The goals of this study are to analyze the pattern of SC variables in schizophrenia using cluster analysis, to examine the relationship of real-life functioning with cluster membership, and to identify cut-offs that best discriminate among clusters in a large sample of patients with schizophrenia recruited to the Italian Network for Research on Psychoses (NIRP). A full assessment of different aspects of SC was carried out, including emotional intelligence, recognition and theory of mind (TOM).

Disclosure of interest The author has not supplied his declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.972

W39

The effects of integrated treatment with atypical antipsychotics and social cognition training on functional outcome

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Social cognition is impaired in patients with schizophrenia [1]. This impairment is one of the core features of the illness and has a clear impact on functional outcome.

While conventional antipsychotics might have a worsening effect on social cognition, e.g. on amygdala attenuation in fMRI studies on facial recognition [2], atypical antipsychotics might not show this effect [3].

Social cognitive training [4] – such as the training of affect recognition [5] – is a promising approach in the treatment of schizophrenia.

Holistic strategies including both treatment with atypical antipsychotics and social cognitive training can improve functional outcome in patients with schizophrenia [6].

Disclosure of interest The author has not supplied his declaration of competing interest.

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http://dx.doi.org/10.1016/j.eurpsy.2016.01.973

Suicide risk evaluation: From research to clinical practice

w40

Future direction of suicidal risk assessment

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Objective to explore future directions on the assessment of the risk of suicidal behavior (SB).

Methods narrative review of current and future methods to improving the assessment of the risk of suicidal behavior (SB).

Results Predicting future SB is a long-standing goal. Currently, the identification of individuals at risk of SB is based on clinician's subjective reports. Unfortunately, most individuals at risk of SB often do not disclose their suicidal thoughts. In the near future, predicting the risk of SB will be enhanced by: (1) introducing objective, reliable measures – i.e. biomarkers – of suicide risk; (2) selecting the most discriminant variables, and developing more accurate measures – i.e. questionnaires – and models for suicide prediction; (3) incorporating new sources of information – i.e. facebook, online monitoring; (4) applying novel methodological instruments such as data mining, or computer adaptive testing; and, (5) most importantly, combining predictors from different domains (clinical, neurobiological and cognitive).

Conclusions Given the multi-determined nature of SB, a combination of clinical, neuropsychological, biological, and neuroimaging factors, among other might help overcome current limitations in the prediction of SB. Furthermore, given the complexity of prediction of future SB, currently our efforts should be focused on the prevention of SB.

Disclosure of interest The author has not supplied his declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.974

W41

New technologies for detecting suicidal risk of psychiatric patients

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Suicide is a major health issue with considerable human and economic costs. There have been many attempts to develop techniques capable of predicting future suicidal behavior, but known risk factors are insufficiently specific. However, during the last decades, technical developments have made possible the use of new technologies to assess potential clinical markers for psychiatric patients. In many cases the technologies are affordable, wearable and interconnected, multiplying the wealth of data resulting from their use. Quite logically, psychiatrists from all over the world are investing in recently developed devices for their research projects and have consequently started to collaborate with engineering and pattern recognition groups in the study of potential clinical markers. These groups provide the expertise and computational methods required to process this wealth of data, and can improve the classification accuracy to predict a certain condition using data mining techniques. In the field of suicidal behavior, new devices that capture promising predictors such as electrodermal response activity, some facial expressions or speech properties have been developed and are being tested. In view of these facts, during the workshop we will review some of the new methodologies that can be used for the assessment of suicidal risk and how can multidisciplinary and complementary approaches be implemented.

Disclosure of interest The author has not supplied his declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.975

W42

Electrodermal hyporeactivity evaluation for detecting suicidal propensity in depressed patients

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Introduction Since 1987 several publications have focused on electrodermal reactivity in groups with different suicidal behaviors, but with varying results. However, using an untraditional statistical approach with clinical application in focus revealed between themselves confirming results of a strong relationship between electrodermal hyporeactivity and suicide.

https://doi.org/10.1016/j.eurpsy.2016.01.976 Published online by Cambridge University Press

