revealing the need to assess them properly. Although EA are increasingly speaking out on their own MHP in public, research-informed approaches for practitioners are still lacking.
Objectives: We aim to perform an overview of the MPH among EA, emphasizing the potential risk factors and interventions.
Methods: We conduct a non-systematic review of the recent evidence on the topic using PubMed/Medline database.
Results: Although EA have comparable prevalence rates of MHP to the general population, they are exposed to various sports-related stressors. Studies reveal that 50% of EA face MHP during their career, with onset peak around 19 years. Therefore, there is a need for early detection and intervention. Burnout, alcohol abuse, anxiety, depression, insomnia and eating disorders are some MHP reported. Their management should address psychosocial and environmental aspects. Psychoeducation and psychotherapy are considered the first line treatment. Moreover, EA may encounter barriers to seeking mental healthcare. Therefore, it is important to promote positive attitudes about MHP, create an environment that supports mental well-being, resilience, psychological flexibility, self-compassion and coping skills. Screening tools may facilitate the process, so there is a need for validated athlete-specific questionnaires for MHP screening and measuring.
Conclusions: Mental health is an integral dimension of EA well-being and performance and should be assessed. Specific programs to support EA mental health are recommended and research targeting common MHP for athletes are needed to better understand how to minimize their distress.

Disclosure: No significant relationships.
Keywords: Mental Health Problems; sports activities; mental health promotion; elite athletes

Schizophrenia and other Psychotic Disorders 08 / Sleep Disorders

EPP0732

Interrelations between insomnia, dreaming, and schizotypy in the general population: A network model

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Introduction: Insomnia and Nightmare disorder are the two most common comorbid sleep disturbances in psychotic conditions. However, insomnia and psychotic symptoms are umbrella terms that hide the heterogeneity of these concepts. Several studies have found that worsening sleep quality is associated with the strengthening of psychotic symptoms. Until now, there was less interest in the relationship between the specific insomnia symptoms (trouble with falling asleep, fragmented sleep, early awakenings, daytime consequences) and the specific dimensions of schizotypy (disorganization, unusual perceptual experiences, anhedonia, and impulsive nonconformity).
Objectives: The study aimed to depict the network structure of insomnia, dreaming features (dream recall/bad dream/nightmare frequency), and schizotypy dimensions.
Methods: Exploratory network analysis was conducted on cross-sectional data of the general population (N=1419, 77 % female). We modeled the interrelations between insomnia symptoms (Athens Insomnia Scale), dreaming features (the frequency of dream recall/bad dreams/nightmares), and the dimensions of schizotypy (OLIFE-S).
Results: show a highly connected network with strong stability. The nodes of schizotypy, insomnia, and dream feature perfectly correspond to their own clusters, but the nodes were also densely connected between the three clusters. Disorganization, frequent awakenings, and nightmares are the most central nodes of the clusters. The node of frequent nightmares seems to be the bridge symptom in this network which connects unusual experiences dimension and frequent awakenings.
Conclusions: These results suggest that specific dimensions of schizotypy and specific sleep complaints are differently connected. However further research is needed to investigate the finer details of these heterogenic phenomena.

Disclosure: No significant relationships.
Keywords: dreaming; network model; schizotypy; Insomnia

EPP0733

Clozapine-Treatment-Resistant Schizophrenia Successfully Managed with Brexpiprazole Combination Therapy: Two Case Reports

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Introduction: Clozapine has proven to have a unique efficacy on treatment-resistant schizophrenia (TRS). Nevertheless, studies show that 47%-63% of clozapine-treated patients may fail to respond after around 12-years of treatment (CRS). Several augmentation strategies have been proven to be effective in CRS.
Objectives: Hereby, we present two clinical cases of CRS successfully managed with brexpiprazole augmentation.
Methods: A 48-year-old man without comorbid substance use, treated with clozapine-brexpiprazole augmentation, and a 20-year-old man with comorbid substance use, treated with clozapine-brexpiprazole combination and subsequently with twice-injection aripiprazole (TIA). They were administered with the following assessments at t0, t1-3 (first month), t4-8 (monthly until 6-month follow-up): CGI, BPRS, PANSS, CDSS, Craving VAS, BARS, BIS-11, HRS-A, MADRS, YMRS, AIMS.
Results: At 1-month follow-up, both patients showed a considerable improvement (respectively 75% and 55.9% reduction of PANSS total score). At 6-month follow-up, reached only with the first patient, we noticed a further improvement (an overall 37.5% reduction of PANSS total score from the baseline).
Conclusions: The present work is the first report describing combination treatment strategies with clozapine and brexpiprazole which appear to give promising results.

