In this ongoing study, we aim to compare the cognitive characteristics of homicide offenders with schizophrenia (HOS) to individuals with schizophrenia without a history of interpersonal violence (non-HOS).
Methods: Forty-seven participants with schizophrenia have been included so far (HOS N = 26; non-HOS N = 21). They were recruited from in- and outpatient units in hospitals all across Norway. Cognitive functioning was measured with the MATRICS Consensus Cognitive Battery (MCCB). Group differences between HOS and non-HOS were investigated with a series of univariate ANOVAs.
Results: HOS participants had significantly weaker overall cognitive functioning than non-HOS as indicated by the MCCB composite score ($F(1, 45) = 5.67$, $p = .022$). A series of follow-up univariate ANOVAs exploring each of the seven cognitive domains in the MCCB revealed that HOS participants had significantly lower verbal learning scores ($F(1, 45) = 8.43$, $p = .005$). This group difference remained significant after controlling for nonverbal IQ ($F(1, 44) = 5.22$, $p = .027$).
Conclusion: Homicide offenders with schizophrenia had lower overall cognitive functioning and verbal learning scores compared to persons with schizophrenia and no history of violence. Impaired cognitive functioning, especially verbal learning, could be a risk factor for severe violence in schizophrenia.
Policy of full disclosure: None.

P-05 Risk factors

P-05-001
Resilience and risk, metal health and well-being: how do these concepts relate?

F. Schultze-Lutter (University Hospital of Child and Adolescent Psychiatry, Research department KJP), Bern, Switzerland; S. J. Schmidt

Objective: Resilience and well-being have become commonplace and increasingly used terms in a wide range of scientific as well as mental health political contexts. There is much confusion about the relationship of the two constructs: while some use well-being as a proxy measure of resilience, others treat one concept as a component of the other or see interchangeably one as the prerequisite of the other. We therefore examined the definition of these two concepts in relation to each other.
Methods: Literature review.
Results: Both 'resilience' as well as 'well-being', have so far defied universal definition and common understanding of their respective measurement. Part of the confusion around these two concepts is the overlap in their components, in particular with regard to resilience and psychological well-being, and the lack of research on these concepts both by themselves, in relation to each other and in relation to other concepts like mental health, risk or protective (or promotive) factors.
Conclusion: Our critical and comparative inspection of both concepts highlights the need for more conceptual cross-sectional as well as longitudinal studies (a) to uncover the composition of these constructs and to reach agreement on their definition and measurement, (b) to detect their potential neurobiological underpinnings, (c) to reveal how they relate to each other, and (d) to determine the potential role of developmental and cultural peculiarities. Thus, the use of the terms resilience and well-being should always be accompanied by a brief explanation of their respective meanings and theoretical framework.
Policy of full disclosure: None.

P-05-002
15-year stability of transition risks to psychosis in ultra high individuals at the oasis: the hidden role of pretest risk enrichment

E. Palombini (Institute of Psychiatry and Psychosis studies), London, United Kingdom; P. Fusar-Poli, I. Bonoldi, P. McGuire, D. Oliver, C. Davies

Objective: The reason for declining (posttest) risk to psychosis across individuals assessed and meeting Ultra High Risk (UHR) criteria is still unclear. No studies have investigated the potential role of changes in the underlying pretest risk of psychosis across all the individuals undergoing a UHR assessment.
Methods: Cohort study including all non-psychotic subjects who were assessed on suspicion of psychosis risk by the OASIS UHR service in the period 2001 to 2015. Posttest (after UHR assessment) and pretest risk (before UHR assessment) of psychosis were stratified and compared across three time periods (2001–2005, 2006–2010, 2011–2015) with Cox analysis. The association of established factors that modulate pretest risk of psychosis and time period was also investigated.
Results: The posttest risk of psychosis at the OASIS service has been stable and not declined over the past decade. This was due to a stable underlying pretest risk for psychosis, which did not change over years. The pretest risk enrichment accounted for the vast majority (74%) of the observed posttest risk. Stability of pretest risk for psychosis was associated with the lack of changes in ethnicity and to counterweighting changes in the type of referral sources over different time periods.
Conclusion: Pretest risk enrichment explains the vast majority of posttest risk observed in UHR samples. Changes in recruitment strategies, referral pathways and of associated sociodemographic factors may dilute pretest risk enrichment of samples undergoing a UHR assessment and are likely to account for the declining posttest transition risks, observed over the recent years.
Policy of full disclosure: None.

