Poster Session I

T1. STRESSFUL LIFE EVENTS AND PERCEIVED STRESS IN THE SAMPLE OF PATIENTS WITH FIRST-EPISTODE PSYCHOSIS AND HEALTHY CONTROLS: PRELIMINARY RESULTS

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Background: Despite the evidence related to the role of major life events and childhood trauma in the development of first-episode psychosis (FEP; Varese et al., 2012; Morgan & Fisher, 2007), there are few studies on environmental exposure to stressful life events (SLEs) and how SLEs might influence the onset of a psychotic disorder, and the role of perceived stress in this population. The proposed analyses will investigate the association between the categories of SLEs (education, work, partner, family, home, legal, finances, social and health) and perceived stress between patients with FEP and healthy controls (HC).

Methods: Participants were patients with FEP (n=15) and HC (n=21). This research was part of a longitudinal observational study called the ‘PROFEP group’ in Catalonia. Stressful life events were assessed with the Questionnaire of stressful life events (QSLE) (Butjosa et al., 2017). We analysed the frequency of the categories of SLEs. Perceived stress was assessed with the Perceived Stress Scale (PSS; Cohen & Williams, 1988).

Results: There are more frequency of SLEs in the education (p<0.05) and health (p<0.05) categories, and perceived stress (p<0.05) in FEP sample than HC.

Discussion: Results show the relevance of the presence of SLEs (e.g. education and health) and a potent source of perceived stress in FEP sample. Therefore, more studies are needed to evaluate these stressors to apply future psychological interventions in relation to stress management in FEP population. In addition, it would add protective variables in the analyses such as resilience, coping and social support.

T2. DO ADVERSE LIFE EVENTS AT FIRST ONSET OF AUDITORY VERBAL HALLUCINATIONS INFLUENCE SUBSEQUENT VOICE-CHARACTERISTICS? RESULTS FROM AN EPIDEMIOLOGICAL STUDY

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Background: Understanding what happens at first onset of auditory verbal hallucinations (AVHs) is important both at a clinical and theoretical level. Previous studies have focused on age with regard to first onset of AVHs. In the current epidemiological study, we investigated the role of adverse life events (e.g. accidents, divorce, bullying, unemployment) at the time of first onset of AVHs regarding symptom severity and general mental health later in life.

Methods: Using data from the Launay-Slade Hallucination Scale (LSHS), we compared participants who reported having experienced at least one adverse life event at first onset of AHVs (Trigger group; N = 76) to those who did not report any specific events at first onset of AVHs (No-trigger group; N = 59) on a large array of variables using Fisher’s exact test.

Results: Results revealed that the Trigger group experienced the AVHs as more emotional and they were also more troubled by the AVHs compared to the No-trigger group (all p < 0.01). Also, the Trigger group more often reported hallucinations in other (non-auditory) sensory modalities (e.g. visual, p = 0.012) compared to the No-trigger group. Furthermore, the Trigger group reported poorer mental health in general, and having had more frequent contact with mental health professionals, and also reported more frequently taking medication for mental problems in general (all p < 0.01).

Discussion: Adverse life events at first onset of AVHs appear to have a negative influence on subsequent voice-characteristics and general mental health, suggesting their presence to be an important factor to take into account when determining the risk for psychosis or other mental disorders. However, future longitudinal studies are needed in order to corroborate these findings.

T3. METACOGNITIVE BELIEFS IN SEVERE MENTAL DISORDERS

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Background: Affective dysregulation and psychotic experiences or symptoms often co-occur in the general population as well as in bipolar and psychotic disorders, suggesting a complex interplay. Early trauma is hypothesised to be important for the aetiology of both, and individuals with early traumatic experiences often develop disorders characterised by an admixture of affective and psychotic symptoms. Early emotional abuse seems to be particularly relevant for both disorders. Studies of common factors associated with affective dysregulation and psychosis in bipolar and psychotic disorders could help further theoretical understanding and tailor therapeutic interventions. Metacognitive beliefs – beliefs that outline the importance or consequence of thoughts – have been proposed as one possible common factor. Compared to healthy controls, patients with affective or psychotic disorders hold higher levels of metacognitive beliefs that could be maladaptive. Metacognitive beliefs have been linked to affective and/or psychotic diagnoses and symptoms in these disorders, and to early trauma in general. However, little is known about the specific relationships between symptoms of bipolar/psychotic disorders, early emotional abuse, and metacognitive beliefs.

This project had three objectives: (1) to examine the prevalence of metacognitive beliefs in bipolar and psychotic disorders, compared to controls; (2) explore whether illness-related factors were linked to metacognitive beliefs; (3) examine if symptomatic responses (depression or positive symptoms) to early emotional abuse were mediated by metacognitive beliefs.

Methods: Patients with a bipolar or psychotic disorder, and healthy controls, were included through the on-going Thematically Organised Psychosis (TOP) Study in Oslo, Norway. Analyses included t-tests for
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T4. IDENTIFICATION OF NEUROANATOMICAL SURROGATE MARKERS OF CHILDHOOD TRAUMA
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Background: Childhood trauma (CT) plays an important role in psychiatric disorders. It is associated with an increased risk for psychiatric disorders like major depression, anxiety disorders, dependency, post-traumatic stress disorders and even psychosis. There is a high incidence of CT in patients with psychosis, especially for physical and sexual abuse. Already in UHR-individuals increased CT could be observed. A study of Thompson and colleagues showed that 97% of their UHR sample reported a trauma in the past. 83% of the cases were physical abuse, 67% emotional abuse and 27% sexual abuse. Our aim was to investigate if there are neurobiological surrogate markers of trauma existing which can be detected by a multi pattern analysis.

