T121. EARLY RECOVERY ASSESSED IN SYMPTOM, FUNCTIONAL AND QUALITY OF LIFE DOMAINS IN FIRST-EPISTIDE SCHIZOPHRENIA-SPECTRUM DISORDERS

Abstract not included.

T122. CAREGIVER BURDEN AND PERSONAL AND SOCIAL PERFORMANCE OF OUTPATIENTS WITH SCHIZOPHRENIA

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Background: Studies that have tested the effect of measures such as psycho-education have also shown that an increase in patients’ level of functionality is associated with a decrease in caregiver burden (Giron M., et al., 2010). The aim of this study was to analyze the sociodemographic characteristics of patients and caregivers and correlate them with the personal and social functioning of the patient and the overload of the caregiver.

Methods: Cross-sectional observational study. The population was patients (n = 60), diagnosis of schizophrenia (DSM-5), 18–50 years, both sexes, and Family caregivers n = 60 relatives could be: parents, siblings, spouses, close friends related to the patients both sexes, aged 18 to 70 years, living in contact with the patient at least 30 hours/week. Measures included patients and caregivers’ demographic variables, the Brazilian version of the Personal and Social Performance (PSP) and provides a score between 1 and 100.

Caregiving burden was evaluated using the Brazilian version of the Family Burden Interview Schedule (FBIS-BR) distributed in subscales: the patient in daily life [objective (Aa) and subjective burden (Ab)]; impact on family routine [objective (D)]; worries about the patients’ present and future life [subjective (E)].

For the analysis of the data was used PCA (Principal Component Analysis) to analyze interrelations between FBIS e PSP condensing the information contained in the various original variables in a set of statistical variables (components).

Results: Patients: n = 60; 66.67% male; mean age: 36.83 ± 9.87 years; 86.67% single; onset of illness 21.82 ± 7.32; duration of disease: 15.23 ± 9.86 years; number of hospitalizations 2.9 ± 3.69; 75% with elementary or middle school; 61.67% without social security.

Caregivers n = 60; 76.00% female; mean age: 55.87 ± 11.72 years; 55.00% mothers; 10% fathers; 58.33% married; 58.33% with elementary or middle school; in contact with the patient 83.93 ± 37.23 hours/week, most of them live with the patient; 53.33% without social security.

Initially the mean total score of the objective and subjective burden was 2.42 ± 0.59 and 2.13 ± 0.54, respectively.

The mean total score of Performance Social e Pessoal was 60.8 ± 12.19.

The PCA revealed two types of caregivers:

Group A: Caregivers with higher scores of overhead and patients with lower PSP scores

Group B: Caregivers with lower scores of overhead and patients with higher PSP scores

FBIS subscales group A and group B

Aa: A = 3.66 ± 0.55 > B = 2.79 ± 0.69
Ab: A = 2.40 ± 0.76 > B = 1.25 ± 0.65
Ba: A = 2.13 ± 1.48 > B = 1.48 ± 0.40
Bb: A = 1.37 ± 0.71 > B = 0.55 ± 0.44
D: A = 2.82 ± 0.39 > B = 1.97 ± 0.40
E: A = 3.77 ± 0.47 > B = 3.49 ± 0.69

FBIS-Total objective: A = 2.87 ± 0.39 > B = 1.97 ± 0.40
FBIS-Total subjective: A = 2.51 ± 0.41 > B = 1.76 ± 0.40

PSP Total: A = 56.37 ± 9.86 < B = 66.23 ± 2.0

Significant differences between the groups A e B were evidenced by Student’s t-test and chi-square test of independence or Fisher’s exact test at the probability level of 5%. The mean of the highest overload in the group A is significantly higher than the mean of the smallest overload group B and the mean of the PSP score A is significantly lower.

In sociodemographic aspects there are no statistically significant differences among the populations, except for the “number of hospitalizations of the patients’ higher in the greater overload group (4 ± 5 times) than in the lower overload group (2 ± 2 times).”

Discussion: Our results show that in patients with dysfunction or difficulties ranging from “manifest” in socially useful activities, including work, study and self-care to “marked to severe” dysfunction, they exhibited a significant inverse correlation with almost all dimensions of caregiver load.