P-05-003
Cognitive and perceptual basic symptoms in the community and their association with age

F. Schultze-Lutter (University Hospital of Child and Adolescent Psychiatry, Research Department KJP), Bern, Switzerland; B. G. Schimmelmann, C. Michel

Objective: Limited clinical relevance of attenuated psychotic symptoms before the turn from early to late adolescence, i.e., age 15/16, was reported. This emphasizes the potentially important role of neurodevelopmental aspects in the early detection of psychoses. We therefore examined the age effect on prevalence and clinical relevance of 14 cognitive and perceptive basic symptoms (BS) included in risk criteria of psychosis in a random representative 8- to 40-year-old community sample.
Methods: Participants (N = 689) underwent clinical interviews for BS, psychosocial functioning, and current mental disorder on the telephone
Results: BS were reported by 18% of participants, mainly cognitive BS (15%). Age seemed to affect perceptive and cognitive BS differently, indicating an age threshold for perceptive BS in late adolescence (around age 18) and for cognitive BS in young adulthood (early twenties)–with higher prevalence, but a lesser association with functional deficits and the presence of mental disorder in the below-

source: https://doi.org/10.48350/109328 | downloaded: 12.10.2024

threshold groups. Thereby, effects of the interaction between age and BS on functioning and mental disorder were commonly stronger than individual effects of age and BS.
Conclusion: Differential age effects of perceptual and cognitive BS seem to follow normal brain maturation processes, in which they might occur as infrequent and temporary non-pathological disturbances. Their persistence or occurrence after the conclusion of main brain maturation processes, however, might signify aberrant maturation processes. Thus, BS might provide important insight into the pathogenesis of psychosis and into potential neuroprotective targets.
Policy of full disclosure: None.

P-05-004
Relation between the duration of untreated psychosis (DUP) and negative symptoms

R. Vila-Badia (Parc Sanitari Sant Joan de Déu Research), Sant Boi de Llobregat, Spain; E. Amarfil, A. Butjosa, N. Del Cacho, G. Ledesma, M. Coromina, J. Cuevas, M. Pardo, M. Dolz Abadia, J. Usall

Objective: Determine if there is correlation between DUP and negative symptoms, grouped with subscale that propose Emsley. Adding as confounding variables sex, age and cannabis use.
Methods: The sample included 73 patients (men = 67%, women = 33%) with first episode psychosis (FEP) naïve, between 14 and 65 years. The patients belong to Mental Health Parc Sanitari Sant Joan de Deu (for adults) and Hospital Sant Joan de Déu in Barcelona (for children and adolescents) health care sector. At the time of admission, we evaluated PANSS scale and DUP. Statistical analysis was performed by regression, and we put the following confounders: DUP, sex, age and cannabis use.
Results: The results showed a significant correlation between DUP and negative symptoms ($r = 0.41$; $p = 0.002$). After controlling for sex, age and cannabis use in the previous 3 months, the correlation was maintained. In contrast, no correlation was found with positive symptoms.
Conclusion: There is a significant correlation between DUP and negative symptoms in naïve patients with FEP. Results suggested that reducing the period of DUP could reduce negative symptoms, thus avoiding a poor prognosis. In the future research, we would like to determine which is the role between negative symptoms and DUP.
Policy of full disclosure: None.

