Title

T116. PREDICTION OF REMISSION IN NON-CONVERTING INDIVIDUALS AT CLINICAL HIGH RISK FOR PSYCHOSIS

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well as the impact of their co-occurrence on outcomes is extremely limited. To fill in this gap, we investigated executive functioning in terms of response inhibition and sustained attention, candidate endophenotypes of both conditions, in adults with ASD, SPD, comorbid ASD and SPD, and neurotypical adults using both categorical and dimensional approaches.
Methods: A total of 88 adults (Mean Age ± SD = 37.54 ± 10.17): ASD (n = 26; m/f = 20/6); SPD (n = 20; m/f = 14/6); comorbid ASD and SPD (n=9; m/f =6/3) and neurotypicals (n=33; m/f =23/10) completed the Sustained Attention to Response Task (SART) in both its fixed and random forms.
Individuals with ASD had a DSM-IV diagnosis of either autism or Asperger Syndrome and met ASD cut-offs on the Autism Diagnostic Observational Schedule-Generic (ADOS-G). All individuals with SPD met DSM-IV criteria for SPD using the Structured Clinical Interview for DSM-IV Axis II Disorders (SCID-II). Individuals in the comorbid group met criteria for both ASD (determined by DSM-IV and the ADOS) and SPD (determined by the SCID-II). In addition, in both the clinical and healthy participants, positive and autistic symptom severity were assessed with the positive subscale of the Positive and Negative Syndrome Scale (PANSSpos) and the PANSS Autism Severity Score (PAUSS), respectively.
Results: Controlling for full scale IQ, working memory and medication dosage, group analyses revealed that the comorbid group committed fewer omission errors than the ASD group on the fixed SART, and fewer omission errors than the ASD and SPD groups on the random SART. The individual difference analyses revealed that the PANSSpos and PAUSS interactively reduced omission errors in both the fixed and random SARTs, as well as increased d' scores, indicative of improved overall performance.
Discussion: Concurrent elevated levels of autistic and positive psychotic symptoms seem to be associated with improved sustained attention abilities. We propose that sustaining and switching attention may represent two poles of irregularities across the autism and schizotypal spectra, which appear to converge in a compensatory manner in the comorbid group. Our findings highlight the importance of investigating the concurrent effect of ASD and SPD at both the symptom and diagnostic levels, and the potential benefit of this research approach to understanding the underlying mechanisms of seemingly overlapping phenotypes.

T114. THE CAUSAL DYNAMICS OF PARANOIA IN PATIENTS WITH SCHIZOPHRENIA: A THEORY DRIVEN NETWORK ANALYSIS

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Background: A cognitive account identifies six key psychological maintenance factors for persecutory delusions. However, a complex system of causation is likely where these factors interact in their influence on paranoid ideas. We set out to evaluate the causal dynamics of paranoia with theory-driven network approaches.
Methods: 1809 patients with non-affective psychosis attending UK mental health services completed assessments of paranoia, hallucinations, insomnia, self-esteem, worry, anxious avoidance, analytic reasoning, and psychological well-being. To assess causal patterns, we estimated, first, an undirected partial correlation network and then, second, adopted a Bayesian approach with Directed Acyclic Graphs to discover the directed causal pathways best supported by the data.
Results: The networks showed that with all other variables controlled, paranoia had direct causal interactions with hallucinations, negative self-beliefs, insomnia, worry, and avoidance. Hallucinations and negative self-beliefs were most directly linked to paranoia, whereas indirect paths had prominent influences on the causal effects for insomnia, worry, and avoidance. The direction of these interactions was uncertain, but negative self-beliefs and insomnia were more likely to influence paranoia than vice versa. Self-report reasoning was likely unrelated to paranoia once other factors were controlled. Causal factors were highly interconnected, with insomnia, negative self-beliefs, avoidance, and worry most directly linked to other variables. Most interactions were likely reciprocal, except for hallucinations which were unlikely to influence other variables and significantly caused by insomnia and avoidance.
Discussion: The findings are consistent with a complex system of interacting causation in the maintenance of paranoia. The patterns observed support the cognitive model of persecutory delusions, highlighting multiple pathways of causal interaction between paranoia and theoretically important factors. Interventions directly targeting these factors are likely to lead to multiple benefits, alleviating paranoia both directly and indirectly through connections with other causally related symptoms.

