sensitivity ($\tau = 0.24$, $P = .80$). ASI was related to willingness to expend effort ($\tau = .283$, $P < .001$), especially when outcome predictions required greater mental computation or were uncertain ($\tau = .170$, $P < .05$ to $\tau = .293$, $P < .001$). There was a negative relationship between SAT AS and effort for larger more likely rewards ($\tau = -.169$, $P < .05$). While higher explicit adaptive salience predicted less effort for small ($\tau = -.165$, $P < .05$) or unlikely rewards ($\tau = -.188$, $P < .05$), higher implicit adaptive salience predicted less effort for both low ($\tau = -.158$, $P < .05$) and high rewards ($\tau = -.177$, $P < .05$) when likelihood of winning was high. Loss sensitivity negatively correlated with willingness to expend effort for larger more likely rewards ($\tau = .199$, $P < .05$).

Conclusion: The findings support the predicted relationships between reward sensitivity and reward motivation and AS and reward motivation but not AS and reward sensitivity. The lack of relationship between AS measures, and their different relationship to reward motivation, suggests caution in interpreting current literature due to the wide variance in AS measures used. Future research should examine the relationships among measures of aberrant salience and reward processing in patients with schizophrenia.

SA41. THE UNPREDICTABLEBODY: MECHANISMS UNDERLYING ALTERED MAPPING OF THE BODILY SELF IN SCHIZOPHRENIA

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Background: Anomalous bodily experiences, loss of agency, and blurred self-other boundary contribute to the profound self-disturbances that characterize schizophrenia (SZ). Since bodily self-disturbances are present during the prodromal stage, and closely linked to social impairments that determine outcome, it is of great importance to elucidate underlying mechanisms. Our sense of unitary, embodied self depends on continuous spatiotemporal integration and predictive mapping of multisensory signals that places the self in relation to the other in space. To further elucidate origins of self-disturbances, we examined exteroceptive, proprioceptive, and interoceptive functions in relation to abnormal bodily experiences.

Methods: Individuals with SZ and matched controls (CO) participated in a series of experiments. To assess embodied emotions, a visual mapping task was used to generate spatial bodily maps of 14 emotions (Nummenmaa et al, 2014). A graphesthesia task was used to test for tactile-visual transformation mapping. Abnormal body boundary was investigated with a tactile-proprioceptive illusion task. Interoceptive awareness was examined with a heart-beat counting task. Subjective bodily self-experiences were captured with a novel picture-based dissociation inventory (Benson et al, 2017). We assessed social isolation in all participants, severity of symptoms in SZ, and schizotypy in CO.

Results: Significantly different bodily maps of emotions emerged in SZ compared to CO, with respect to the intensity of felt emotions and the spatial locations of those feelings. SZ were more likely to experience parts of their bodies changing in response to tactile-proprioceptive manipulation and were less accurate in detecting their own internal state (heart beat). Dissociations were present more frequently and intensely in SZ. However, SZ showed intact tactile-visual transformations. Finally, perceived social isolation exacerbated self-disturbances regardless of diagnosis and increased positive symptoms in SZ.

Conclusion: Ubiquitous presence of bodily disturbances is likely to impair predictive coding, given the spatiotemporal inconsistencies of the bodily self in relation to the external environment. One's spatial relationship with the environment may also be further compromised by reduced exposure to the dynamically changing social world. Bodily self-disturbances may interfere with consistent mapping of physiological and interoceptive signals to emotion categories, resulting in a significantly altered internal landscape in SZ. These results underscore the importance of integrating exteroceptive, proprioceptive, and interoceptive contributions and suggest the potential utility of body-centered interventions that aim to reduce the discrepancy between the body and the self.

SA42. IMPACT OF INTELLIGENCE DECLINE ON WORK OUTCOME IN PATIENTS WITH SCHIZOPHRENIA

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Background: The trajectory of intelligence/cognitive abilities in the course of illness may vary across patients with schizophrenia (Weickert et al., 2000). Specifically, a subgroup of patients whose intelligence are preserved has been shown to elicit a relatively favorable outcome in terms of occupation/employment, compared to patients with declining intelligence (Lesson et al., 2011). The purpose of this study was to determine whether IQ decline due to the development of schizophrenia, in combination with other clinical factors, would predict work outcome.

Methods: Subjects: One hundred and thirty three Japanese patients meeting DSM-IV-TR criteria for schizophrenia (mean age = 37.17, SD = 12.40) entered the study. This study was approved by the ethics committee of Osaka University. Assessment: Current and premorbid intelligence levels (IQ) were assessed by the Wechsler Adult Intelligent Scale (WAIS)-3 (FIQ) and the Japanese version of the Adult Reading Test (JART), respectively. Intelligence decline was estimated by subtracting the current IQ from premorbid IQ. Functional outcomes were assessed by the UCSD Performance-based Skills Assessment-Brief (UPSA-B) Japanese version, Social Functioning Scale Individuals’ version Modified for MATRICS-PASS (SFS), and Japanese version of Subjective Quality of Life Scale (JSQOLS). Analyses: The following variables were entered into logistic regression analysis to predict better (> 20 hours/week) or poor (< 20 hours/week) work outcome: IQ (JART, FIQ, FIQ-JART), functional outcome (UPSA-B, SFS, JSQOLS). Positive and Negative Syndrome Scale (PANSS) Total scores, age at onset, and education. Work hours were obtained with the Social Activity Assessment.

Results: Scores on the SFS Composite, calculated by excluding Employment/Occupation subscale scores, FIQ-JART, and PANSS Total remained as significant variables in the logistic regression, yielding around 80% accuracy for classifying better versus poor work outcome groups.

Conclusion: The current study suggests that the difference between premorbid IQ and current IQ provides a feasible indicator of work outcome; patients with a lesser decline are likely to work better. Future studies are warranted to address why IQ decline, rather than current IQ, more greatly affects work functioning in patients with schizophrenia.

References

SA43. PERSONALITY META-PERCEPTION IS IMPAIRED AND RELATED TO FUNCTIONING IN SCHIZOPHRENIA

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International Congress on Schizophrenia Research