Discussion: The rate of recruitment to the longitudinal study was much higher than expected, since a higher than expected proportion of screened participants had experienced basic symptoms prior to a previous relapse. Retention rates were as expected, suggesting that the ExPRESS app is acceptable to patients with psychosis. Qualitative feedback from participants supports this conclusion. The results from this longitudinal feasibility study will inform the design of a well-powered definitive study prospectively examining the sensitivity and specificity of basic symptoms in predicting relapses of schizophrenia.

T209. TESTING CORTICAL RTMS TARGETS TO IMPROVE PSYCHOMOTOR SLOWING IN SCHIZOPHRENIA AND MAJOR DEPRESSION IN A RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED TRIAL

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Background: Psychomotor retardation is a frequent symptom of schizophrenia spectrum disorders and major depressive disorders, which hampers functional outcome. Neuroimaging studies have pointed to aberrant connectivity between cortical and subcortical components of the motor system in subjects with psychomotor retardation. Furthermore, increased neural activity was noted in premotor areas in subjects with severe motor inhibition. Interventional trials targeting aberrant brain function with noninvasive brain stimulation in this field are missing.
Methods: In a randomized, sham-controlled, double-blind clinical trial we test whether three different repetitive transcranial magnetic stimulation (rTMS) protocols may ameliorate psychomotor retardation after 15 daily sessions in patients with schizophrenia spectrum disorders and patients with major depressive disorder. Randomization is performed in parallel for both diagnoses. rTMS protocols include facilitatory stimulation (15 Hz) of left dorsolateral prefrontal cortex (DLPFC), facilitatory stimulation (iTBS) of the supplementary motor area (SMA), inhibitory stimulation (1 Hz) of the SMA, and sham stimulation of the occipital cortex. Assessments are performed at baseline and every five rTMS sessions. Motor retardation is assessed with wrist actigraphy and the Salpetriere Retardation Rating Scale (SRRS). The primary outcome variable is the proportion of responders per group, with SRRS score reduction of 30% from baseline. We apply the last observation carried forward method to the intention to treat population
Results: The ongoing study has enrolled 24 patients (17 SZ, 7 MDD), and 15 patients completed the study. The proportion of responders differs significantly between groups ($X2 = 7.7$ p = 0.05) in favor of the inhibitory SMA stimulation (83%). Repeated measures ANOVA of SRRS in all participants with LOCF indicated a significant effect of time (F = 9.6, p = 0.001), but no time x protocol interaction. However, the completer analysis indicated an effect of time (F = 14.4, p < 0.001) and a time x protocol interaction (F = 2.5, p = .05). Positive effects were also noted for fine motor performance and negative symptoms.
Discussion: Inhibitory stimulation of the SMA seems to improve psychomotor retardation in these preliminary analyses. The result fits to findings of increased neural activity in premotor areas during behavioral motor inhibition in schizophrenia and major depression. Given, the effect is stable over the whole planned study population, inhibitory rTMS would become an interesting treatment for psychomotor retardation in affective and nonaffective psychoses.

T210. PSYCHOSOCIAL CORRELATES OF INTERPERSONAL PLEASURE IN SCHIZOPHRENIA-SPECTRUM PATIENTS

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Background: Although many people with schizophrenia-spectrum disorders report high levels of social anhedonia, it is not clear what differentiates those patients who self-report social anhedonia from those who do not. Moreover, the extent to which the hedonic functioning of severely disordered patients is associated with their clinical symptoms or with personality-related factors remains unresolved.
Methods: We administered the Anticipatory and Consummatory Interpersonal Pleasure Scale (ACIPS; Gooding & Pflum, 2014), a self-report measure designed to assess hedonic capacity for social and interpersonal pleasure, to 125 consecutively admitted inpatients with schizophrenia-spectrum disorder. The (81 schizophrenia, 44 schizoaffective disordered) patients were assessed in terms of their illness and symptom severity. They were also administered measures of self-efficacy (GSES; Jerusalem & Schwarzer, 1992), quality of life (Q-LES-Q-18; Ritsner et al., 2005), and recovery level (RAS-20; Salzer, 2010). Based on total ACIPS scores, two cut-off points were defined in order to classify participants as 'normally hedonic', 'hypohedonic' or 'anhedonic'.
Results: The ACIPS negatively correlated with 8 PANSS items: conceptual disorganization (P2, r=-0.24, p<0.01), hallucinatory behavior (P3, r=-0.28, p<0.01), suspiciousness (P6, r=-0.31, p<0.001), emotional withdrawal (N2, r=-0.24, p<0.01), stereotyped thinking (N7, r=-0.19, p<0.05), tension (G4, r=-0.23, p<0.01), G5 mannerism and posturing (G5, r=-0.22, p<0.05), and disturbance of volition (G13, r=-0.26, p<0.01).In addition, the ACIPS positively correlated with self-efficacy, self-esteem, perceived social support, subjective quality of life, and recovery scale scores.
Discussion: The ACIPS is a reliable and valid means to measure social anhedonia in a clinical sample. The findings revealed that the self-reported hedonic functioning of schizophrenia-spectrum patients is associated with both clinical symptomatology as well as some personality-related variables. Suggestions for further clinical and research applications using the ACIPS will be provided.

T211. BASIC SELF-DISTURBANCE AS A PREDICTOR OF DETERIORATION IN ATTENUATED PSYCHOSIS: A 1-YEAR FOLLOW-UP STUDY AMONG COMMUNITY-DWELLING ADOLESCENTS

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Background: Phenomenological research indicates that disturbance of the basic sense of self may be a core phenotypic marker of schizophrenia spectrum disorders. Basic self-disturbance (SD) refers to a disruption of the sense of first-person perspective and self-presence that is associated with a variety of anomalous subjective experiences. Recent studies including from our group provided first, preliminary support for the notion that SD is related to attenuated psychosis symptoms (APS) and depression among clinical (i.e., treatment-seeking) and non-clinical samples of non-psychotic adolescents. However, very few studies, if any at all, have looked at the ability of SD to predict change in APS and depression over time. The goal of this study was to address this lacuna in the literature by examining the unique and added contribution of SD to the prediction of change over time in APS and depression among community-dwelling adolescents.
Methods: The 1-year longitudinal relationship between SD and change in APS and depression were explored in a sample of 100 non-help-seeking adolescents (age 13–15) from the community. SD was assessed with the Examination of Anomalous Self-Experience (EASE), prodromal symptoms and syndromes were assessed with the Structured Interview for Prodromal