O13.6. LONGITUDINAL TRAJECTORIES OF SOCIAL AND OCCUPATIONAL FUNCTIONING IN YOUNG PEOPLE WITH FIRST-EPIEDE PSYCHOSIS IN COORDINATED SPECIALTY CARE

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Background: Multicomponent programs for first-episode psychosis (FEP) offering coordinated specialty care (CSC) aim at maximizing opportunities for recovery by intervening early in the course of the illness. Two key components of recovery include social and occupational functioning. This study identified trajectories of social and occupational functioning in individuals enrolled in OnTrackNY, a statewide CSC program for treatment of early psychosis in community settings.

Methods: The sample in this naturalistic cohort design included 634 individuals between ages 16 and 30 with recent-onset, non-affective psychosis with at least one CSC follow-up assessment at 20 different sites across New York State. Clinicians collected demographic and clinical data at program entry and quarterly up to one year. Social and occupational functioning were assessed using the MIRECC Global Assessment of Functioning scales. Growth mixture models (GMM) were used to identify subgroups of clients with similar social and occupational functioning trajectories. The association between baseline demographic variables and trajectories were tested using chi-square tests and one-way ANOVAs.

Results: The GMM with four trajectory classes of social and occupational functioning best fit the data. The majority of the sample (59.1%) exhibited a greatly improving trajectory for occupational functioning from very low at baseline to moderate by 12 months with moderate and stable social functioning across the same period. A subgroup consisting of 14.9% of the sample had a similar moderate and stable trajectory for social functioning as the majority group, but were already exhibiting moderate occupational functioning at baseline and showed further improvement. Another subgroup (14.8%) entered the program high on both domains and remained stable or improved further. The most disabled group (11.4%) started low in both domains and improved across the year but remained at a dysfunctional occupational level. Female gender, higher education, adherence to antipsychotic medication and being employed or in school at enrollment were significantly associated with trajectories leading to more favorable social and occupational functioning.

Discussion: Four identified trajectories of FEP patients enrolled in CSC had improving or high-stable social and occupational functioning patterns. This is in contrast with the long-held view that most individuals with psychotic disorders have a deteriorating course of illness. Most variability in terms of trajectory patterns over 1-year follow-up is observed in occupational functioning, which suggests that this may be an important domain to target for intervention.

O13.7. PERSISTENT NEGATIVE SYMPTOMS IN INDIVIDUALS AT ULTRA HIGH RISK FOR PSYCHOSIS

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Background: Persistent negative symptoms (PNS) defined as negative symptoms that persist for at least six months in the absence of high levels of positive, depressive and extrapyramidal symptoms, are evident early in the course of schizophrenia from the first episode of psychosis. However, their presence even earlier in the illness, in those at Ultra High Risk of psychosis, has not been investigated.

Methods: We examined the prevalence, baseline correlates and outcome of PNS in 363 Ultra High-Risk individuals. Assessments were conducted at baseline and 2–14 years later (mean follow up time 7.4 years). Baseline assessments included demographic, clinical and neurocognitive measures, which were repeated at follow up.

Results: The prevalence of PNS in the UHR group was 6.1%. Poor premorbid social adjustment, deficits in verbal fluency and childhood maltreatment, specifically emotional neglect, were evident at baseline in the PNS compared to the group without PNS. PNS were associated with poor psychosocial functioning and deficits in processing speed at follow up.

Discussion: Our findings suggest that PNS can be detected early, allowing for the identification of a sub-set of Ultra High-Risk patients who are likely to have poor outcome. These individuals could be the target for specific intervention. Further research is needed into the pathophysiology of these PNS to develop specific interventions.

O13.8. TEEN PSYCHOSIS AND SUICIDE

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Background: The risk for self-harm in teenagers experiencing psychotic symptoms has been and is an urgent clinical matter, as adolescents in this population are at much greater risk for suicide compared to the same age group in the general population. Researchers have called for investigations into clinical markers specific to psychosis and this age group in hopes of developing therapeutic targets to mitigate suicide risk.

Methods: We examined the prevalence of suicidality and predictors associated with suicidal ideation and attempts in 101 adolescents ages 12 to 18 enrolled in intensive day treatment for youth diagnosed with psychiatric spectrum disorders.

Results: Similar to other studies in this young population, about half reported mild to moderate suicidal ideation at intake, with 43% reporting a past lifetime attempt. Teenagers at clinical high risk for psychosis (CHR; n=58) who endorsed delusions were 5 times more likely to endorse suicidal ideation odds ratio ([OR]=5.22; 95% CI, 13.04–16.27; p<0.01). When examining those who had made a recent attempt, teenagers who endorsed “not feeling accepted as who I am”) were 12 times more likely to report suicidal ideation odds ratio ([OR]=5.22; 95% CI, 13.04–16.27; p<0.01), indicating cognitive inflexibility (PCT). When examining those who had made a past lifetime attempt, teenagers who endorsed delusions were 5 times more likely to endorse suicidal ideation odds ratio ([OR]=5.22; 95% CI, 13.04–16.27; p<0.01). When examining those who had made a recent suicide attempt (n=31 or 30%), the majority included overvalued beliefs (SIPS first rank symptoms), aggressive obsessions (Y-BOC), and cognitive inflexibility (PCT).

Discussion: Delusions, OCD symptoms, cognitive inflexibility, and perceptions of identity were robust predictors of suicide risk and attempts in teenagers with psychosis.