Disclosure: No significant relationships.
Keywords: schizophrénia; Brexpiprazole; Clozapine-Treatment-Resistant; Combination Therapy

EPP0734

Disentangling early and late onset of psychosis in women

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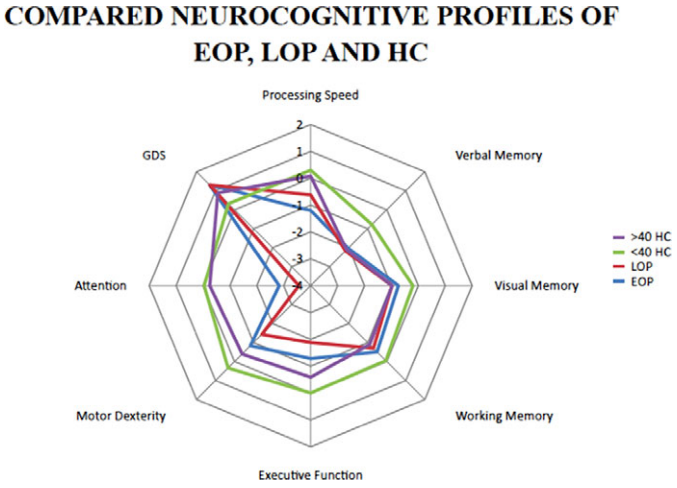
Introduction: Women present a second peak of incidence of psychosis during menopausal transition, partially explained by the loss of estrogen protection conferred during the reproductive years. Despite this, few studies compare sociodemographic, biological, clinical varibles and neurocognitive performance between women with early onset of psychosis (EOP) and those with late onset of psychosis (LOP).
Objectives: Our aim was to characterize both groups in a large sample of women, of which 294 were FEP patients (EOP = 205; LOP = 85) and 202 were healthy controls (HC) grouped following cutoff point (<>40 years of age) in previous studies.
Methods: Clinical and laboratory assessments were completed. Neurocognitive performance was also evaluated, and a cognitive global deficit score (GDS) was derived. ANCOVA was used for comparisons.
Results: EOP women were more frequently single and unemployed than comparable HC. Cholesterol levels in LOP women were higher than those of EOP women. LOP presented less severe symptoms, and higher scores in processing speed and premorbid IQ than EOP patients. Cannabis and alcohol use were also more frequent in EOP than LOP women.



Conclusions: Women with EOP and LOP show several sociodemographic, neuropsychological and clinical differences which may be valuable for planning personalized treatment emphasizing in socialization and differential generational dynamics. Some of these differences may be due to the aging process, while others might be influenced by factors such as lack of estrogen neuroprotection. In turn, drug consumption, low IQ and recent experienced trauma could as well reduce efficacy of hormonal neuroprotection.

Disclosure: No significant relationships.
Keywords: First Episode Psychosis; women; Early onset psychosis; Late onset psychosis

EPP0735

A pilot study of the associations between inflammatory markers and the presence of „deficit syndrome" in schizophrenia patients

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Introduction: According to current knowledge inflammation seems to be strongly associated with pathogenesis of schizophrenia. Multiple studies and meta-analyses showed increased levels of inflammatory markers in plasma of schizophrenia patients. Individual studies have shown a relationship between the levels of inflammatory markers and the presence of deficit syndrome, but their results are inconsistent.
Objectives: Analysis of associations between inflammatory markers and the presence of deficit syndrome in schizophrenia.
Methods: Studied group consisted of 50 patients with diagnosed schizophrenia (F20) for at least 10 years, including 14 patients with deficit schizophrenia (DS) and 36 patients with non-deficit schizophrenia (NDS). DS and NDS did not differ significantly in age, BMI, duration of schizophrenia, types and doses of antipsychotics (chlorpromazine equivalent), but differed in sex (x2=4.28,p=0.039). Concentrations of inflammatory markers i.e. IL-6,IL-8,IL-10, TNFα,IFNγ,CRP were measured in serum using sensitive ELISA assays.
Results: Initial analysis showed significantly lower concentration of IL-8 in DS compared to NDS (t=-3.18,p=0.002). This association remain significant (F=7.63,p=0.0085) after co-varying for age, sex, BMI, duration of schizophrenia, type of antipsychotic medications and antipsychotics doses. Multiple logistic regression showed that female gender (OR=0.18 [0.04-0.87],p=0.034) and higher IL-8 concentrations (OR=0.03 [0.002-0.39],p=0.007) are independent predictors of lower odds of having DS.
Conclusions: Low IL-8 concentrations seem to be promising predictor of the presence of DS in schizophrenia patients, but results need further investigations. The research was funded by Polish Minister of Science and Higher Education's program named "Regional Initiative of Excellence" in 2019–2022, grant number 002/RID/2018/2019 to the amount of 12000000PLN and by National Science Centre, Poland (2019/03/X/NZ5/00719)