odds ratios (OR) from an umbrella review (Radua *et al.* World