Objectives The objectives were to investigate how this research tool can be implemented for detecting suicide risk in depressed patients.
Aims The aims were to find a base for the objective test of electrodermal reactivity to be used as support in suicidal risk assessments in depressed patients.
Methods More than ten published studies on electrodermal hyporeactivity and suicide were reviewed subsequent to the application of an untraditional statistical approach. Gender, age, subdiagnoses and depressive depth were considered. All subjects were tested in a habituation experiment of the electrodermal response to a moderately strong tone stimulus.
Results The percentage of electrodermally hyporeactive depressed patients who later committed suicide was 86–97%. The percentage of electrodermally reactive patients that did not commit suicide was 96–98%. Hyporeactivity seems to be stable in at least 1–2 years in remission.
Conclusions It was considered favorable to test for hyporeactivity as early as possible, i.e. already in the primary care. That enables right treatment of right patients very early. The number of referrals to psychiatric specialists could be expected to decrease. Possible causes of hyporeactivity begin to be revealed, giving ideas of several treatment approaches.
Disclosure of interest The author has not supplied his declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.976

The assessment of negative symptoms: Achievements and perspectives

W43

Self-assessment instruments: Development and validation

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Introduction Negative symptoms are found in many patients with schizophrenia, but their assessment remains delicate. Standardized assessments are therefore needed to facilitate their identification. Many tools have been developed but most of them are assessments based on observer rating. Nevertheless, patient subjective evaluation can provide an additional outcome measure and allow patients to be more engaged in their treatment. Therefore, the aim of this study is to present past and recent tools assessing the subjective experience of negative symptoms; we will particularly focus on a novel tool, the Self-evaluation of Negative Symptoms (SNS).
Methods Forty-nine patients with schizophrenia and schizoaffective disorders (DSMIV) were evaluated in order to demonstrate three components of the scale's validity: face and content validities and reliability.
Results Cronbach's coefficient showed good internal consistency. Factor analysis extracted 2 factors (apathy and emotional). SNS was significantly correlated with the Scale of Assessment of Negative Symptoms and the Clinician Global Impression on severity of negative symptoms supporting good convergent validity. SNS scores were not correlated with level of insight, Parkinsonism, or with BPRS positive sub-scores in favor of good discriminant validity. Intra-subject reliability of SNS revealed excellent intraclass correlation coefficients.
Conclusion This study shows good psychometric properties of SNS as well as quite satisfactory acceptance by patients. It also demonstrates the ability of patients with schizophrenia to accurately report their own experience. Self-assessments of negative symptoms should be used more in clinical practice since they might allow patients with schizophrenia to develop appropriate coping strategies.
Disclosure of interest The author has not supplied his declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.977

W44

Evolution of negative symptom assessment instruments

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In this talk we will review the psychometric evolution of available instruments for assessing the negative syndrome of schizophrenia, describing their strengths and weaknesses.
Current instruments were classified into two categories according to their content validity and assessment approach as first- or second-generation instruments. The BPRS, SANS, the SENS and the PANSS belong to the first generation while the BNSS, the CAINS and the MAP-SR belong to the second generation. The NSA can be considered a transitional instrument between the two. First-generation instruments have more content validity problems than second-generation instruments do, as they do not accurately reflect the currently accepted negative syndrome (they do not include all negative symptoms and signs or they include symptoms from other dimensions). They also have more problems relative to the use of behavioral referents instead of internal experiences of deficits when assessing symptoms, which may lead to measuring functioning instead of negative symptoms.
Further research needs to be done in this area in order to ensure the evaluation of primary negative symptoms and internal experiences involved in negative symptoms rather than external behaviors.
Disclosure of interest The author has not supplied his declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.978

W45

Assessment of negative symptoms beyond schizophrenia

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Introduction Negative symptoms have long been recognized as a hallmark of schizophrenia. Newer evidence suggests that negative symptoms can be observed in persons with other disorders or even in non-clinical populations. However, most negative symptom scales are designed to identify clinically relevant symptoms, which might lead to underappreciation of subclinical symptom expression.
Objectives The aim of the present study was to establish distributional properties of well-established negative symptom scales in comparison with the newly developed Zurich Negative Symptom Scale, which employs a fully dimensional and continuous approach.
Methods We included participants with established schizophrenia ($n = 65$), first-episode psychosis ($n = 25$), schizotypal personality traits ($n = 29$) and remitted bipolar disorder ($n = 20$). Assessment of negative symptoms was conducted with the Zurich Negative Symptom Scale and compared to establish rating scales.
Results In this broad sample, measurement of negative symptoms with established negative symptom scales lead to a highly skewed distribution. In other words, established negative symptom scales were able to identify negative symptoms in some participants in the non-schizophrenia spectrum, but a differentiation of negative symptom severity in the subclinical range was not possible. In contrast, the distribution of negative symptoms measured with the Zurich Negative Symptom scale approached normality.