T115. PERSONALITY ACROSS THE PSYCHOSIS CONTINUUM: A FINE-GRAINED PERSPECTIVE

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Background: Personality is associated with the etiology, course and outcome of psychosis. Previous research has mainly focused on the global domains within the Five-Factor Model of personality. Moreover, little is known on the personality profile of individuals who report frequent psychosis-like experiences (PE) including auditory hallucinations, but do not fulfill criteria for a Cluster A personality disorder or psychotic disorder.
Methods: We included 134 individuals with non-clinical PE, 40 patients with a psychotic disorder and 126 healthy controls. Participants completed the Dutch NEO-PI-R. ANOVAs were performed to compare personality profiles across the three groups.
Results: The domains of Neuroticism, Openness and Conscientiousness showed significant group differences. Together with intermediate levels of Neuroticism, individuals with non-clinical PE on average showed high Openness compared to healthy controls and patients (trend-level). The patient group scored high on Neuroticism and low on Conscientiousness compared to both individuals with non-clinical PE and controls. Furthermore, facet-level analyses showed intermediate levels of Depression and Anxiety (N) in individuals with non-clinical PE, as well as high Fantasy, Aesthetics and Ideas (O) relative to controls. The group with non-clinical PE also displayed similar high Angry Hostility (N) and Feelings (O), along with low Trust (A) and Gregariousness (E), as seen in the patient group. Patients showed high Vulnerability and Self-Conscientiousness (N), and also low Competence and Self-discipline (C) compared to both other groups.
Discussion: This is the first study to provide an analysis of both domain and facet-level data across the psychosis continuum. Our findings underline the added value of a more fine-grained evaluation of personality. We address how certain facets may be related to general PE proneness, both in non-clinical and clinical individuals alike, while other traits may differentiate individuals with non-clinical PE from patients. Current results encourage intervention strategies targeting coping and social skills for youth at risk for psychosis.

T116. PREDICTION OF REMISSION IN NON-CONVERTING INDIVIDUALS AT CLINICAL HIGH RISK FOR PSYCHOSIS

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Background: The clinical high-risk period before a first episode of psychosis (CHR-P) has been widely studied in the past 30 years with the goal of understanding the development of psychosis. Despite the progress in understanding what factors are associated with conversion to psychosis from the CHR-P state, less attention has been paid to the individuals who do not transition to psychosis. It is estimated that approximately 75–80% of individuals do not go on to convert to psychosis from the CHR-P state and this group should not simply be characterized as the inverse of conversion. To date, only a handful of studies have examined the characteristics and predictors of those who do not convert to psychosis and ultimately either remit or continue to meet symptom-based CHR-P criteria. The present study took an exploratory empirical approach to determining potential factors that predict remission in non-converters.
Methods: Participants were drawn from the North American Prodrome Longitudinal Study (NAPLS2). Univariate Kaplan Meier survival analyses were performed on a pool of available demographic and clinical variables. Variables that were significant ($p < 0.05$) in the univariate analyses were then included in a multivariate Cox proportional hazard regression to predict remission. Remission was defined as all SOPS positive symptom subscale items rated as a 2 or lower at any given follow-up visit.
Results: A total of 359 participants from the NAPLS2 study who did not convert to psychosis and had data for at least the baseline and first follow-up visit and were included in this study. Of these participants, 174 met criteria for symptomatic remission. A total of 57 clinical variables were tested in univariate analyses and 14 of these variables met criteria for inclusion in the multivariate model. The variables included in the multivariate model were demographic variables (ethnicity, stressful life events), items from the Scale of Prodromal Symptoms (SOPS) (avolition, dysphoric mood), subtest scores from the MATRICS Cognitive Battery (speed of processing, verbal learning, verbal and non-verbal working memory, reasoning and problem solving, visual learning), one item from the Calgary Depression Scale for Schizophrenia (CDSS) (pathological guilt) and measures of functioning (GAF decline in past year, lowest GAF score in the past year). Overall, the multivariate model achieved a C-index of 0.64 (SE = 0.02) and p-value of 0.001 in predicting remission. In the multivariate model, significant covariates included stressful life events (HR = .95, p = .006), Hispanic ethnicity (HR = 1.45, p = .045), and avolition (HR = .89, p = .04). Covariates approaching significance included visual learning (HR = 1.02, p = .07), and GAF decline in the past year (HR = 1.01, p = .09).
Discussion: This study is the first to use a data-driven approach to systematically assess clinical and demographic predictors of symptomatic remission in individuals who do not convert to psychosis. The identified set of significant clinical variables is novel, suggesting that remission represents a unique clinical phenomenon and suggesting that further study is warranted to best understand factors contributing to resilience and recovery from the CHR-P period.

