a positive-negative syndrome scale was also used. The data from the patient was obtained under the supervision of the clinical chief nurse for 10 minutes. Sensors were electrocardiogram (ECG) photoplethysmogram (PPG), seismocardiography (SCG), body temperature.

Results: Since some recording errors observed in two patients' records, the data of eight patients were evaluated. Aside from one of the eight patients evaluated, the signal deviation and strength of other patients' data increased in general. This result imply that signal deviations and strengths may be reduced during the psycho-motor agitation. These deviations may suggest that this sensor system is capable to evaluate some biological changes in patients.

Conclusions: Considering the results of the pilot study, it is planned to carry out future studies with a larger sample size and longer records. With these studies, it is thought that psychomotor agitation in patients can be determined in an objective and meas-urable way without risk.

Disclosure of Interest: None Declared

Schizophrenia and other psychotic disorders 08

EPP0763

Peripersonal space plasticity, Self-disorders and intersubjectivity in patients with early-onset and adult-onset schizophrenia

V. Lucarini[1,2,3]*, F. Magnani[4], F. Giustozzi[4], R. Volpe[4], F. Ferroni[5], M. Ardizzi[5], N. Fascendini[4], S. Amorosi[4], F. Rasmi[4], C. Marchesi[4], V. Gallese[5] and M. Tonna[4]

[1]Institute of Psychiatry and Neuroscience of Paris (IPNP), INSERM U1266, Université Paris Cité; [2]C'JAAD, Evaluation, Prevention and Therapeutic Innovation Department, GHU Paris Psychiatrie et Neurosciences; [3]Institut de Psychiatrie, CNRS GDR 3557, Paris, France; [4]Psychiatry Unit and [5]Unit of Neuroscience, University of Parma, Parma, Italy
*Corresponding author.
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Introduction: In schizophrenia, there is evidence for anomalies in the extension and plasticity of the peripersonal space (PPS), the portion of space surrounding our body, plastically shaped through motor experiences. An impaired multisensory integration at the PPS level would underpin the disembodiment, a core feature of the disorder linked to subjective perturbations of the sense of self ("Self-disorders") and of the intersubjective dimension ("schizophrenic autism").

Objectives: The present study was aimed at: 1) exploring possible associations between PPS data, psychopathological dimensions, and subjective experiences in schizophrenia; 2) identifying a specific PPS profile in patients with early-onset schizophrenia.

Methods: A motor training with a tool was used to assess the PPS size and boundaries demarcation in twenty-seven schizophrenia outpatients. Moreover, they underwent a thorough psychopatho-logical evaluation with the Positive And Negative Syndrome Scale (PANSS), the Examination of Anomalous Self Experience scale (EASE) and the Autism Rating Scale (ARS). Subsequently, the sample was divided into early (EOS) and adult-onset (AOS) sub-groups, that were compared with respect to their PPS and psycho-pathological profiles.

Results: PPS features (size and boundaries demarcation) were associated with PANSS negative score, subjective experiences of existential reorientation (EASE Domain 5 scores) and traits of schizophrenic autism (ARS scores; Fig. 1). PPS parameters (Fig. 2) and ARS scores, but not PANSS and EASE differentiated between early and adult-onset subgroups.
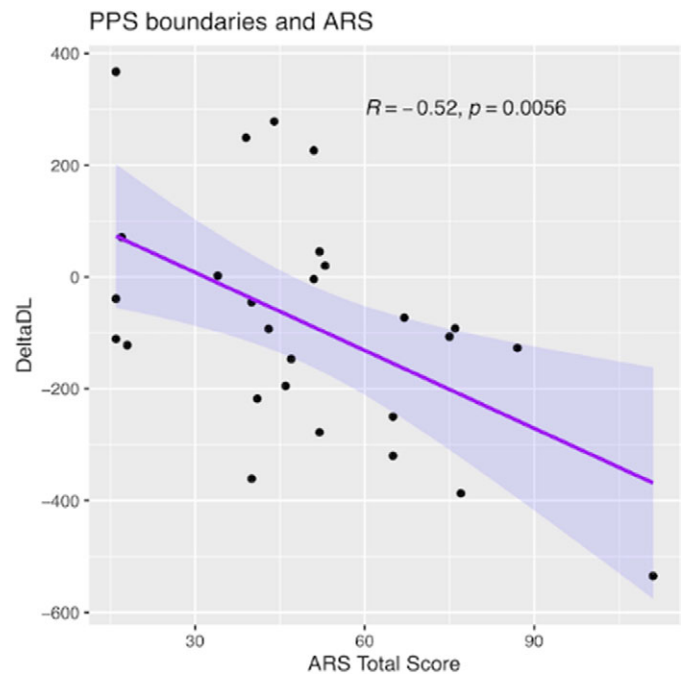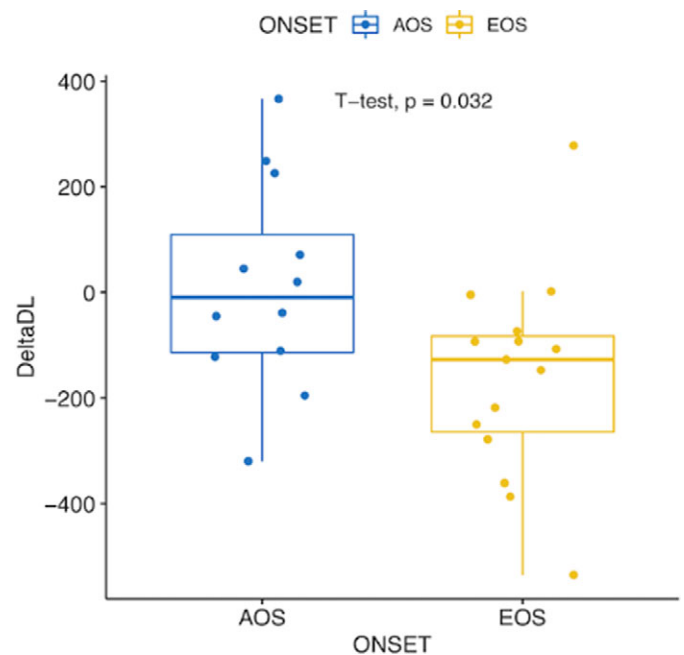
Image:

PPS boundaries and ARS

$R = -0.52, p = 0.0056$

Image 2:

ONSET: AOS, EOS

T-test, $p = 0.032$

Conclusions: Our results suggest a link between PPS patterns, negative symptoms, and disturbances of the subjective experience, particularly in the intersubjective domain, in schizophrenia. Moreover, they candidate specific PPS profiles and schizophrenic autism traits as EOS markers.

Disclosure of Interest: None Declared

EPP0764

Turn-taking analysis in patients with schizophrenia: conversational patterns, Self-disorders and the intersubjective dimension

V. Lucarini[1,2,3]*, F. Giustozzi[4], N. Fascendini[4], S. Amorosi[4], F. Rasmi[4], F. Magnani[4], C. Marchesi[4], F. Cangemi[5], M. Tonna[4], M. Grice[5] and M.-O. Krebs[1]

[1]Institute of Psychiatry and Neuroscience of Paris (IPNP), INSERM U1266, Université Paris Cité; [2]C'JAAD, Evaluation, Prevention and Therapeutic Innovation Department, GHU Paris Psychiatrie et Neurosciences; [3]Institut de Psychiatrie, CNRS GDR 3557, Paris, France; [4]Psychiatry Unit, University of Parma, Parma, Italy and [5]Institute for Phonetics, University of Cologne, Cologne, Germany
*Corresponding author.
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Introduction: Patients with schizophrenia present severe communication difficulties in various linguistic areas. In the last two decades research has invested significant effort in trying to better characterize the linguistic profile of patients with schizophrenia, with the purpose to help and guide diagnosis and treatment. Moreover, speech data could be easily gathered through non-invasive techniques and are therefore seen as particularly promising by clinicians. However, surprisingly very little is known about interactional dialogue management, i.e. turn-taking, in these patients. 'Schizophrenic autism', the peculiar intersubjective experience also linked to anomalies in the sense of the self ('Self-disorders') presented by these patients, could be at the basis of an unusual turn-taking management.

Objectives: The objective of the present study was to investigate turn-taking patterns of patients with schizophrenia and to explore their possible associations with psychopathological dimensions and subjective experiences.

Methods: We obtained double-channel audio-recordings from interviews with twenty patients with schizophrenia (SCZ) and twenty healthy controls (HC). Participants answered general questions to elicit spontaneous dialogues, to improve the ecological validity of the task. The audio files obtained were then analyzed with Praat, a software widely used in experimental phonetics. We subsequently quantified a set of conversational metrics (participant floor occupation, mutual silence, overlap between speakers, speaking turn and pause duration). Patients also underwent a thorough psychopathological and phenomenological evaluation with the Positive And Negative Syndrome Scale (PANSS), the Examination of Anomalous Self Experience scale (EASE) and the Autism Rating Scale (ARS).

Results: Our results show that the SCZ group displayed a reduced participant floor occupation, an increased mutual silence, and shorter speaking turns as compared to the HC. (Fig. 1, Fig. 2). We found significant associations between conversational features and psychopathology (Fig. 3). Two multivariate linear regressions showed that the participant occupation floor and the average speaking turn duration (dependent variables) were negatively related to the severity of negative symptoms and Self-Disorders. Interestingly, Self-Disorders were the best predictors of conversational engagement.
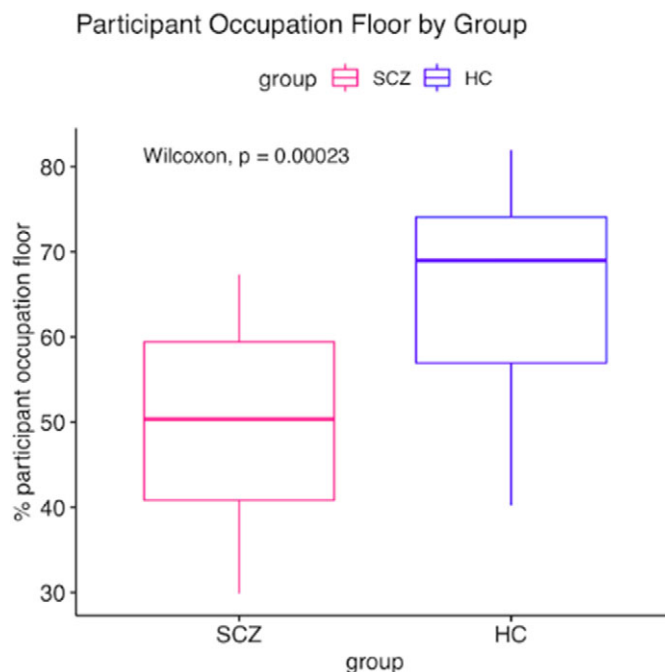
Image:

Participant Occupation Floor by Group

Image 2:

Average Turn Duration by Group