schizophrenia patients as compared to patients in more advanced stages of illness allows the impact of chronic adaptation of illness and social alienation to be limited.

Methods: The sample was comprised of patients who have had a recent onset of schizophrenia (n = 77) with a mean age = 23.4 (4.4) years who were treated with long-acting injectable antipsychotic medication and psychosocial interventions. Patients were assessed during the first outpatient year after hospital discharge. Life events were measured every 4 weeks and negative symptoms were assessed (BPRS) every 2 weeks. Using the Proxy for Deficit Syndrome, modified to take stability of negative symptoms into account, we identified groups of patients with three levels of severity: Patients with the deficit syndrome (DS; n = 15), patients with prominent negative symptoms (NS) but not meeting criteria for the deficit syndrome (n = 23), and non-negative symptom (NonNS) patients (n = 39).

Results: ANOVA indicated significant differences among the three groups in the frequencies of life events (P < .05) and patient appraisals of those events (P < .001). The DS patients reported significantly fewer total life events and fewer negative events as well as lower (muted) appraisals of the upsetness of negative life events. However, the groups did not differ significantly in their appraisals of desirability of life events or their success in coping with the events.

Conclusion: Negative symptom severity, including the presence of the deficit syndrome, was associated with the experience of fewer total and fewer negative life events, indicating a lack of engagement with others and their environment. Our evidence indicates that deficit syndrome patients have muted appraisal of their degree of distress (upsetness) in response to life events, but their appraisals on other dimensions (desirability and coping success) indicate their normal internal reactions to life experiences.

185. A TECHNOLOGY-ENHANCED INTERVENTION TO REDUCE THE DURATION OF UNTREATED PSYCHOSIS THROUGH RAPID IDENTIFICATION AND ENGAGEMENT

Tara Niendam*1, Rachel Loewy1, Daniel Ragland1, Tyler Lesh1, Haley Skymba1, Mark Savill1, Katherine Pierce1, Taylor Fedeleko1, Kevin Delucchi2, Howard Goldman3, Rosemary Cress3, and Cameron Carter1

University of California, Davis; 2 UCSF Weill Institute for Neurosciences; 3 University of California, Davis School of Medicine; 4 University of Maryland, School of Medicine

Background: Reducing the duration of untreated psychosis (DUP) is essential to improve long-term outcome in young people with first episode of psychosis (FEP). The US “standard of FEP care” focuses on targeted provider education regarding FEP signs and symptoms to motivate referrals to FEP-coordinated specialty care (CSC) services. However, a recent US multisite CSC trial showed a median DUP of 74.5 weeks, suggesting the current approach to engage referral sources is not sufficient to reduce DUP to proposed international standards of 12 weeks. This Cluster-randomized controlled trial assesses whether standard targeted provider education plus novel technology-enhanced screening using the PQ-B identifies more individuals with FEP, earlier in their illness, compared to standard targeted provider education alone.

Methods: Twenty-two sites were randomized within 3 strata (community mental health, CMH [N = 10], middle/high schools, SCH [N = 8], primary care, PC [N=4]) to 1 of 2 intervention arms (Education alone [TAU] vs. Education + Electronic Screening [Active]). Active sites screened eligible individuals ages 12-30 at initial presentation for mental health concerns and referred those who passed a liberal PQ-B cut off score for phone evaluation by the CSC clinic; TAU sites referred individuals for phone evaluation based on clinician judgment. Phone evaluations assessed eligibility for FEP services and DUP. Preliminary analyses examined the number of FEP referrals in each arm and sought to determine the optimal threshold for PQ-B screening.

Results: Active sites effectively implemented electronic screening within their settings. Of the 562 individuals electronically screened at Active sites, 45% scored above the PQ-B cutoff (mean ± SD PQ-B score = 42.6 ± 18.5, min = 20, max = 105, median = 39). Across all sites, 312 individuals were referred, with 3.5 times as many referrals from Active sites (n = 242) than TAU sites (n = 70). Eighty-seven percent of all referrals came from CMH sites (79% Active), 11% from SCH (68% Active), and 2% from PC (83% Active). More TAU referrals (70%) completed the phone evaluation compared to Active referrals (56%, P < .05). For phone evaluation completers across both arms, 34% reported attenuated and 29% fully psychotic symptoms.

Conclusion: Preliminary results show the feasibility of electronic screening across various community settings and showed a 3.5 times higher identification rate for electronic screening of self-reported psychosis spectrum symptoms than clinician-based identification alone. The high rate of screen-positives suggests that a higher PQ-B cutoff is required for universal screening in outpatient clinics. The next phase of the project will examine impact of clinic-based versus community-based treatment engagement to reduce barriers to initiating CSC care.

186. INSIGHT INTO SCHIZOPHRENIA AND ITS RELATIONSHIP WITH CLINICAL SYMPTOMS: A META-ANALYSIS INVOLVING 20515 PATIENTS

James Gilleen*1, Daniela Strelchuk2, and Emma Palmer3

1 King’s College London; 2 University of Cambridge; 3 University of Oxford

Background: Lack of insight is common in patients with schizophrenia and a large number of studies have endeavored to clarify the relationship between level of insight and degree of clinical symptomatology. This study aimed to advance our understanding of this relationship by conducting an up-to-date meta-analysis of all relevant studies published to date.

Methods: A literature search identified 151 eligible studies published up to August 2016 which together included 20515 patients with schizophrenia. The statistical associations between insight, its sub-components, and clinical symptoms were analyzed to calculate pooled effects from all studies included. Additional planned analyses included examination of whether clinical, procedural, or demographic variables moderated the strength of these relationships.

Results: Results revealed significant negative associations between global insight and positive (ES = -.27), negative (ES = -.22) and global (ES = -.28), symptoms; and a significant though weaker association with depressive symptoms (ES = -.20; all P < .001). In terms of individual symptoms, insight held the strongest and most negative association with Unusual Thought Content (r = -.46, P < .001) and disorganization (r = -.38, P < .001). There was substantial variation in the strength of association between individual components of insight and symptoms. Meta-regression analyses revealed that illness duration, number of psychotic episodes, age, and age of onset significantly influence the strength of the relationship between insight and symptoms. Stage of illness, assessment scale, and rater (patient vs. clinician) also moderate these relationships.

Conclusion: This study supports the general notion that insight and psychopathology are significantly associated in patients with schizophrenia, however, as the magnitude of associations are generally low to medium, overall findings suggest insight is largely independent from symptomatology. Results are of relevance to both clinical practice and future research studies.