T117. PROMINENT AND PERSISTENT AUTISTIC TRAITS ARE ASSOCIATED WITH EARLY NON-REMISSION IN FIRST-EPISODE SCHIZOPHRENIA

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Background: Autistic phenotypic profiles in patients with schizophrenia are reportedly associated with poor outcomes, including higher odds of antipsychotic treatment failure. The Positive and Negative Syndrome Scale for Schizophrenia (PANSS) Autism Severity Scale (PAUSS) has been validated as a tool to identify "autistic profiles" in adolescents and adults with schizophrenia. We used the PAUSS (total score and subscores) to quantify autistic symptom load at different time points in a sample of patients with first episode schizophrenia (FES). We sought to investigate whether showing "prominent and persistent" autistic symptom load was associated with not achieving clinical remission at week 4 after the FES.
Methods: We analysed a subsample of FES patients from the OPTiMiSE study that was treated with amisulpride in an open-label design and had completed 4 weeks of follow-up. The selected subsample was composed of 55 individuals (27.3% female, mean age 25.6 (6.2) years) at "high-risk of non-remission" at week 2; i.e. patients with schizophrenia (not schizophreniform nor schizoaffective disorder) that showed prominent and persistent baseline-to-2-week negative symptoms (PNS, using Galderisi et al 2013 definition) and that had not achieved clinical remission at week 2 (using Andreasen criteria).
Results: In the selected subsample, the PAUSS showed acceptable internal consistency at baseline, 2-week, and 4-week visit (all Cronbach's alpha>0.7). Those with prominent (over the third tertile) and persistent (over the 4-week follow-up) PAUSS total scores, i.e. "autistic FES patients" had, relative to non-autistic FES patients, higher rates of comorbid social phobia (18.2% vs 0%, p= .041), higher PANSS positive, negative and total scores at week 2 and 4 (all p<.01), and a higher proportion of "non-remitters" at week 4 (91.7% vs 51.2%, p=.018). No other differences in demographic or clinical variables were found between both FES groups. Stepwise logistic regression analyses, controlling for potential confounders, revealed that showing a prominent and persistent "autistic phenotype" was associated with not achieving clinical remission at week 4 (B=2.148, OR=8.57, 95% CI= 1.01–73.5, p<0.05).
Discussion: The delineation of "autistic profiles" with the PAUSS in the early stages of schizophrenia might enable early detection of subjects at higher risk of short-term antipsychotic treatment failure. It may also enable to explore the neurobiological underpinnings of particular phenotypic groups within schizophrenia, which might in turn help advance in the understanding of the pathophysiology and aetiology of psychosis.

T118. A CROSS-SECTIONAL STUDY ON OUTCOMES OF INDIVIDUALS WITH FIRST HOSPITALIZATION AND PSYCHOSIS SPECTRUM DISORDER DIAGNOSIS

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Background: Acute psychosis is one of the most frequent causes of hospital admission. One of the major challenges is how to manage with negative symptoms. Clinical efficacy of treatment of patients at their first hospitalization has been evaluated in several studies.
We carried out a cross sectional study focusing on the different outcomes considering the clinical relevance of positive and negative symptoms.
Methods: We analyzed all the admissions and discharges of patients at their first psychiatric hospitalization after psychosis onset (diagnosed with ICD-9 criteria) in our inpatient psychiatric acute unit of Policlinico Tor Vergata, (located in a suburb of Rome) considering the period of time between January 2017 and September 2019. We characterized all patients according to age, ethnicity, socioeconomic status, substance use/abuse, violent behaviours, voluntary or compulsory treatment, length of hospitalization and use of long acting injection (LAI). We included 73 patients (out of 626 admissions, 12%) with a diagnosis of spectrum psychosis disorder at first hospitalization.
We used items 10–11 and 16–17 from the Brief Psychiatric Rating Scale (BPRS) to obtain two groups of patients with different clinical features. Based on the score of these items, patients were divided into two groups: group One characterized by prevalent positive symptomatology and group Two characterized by negative symptoms. Then, we compared clinical outcomes through BPRS, days of Hospital stay and Clinical Global Impression at the end of the hospitalization.
Results: In our study we found out that patients with BPRS prevalent negative symptoms had longer hospital stays (mean 17.29 days); patients with BPRS positive prevalent symptoms had a mean stay of 15 days. Group Two patients