T123. NORMAL SEXUAL DIMORPHISM IN THEORY OF MIND CIRCUITRY IS REVERSED IN SCHIZOPHRENIA

Abstract not included.

T124. MENTAL HEALTH HISTORY AND DEMOGRAPHIC PREDICTORS OF RESPONSE TO AN ANTI-STIGMA INTERVENTION

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1Alliant International University; 2Alliant International University; UCSD

Background: Public stigma toward individuals with schizophrenia (SZ) produces negative perceptions of SZ patients, including beliefs that a disproportionate number of these individuals are dangerous, frightening, or unpredictable. These (mis)perceptions often isolate SZ individuals from the general population, contributing to negative outcomes for the patient, (e.g., difficulties in self-esteem, social adaptation, and employment prospects), and for society, (e.g., financial burden, less supportive care for families, etc.). As such, anti-stigma interventions (ASI) that are widely effective across the populace are warranted, and clarification on the mechanisms of change in these interventions are essential to their success. The present study examined the efficacy of a novel combination of established anti-stigma interventions in general population participants. It further aimed to determine the role of mental health history and demographic characteristics in baseline stigma, and their contribution to intervention efficacy.

Methods: Participants (N=53) completed a demographic questionnaire that assessed age, gender, race, socioeconomic status, occupation, and education. Exposure to individuals with mental illness was assessed across self, familial, and other-relationship domains. Exposure metrics included contact with self or others with mental illness (Y/N), frequency of contact, nature of the relationship, and likely diagnoses. Participants were randomized to the anti-stigma intervention (SZ psychoeducation+video contact) or control (neutral article+video) condition. The Social Distance Scale (SDS) assessed baseline and follow-up stigma. ANOVA assessed intervention efficacy, and separate multiple linear regressions assessed relative contribution of mental health history and demographic variables to efficaciousness.

Results: ANOVA results yielded a significant interaction effect (group x time: p<0.01), where participants in the intervention group produced equivalent mean SDS scores at baseline relative to the controls (group at time 1: p=.53), but lower mean SDS scores at follow-up (group at time 2: p=.01). Mental illness exposure significantly predicted change in stigma from baseline to follow-up (F(3,49)=3.3, p<0.05, R2=0.17), with family history significantly contributing to the model (β=-.36, p<.05), but not personal history (β=-.12, p=.44), or other relationship history (β=-.13, p=.46).

SIRS 2019 Abstracts
T125. IS OCCUPATIONAL STATUS RELATED TO DURATION OF UNTREATED PSYCHOSIS IN DRUG NAÏVE FIRST EPISODE PSYCHOSIS PATIENTS?

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Background: Longer duration of untreated psychosis (DUP) is associated with poor quality of life (QoL) and worse functional outcomes in first episode psychosis (FEP). Unemployment has been previously associated to longer DUP and also to more severe negative symptoms and poorer QoL, but few studies have investigated the association between occupational status and DUP. This study aims to investigate whether occupational status prior to FEP and DUP are related in patients first admission at a Brazilian specialized early intervention center with no prior antipsychotic intake.

Methods: A sub-sample of 177 antipsychotic naïve FEP patients, with complete DUP and occupational status data were selected from Primeiro Episódio Psicótico (PEP) Project. T-test was performed to compare DUP between employed and unemployed patients. ANOVA was performed to compare DUP across occupational status: (i) Registered; (ii) unregistered; (iii) unpaid activity (voluntary) and student and (iv) other.

Results: Unemployed participants (73) had a longer DUP when compared to those with an occupation (104) (t = 2.5246, df = 110.91, p-value = 0.013). On the other hand, DUP was not significantly different across registered (n= 45), unregistered (n = 26) and voluntary work (n = 32) groups (df = 3, F = 1.26, p = 0.294).

Discussion: Having an occupation prior to FEP is associated to shorter DUP in this sample. On the other hand, DUP was not significantly different across occupational types. Unemployment might be an early sign of psychosis, indicating poorer premorbid adjustment; alternatively, employed people may have more social connections, what may lead to earlier access to treatment. These possibilities need to be addressed in cohort studies.

T126. EXAMINATION OF RELIGION AS A MEDIATOR OF MENTAL HEALTH DIFFERENCES IN HISPANIC AND WHITE SCHIZOPHRENIA CAREGIVERS

Abstract not included.