P-05-005
Schizotypy and childhood trauma as suicidal risk factors in a non-clinical sample

K. Kocsis-Bogar (University of Vienna, Faculty of Psychology), Vienna, Austria; L. Bürger, K. Hennig-Fast

Objective: High lifetime suicide rates in schizophrenia (4–10%) are well known, but suicide risk in connection with schizotypy is understudied and results are controversial. Childhood trauma has been argued to predict suicidal risk in schizophrenia patients as well as in other populations. The aim of the present study was to examine, if schizotypal personality traits and childhood trauma are significant risk factors of suicide risk in a non-clinical sample, even in comparison to such well-established factors as depression and hopelessness.
Methods: A non-clinical sample of 254 volunteers (198 female, mean age: 23.77 (SD = 4.57) filled out the German version of Schizotypy Personality Questionnaire, Childhood Trauma Questionnaire, Beck Hopelessness Scale and Beck Depression Inventory online. Volunteers were asked about their lifetime suicidal ideas and/or plans, as well as previous suicide attempts.
Results: 58 individuals were identified with suicidal risk (lifetime suicidal ideas, plans or previous suicide attempts). When compared to the rest of the sample, the suicidal risk group had significantly higher schizotypy ($d = 0.83$), hopelessness ($d = 0.61$) and depression scores ($d = .91$), and reported significantly more childhood emotional ($d = 0.89$), physical ($d = 0.39$), and sexual abuse ($d = 0.45$). According to our regression model ($\chi^2 = 63.84$, $p < 001$) schizotypy increased suicide risk by 6% (OR = 1.06, 95% CI = 1.03–1.09). Childhood emotional abuse meant more than a two-fold (OR = 2.69, 95% CI = 1.56–4.64) and sexual abuse meant almost a three-fold (OR = 2.92, 95% CI = 1.01–8.45) suicide risk. Depression and hopelessness did not prove to be significant predictors.
Conclusion: Schizotypal personality traits and childhood trauma history should be considered in suicide prevention, even in the absence of hopelessness or depressive symptoms.
Policy of full disclosure: None.

P-05-006
Gender differences in childhood trauma in patients with first-episode psychosis and healthy controls: a preliminary study

A. Butjosa (Parc Sanitari Sant Joan de Déu Research), Sant Boi Del Llobregat, Spain; R. Vila-Badia, N. Del Cacho, I. Riera-López de Aguileta, E. Amarfil, D. Muñoz, M. M. Ainoa Álvarez, C. Saltó, S. Ochoa, J. Usall

Objective: This study examined the gender differences in relation to childhood trauma in patients with first-episode psychosis (FEP) and healthy controls (HC).
Methods: This research was part of a longitudinal observational study called 'PROFEP Group' in Catalonia. The patients belong to Mental Health Parc Sanitari Sant Joan de Déu (for adults) and Hospital Sant Joan de Déu (for children and adolescents) health care sector. Participants were FEP patients (N = 22; males = 14, females = 8) and HC (N = 14; males = 5, females = 9) between 15 and 42 years. We used one instrument for analyses, the Childhood Trauma Questionnaire-Short Form (CTQ-SF; Bernstein et al., 2003) assessed into the following dimensions: physical, emotional, and sexual abuse, as well as physical and emotional neglect. To evaluate differences between the groups (FEP patients vs. HC) Mann–Whitney was used.
Results: FEP patients experienced more physical neglect ($p < 0.05$) than HC sample and there are no differences in other dimensions. Grouping by gender between FEP patients and HC, there are no differences in females, on the contrary, in males with FEP there are more physical neglect ($p < 0.05$) than HC. Differences of gender give contrasted results in emotional and physical neglect in males with FEP ($p < 0.05$), and no differences in HC.
Conclusion: There is a dynamic interplay between childhood trauma and FEP population. In this context, the role of gender differences is crucial to know future interventions focused on specific types of traumas between males and females. In particular, male samples undergoing FEP treatment would be the focus of emotional neglect that involves neglectful omissions. Specifically, we could act on these omissions to promote emotional well-being.
Policy of full disclosure: None.