S216. REDUCED EMOTIONAL FACIAL EXPRESSION IN SCHIZOPHRENIA – A PROBE INTO THE PHENOMENOLOGY AND RELEVANCE OF EXPRESSIVE NEGATIVE SYMPTOMS

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**Background:** Emotional facial expressions are vital communicative signals and a lack thereof should interfere with successful social interaction. That people with schizophrenia lack emotional facial expression, mostly irrespective of antipsychotic medication, is not only a well-known notion but also backed up by ample evidence. However, a closer look reveals a more complicated picture that implies that maybe only those with expressive negative symptoms (ENS; i.e. blunted affect and alogia) but not those without ENS show reduced facial expressiveness. Furthermore, while the reduction has been found consistently for positive facial expressions, the evidence for negative facial expressions has been mixed. Finally, the social consequences of the reduction are mostly unknown and thus whether or not the reduction actually interferes with social interactions. To address these questions, we tested for the symptom-specificity of reduced positive and negative facial expression (phenomenology) and their social relevance in patients with schizophrenia with versus without ENS.

**Methods:** The frequency of positive and negative facial expressions in an affiliative role-play were assessed with the Facial Expression Coding System (FACES) in people with schizophrenia (n = 30) and in healthy controls (n = 39). Based on observing the role-play, independent raters also rated their willingness for future interactions with each participant. The presence of ENS was assessed via the Positive and Negative Syndrome Scale (PANSS).

**Results:** Patients with schizophrenia and ENS did not differ on positive symptoms and depression or on chlorpromazine equivalent medication dosage from those without ENS. The analysis of the frequency of facial expressions revealed that patients with ENS showed reduced levels of positive facial expressions both compared to those without ENS (d = 0.82) and to controls (d = -1.21). Both patient groups (with and without ENS) showed equally reduced negative facial expressions compared to controls (ds = 0.99 and -0.86). Raters also indicated less willingness for future interactions with patients with ENS without than with ENS (d = -0.92). This difference was significantly mediated by the reduced positive facial expressions.

**Discussion:** The findings offer new insights into the phenomenology and the relevance of reduced emotional facial expression in schizophrenia. Our study indicates that the moderate to large mean differences that have been reported in earlier studies comparing samples with more broadly defined schizophrenia to healthy controls could mainly be driven by a reduction in facial expressions that is relatively specific to those with ENS. However, some aspects of reduced facial expression may nevertheless be genuine to more broadly defined schizophrenia given that we found patients with schizophrenia both with and without ENS to exhibit reduced levels of negative facial expressions. Finally, we found that the reduction of the positive facial expressions explained why raters were more willing to interact with those without ENS than with those with ENS. This further highlights the relevance of ENS by showing that they interfere with successful social interaction and go along with immediate social costs.

S217. SELF-DISTURBANCES AND DIAGNOSTIC STABILITY IN FIRST EPISODE PSYCHOSIS: A SEVEN YEAR FOLLOW-UP STUDY

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**Background:** Self-disturbances are considered core features of schizophrenia spectrum disorders, and are present in the prodromal, the early psychotic and in the chronic phase. Self-disturbances are also present at first treatment in some patients with psychotic disorders outside of the schizophrenia spectrum. There is limited knowledge about the stability of self-disturbances over time. The aim is to explore the stability of self-disturbances in a seven year follow-up of first episode patients and to examine the association between self-disturbances at start of treatment and diagnostic changes at follow-up.

**Methods:** Longitudinal study of 56 patients recruited at their first treatment for an affective or non-affective psychotic disorder. Self-disturbances were assessed by the Examination of Anomalous Self-Experience (EASE), while diagnostic categories, symptom severity, and functioning were assessed with standard clinical instruments. At baseline we registered life-time experiences of self-disturbances. At follow-up we focused on self-disturbances experienced the last two years.

**Results:** At follow-up 35 patients were diagnosed with schizophrenia or a schizoaffective disorder (schizophrenia) and 21 with a bipolar, psychotic disorder or delusional disorder (non-schizophrenia). The level of self-disturbances was significant lower at follow-up than at baseline in patients with schizophrenia. Patients with schizophrenia had significantly higher levels of self-disturbances both at baseline and at follow up than patients in the non-schizophrenia group, who showed stable low levels of self-disturbances. In the schizophrenia group the EASE domain “Cognition and stream of consciousness”, was the most stable. There were no changes into or out of the schizophrenia group. The four patients in the non-schizophrenia group with relatively high EASE total scores at baseline (≥ 15) did not convert to schizophrenia at follow-up, as hypothesized. No patients in the non-schizophrenia group who increased their EASE score from baseline to follow-up converted to the schizophrenia group.

**Discussion:** EASE domain “Cognition and stream of consciousness”, have previously been described as some of the first self-disturbances appearing in the prodromal phase and are also found to be the most predictive of transition to full-threshold psychosis in an Ultra High Risk group. The results from the present study show that these phenomena are also the most stable over time. We did not find that patients outside the schizophrenia group, converted to schizophrenia, neither among those who had high level of self-disturbances at baseline nor those who had increased levels of self-disturbances at follow-up. The current study was conducted in rural areas with considerable distances to the specialized psychiatric health services, and consequently with long duration of untreated psychosis. The observed diagnostic stability is thus to be expected if symptomatic developments relevant for diagnosis take place early in the first episode, in this case before the first treatment contact.

S218. INSIGHT AND SUBJECTIVITY

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**Background:** The awareness of mental disorder or insight refers to the ability to perceive the disorder itself and the symptoms, the effects of the treatment and the social consequences of the disorder; and also the ability to attribute the symptoms to a mental disorder. Lack of insight is frequent in schizophrenia and is associated with a low adherence to the treatment and to a worse evolution. A greater insight has been associated with a lower psychopathological severity and with higher levels of depression. On the other hand, subjective insight refers not only to what happens to the patient but also to how he feels and to the perception of the changes that