T127. REWARD- PUNISHMENT PROCESSING DEFICITS IN SCHIZOTYPY WITH CALLOUS UNEMOTIONAL TRAITS

Bess Yin-Hung Lam1,2,3, Shu-Mei Wang1, K.S. Lei1

1Hong Kong Polytechnic University

Background: Schizotypy (individuals with schizotypal personality traits) are found to be at risk for later development of schizophrenia-spectrum disorders. In prior studies, the patients with these disorders are associated with social cognitive dysfunctions such as reward- punishment processing. These social cognitive deficits incur familial and financial burden in the society. However, whether these deficits are also associated with schizotypy is not studied. Therefore, this study aims to investigate the reward-punishment processing ability in schizotypy. By studying this group of non-clinical individuals, we can gain a better understanding of the etiology of schizophrenia-spectrum disorders which can further help design the intervention to reduce schizophrenia-related symptoms and social cognitive deficits in the community.

Methods: A total of 474 participants were recruited with the following exclusion criteria: 1) not diagnosed with an Axis I psychotic diagnosis according to the Diagnostic and Statistical Manual of Mental Disorders, 5th edition; 2) without a history or the current presence of neurologic diseases; and 3) with no medical diseases. A subsample of 65 participants (41 males and 25 females; mean age (SD)= 20.4 years (4.7)) was randomly selected to participate in this study. Monetary Incentive Delay task (MID) was used to assess the reward-punishment processing ability in the participants and schizotypy personality traits were assessed by three self-reported measures including Prodromal Questionnaire (CPQ-16), Community Assessment of Psychotic Experiences (CAPE-C15) and Schizotypal Personality Questionnaire-Brief (SPQ-B). In addition, Antisocial Process Screening Device (APSD) was administered to assess psychopathic traits including callous-unemotional traits, narcissism, and impulsivity. Based on the ratings of these three schizotypy scales, participants were categorized into two groups: 1) schizotypy (high ratings) and 2) controls (low ratings).

Results: Multiple regression analysis was performed to test the hypothesis of this study. The results showed that the levels of schizotypy (p = 0.06) and the interaction effect (levels of schizotypy x callous unemotional traits) significantly predicted the accuracy of performance in MID (p = 0.03). Specifically, the schizotypy group performed less accurately in the MID task when compared to the controls. In schizotypy, callous unemotional traits were negatively associated with the accuracy in the MID performance (r = -0.51, p < 0.05) while this association was not significant in the controls (p = 0.05).

Discussion: The present findings suggest that reward-punishment processing ability is impaired in schizotypy who are at risk for later development of schizophrenia-spectrum disorders. In particular, these deficits are exacerbated by increased level of callous unemotional traits in schizotypy. With the basis of the present findings, the intervention for schizophrenia-related symptoms and social cognitive deficits is suggested to incorporate the component to enhance callous unemotional traits in these individuals.

T128. AN ANALYSIS OF ANXIETY, DEPRESSION, PHYSICAL ACTIVITY AND SOCIAL SUPPORT IN ADULTS WITH SCHIZOPHRENIA

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Background: Schizotypy (individuals with schizotypal personality traits) are found to be at risk for later development of schizophrenia-spectrum disorders. In prior studies, the patients with these disorders are associated with social cognitive dysfunctions such as reward- punishment processing. These social cognitive deficits incur familial and financial burden in the society. However, whether these deficits are also associated with schizotypy is not studied. Therefore, this study aims to investigate the reward-punishment processing ability in schizotypy. By studying this group of non-clinical individuals, we can gain a better understanding of the etiology of schizophrenia-spectrum disorders which can further help design the intervention to reduce schizophrenia-related symptoms and social cognitive deficits in the community.

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Discussion: The present findings suggest that reward-punishment processing ability is impaired in schizotypy who are at risk for later development of schizophrenia-spectrum disorders. In particular, these deficits are exacerbated by increased level of callous unemotional traits in schizotypy. With the basis of the present findings, the intervention for schizophrenia-related symptoms and social cognitive deficits is suggested to incorporate the component to enhance callous unemotional traits in these individuals.