Methods: PRONIA ('Personalized Prognostic Tools for Early Psychosis Management') is a prospective collaboration project funded by the European Union under the 7th Framework Programme (grant agreement n° 602152). Considering a broad set of variables (sMRI, rsMRI, DTI, psychopathological, life event related and sociobiographic data, neurocognition, genomics and other blood derived parameters) as well as advanced statistical methods, PRONIA aims at developing an innovative multivari-ate prognostic tool enabling an individualized prediction of illness trajectories and outcome. Seven clinical centers in five European countries and in Australia participate in the evaluation of three clinical groups (subjects clinically at high risk of developing a psychosis [CHR], patients with a recent onset psychosis [ROP] and patients with a recent onset depression [ROD]) as well as healthy controls; planned sample size is n=1680. CT was assessed by the Childhood Trauma Questionnaire (CTQ). To identify neuroanatomical and functional surrogate markers of CT, a multi pattern analysis via Neurorioner (NM) was conducted. An additional VBM analysis was performed to evaluate the results of the NM analysis.

Results: Patients with bipolar or psychotic disorders reported higher levels of metacognitive beliefs compared to controls. Metacognitive beliefs were significantly related to depression for all patients. Higher levels of metacognitive beliefs were also related to illness-factors related to a poorer long-term outcome, specifically an earlier age at onset of affective disorder in bipolar disorders, and poorer premorbid social adjustment in psychotic disorders. Metacognitive beliefs significantly mediated the relationship between early emotional abuse and depression. The combination of metacognitive beliefs and depression significantly mediated the relationship between early emotional abuse and positive symptoms. The mediation models explained a moderate amount of the variance in symptoms (R² = .21 and .29) compared to direct models of early emotional abuse impacting on symptomatic responses directly (R² = .04 and .03)

Discussion: Our results show that patients with bipolar or psychotic report higher levels of metacognitive beliefs compared to controls, and that such beliefs relate to current symptoms of depression in both patient groups. Our results also suggest that metacognitive beliefs relate to factors present before or at the onset of illness, which are often linked to a poorer long-term outcome in the disorders. Further, our findings suggest that in regards to early emotional abuse, metacognitive beliefs could play a role in an affective pathway to psychosis. Metacognitive beliefs could thus be relevant treatment targets in regards to depression and positive symptoms in bipolar and psychotic disorders.

T5. LURASIDONE AND RISK FOR METABOLIC SYNDROME IN PATIENTS WITH SCHIZOPHRENIA: A COMPREHENSIVE DATABASE ANALYSIS
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Background: Patients with schizophrenia are at increased risk for developing metabolic syndrome, with an estimated prevalence of approximately 35–50% (Correll et al. Psychiatr Serv 2010;61:892–98; Vancampfort et al. World Psychiatry 2015;14:339–47). Treatment with atypical antipsychotic medications have been shown to increase rates of metabolic syndrome, with differences observed among antipsychotic agents, most notably in propensity for weight gain: higher for olanzapine, clozapine, and iloperidone; intermediate for quetiapine, risperidone, and paliperidone; and lower for amisulpride, aripiprazole, asenapine, lurasidone, and ziprasidone (Leucht et al. Lancet 2013;382:951–62). Independent of weight gain, atypical antipsychotics also appear to have direct effects on lipid metabolism and glucose regulation. The aim of this safety analysis was to assess the effects of treatment with lurasidone on metabolic syndrome risk in patients with schizophrenia.

Methods: Changes in the rate of metabolic syndrome during treatment with lurasidone (40–160 mg/d) versus active comparators (olanzapine, quetiapine, risperidone) were analyzed using pooled short-term data from 3 randomized, double-blind, placebo-controlled studies; long-term data from 2 active-controlled studies; and switch data from 2 open-label extension studies. Metabolic syndrome was defined based on the National Cholesterol Education Program criteria (NCEP ATP III; 2005 revision).

Results: In short-term studies, risk of treatment-emergent metabolic syndrome was similar for patients in the lurasidone and placebo groups (odds ratio [OR]=0.97; week 6 LOCF-endpoint); and was significantly greater for patients in the olanzapine (OR=2.68; P<0.001) and quetiapine (OR=3.70; P<0.001) groups compared to placebo. In long-term studies, risk of treatment-emergent metabolic syndrome after 12 months was significantly lower for lurasidone compared with risperidone (OR=0.97; 95% CI, 0.180–0.774; P<0.01) and non-significantly lower for lurasidone compared with quetiapine (OR=0.97; 95% CI, 0.180–0.774; P<0.01) and non-significantly lower for lurasidone compared with quetiapine XR (OR=0.97; 95% CI, 0.180–0.774; P<0.01). In open-label switch studies, the rate of metabolic syndrome decreased in patients switched to lurasidone after 6 weeks of treatment with olanzapine or 12 months of treatment with risperidone.

Discussion: In this comprehensive analysis of the lurasidone clinical trial data base, treatment with lurasidone (40–160 mg/d) was not associated with the development of metabolic syndrome in patients with schizophrenia. Rates of metabolic syndrome increased in patients treated with olanzapine, risperidone, and quetiapine XR.