O-07-005
Individuals with schizophrenia show intact social behavior when given the opportunity to do so

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Objective: Research studies report up to 80% of adults with schizophrenia (SZ) to be unemployed and 60% single, a grim outlook attributed to social apathy and anhedonia inherent to the disorder. But what if we have the cause and effect wrong? Could the social apathy be the result of limited opportunities for social interactions, due to not having access to family and work contacts?
Methods: To investigate social behavior of individuals with schizophrenia, we used ecological momentary assessments—self-tracking of mood, activities and social company—ten times a day for 6 days in the daily life of 149 SZs [45 women, M age = 38.8 years) and 143 healthy controls (HC; 87 women, M age = 39.7 years). We then divided their social interactions into those occurring in the context of work, child-care and other structured activities that SZs have limited access to, and those occurring in the context of unstructured activities such as visits and leisure that both groups can choose more freely.
Results: SZ spent 30% (SD = 21) of the time in structured social contexts, which was significantly less than the 47% (SD = 20) that HC did [$p < 0.001$, CI (− 1.04, − 0.66)]. There was no difference in time spent in unstructured social contexts, however, between the SZ (M = 20%, SD = 18%) and HC [(M = 22%, SD = 18%; $p = 0.135$, CI (− 0.36, 0.05)]. Importantly, SZ endorsed significant enjoyment of unstructured social contexts, that matched that of HC [$p = 0.459$, CI (− 0.15, 0.06)]. Moreover, SZ's employment and cohabitation were a stronger predictor of time spent in structured [$p < 0.001$, CI (0.21, 0.7)] and unstructured social contexts [($p = 0.007$ CI (0.09, 0.6)] than clinically assessed apathy [$p = 0.038$, CI (− 0.46, 0.01); $p = 0.062$, CI (− 0.45, 0.01), respectively].
Conclusion: The finding that unemployment and social isolation, rather than apathy and anhedonia, might drive social behavior in schizophrenia identifies work reintegration as an unmet therapeutic need, with important consequences for mental health policy.
Policy of full disclosure: None.

O-07-006
Associations of psychosis-risk symptoms with quality of life and self-rated health in the community

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Objective: Understanding factors related to poor quality of life (QoL) and self-rated health (SRH) in clinical high-risk (CHR) for psychosis is important for both research and clinical applications. We investigated the associations of both constructs with CHR symptoms, axis-I disorders, and sociodemographic variables in a community sample.
Methods: In total, 2683 (baseline) and 829 (3-year follow-up) individuals of the Swiss Canton of Bern (age-at-baseline: 16–40 years) were interviewed by telephone regarding CHR symptoms, using the Schizophrenia Proneness Instrument for basic symptoms, the Structured Interview for Psychosis-Risk Syndromes for ultra-high risk (UHR) symptoms, the Mini-International Neuropsychiatric Interview for current axis-I disorders, the Brief Multidimensional Life Satisfaction Scale for QoL, and the 3-level EQ-5D for SRH.
Results: In cross-sectional structural equation modelling, lower SRH was exclusively significantly associated with higher age, male gender, lower education, and somatoform disorders. Poor QoL was exclusively associated only with eating disorders. In addition, both strongly interrelated constructs were each associated with affective, and anxiety disorders, UHR and, more strongly, basic symptoms. Prospectively, lower SRH was predicted by lower education and anxiety disorders at baseline, while poorer QoL was predicted by affective disorders at baseline.
Conclusion: When present, CHR, in particular basic symptoms, are already distressful for individuals of the community and associated with poorer subjective QoL and health. Therefore, the symptoms are clinically relevant by themselves, even when criteria for a CHR state are not fulfilled. Yet, unlike affective and anxiety disorders, CHR symptoms seem to have no long-term influence on QoL and SRH.
Policy of full disclosure: None.

P-01 Psychopathology

P-01-001
Increased interpersonal distance in schizophrenia patients with paranoia

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Objective: Schizophrenia is a highly disabling disorder with intense costs for society. In particular, paranoid experience is thought to be associated with conversion to schizophrenia, aggressive behaviour, and poor outcome. Paranoid threat is sometimes hard to detect in the clinical interview, which previously hindered the search for pathobiological substrates. In contrast, we recently proposed a simple test to identify paranoid threat: personal space test.
Methods: Interpersonal distance was measured with the stop distance and fixed distance paradigm in schizophrenia patients and, age, gender and education matched healthy controls. During the stop distance-procedure the participant is positioned at one end of the room facing the experimenter from a distance of seven meters. Participants are instructed to stop at a distance, where they would start feeling less comfortable. The fixed-distance paradigm assessed subjective evaluation of comfort at given interpersonal distances of 0.5, 1.0, 1.5, 2.0 and 2.5 meters between experimenter and participant with eye contact based on a visual analogue scale (VAS) ranging from 0 mm (maximum discomfort) to 100 mm (maximum comfort). Paranoid threat was assessed with the Bern Psychopathology Scale.
Results: Paranoid threat increased interpersonal distance in the stop-distance paradigm, and reduced comfort ratings in the _xed-distance paradigm. In addition, patients with paranoid power had high comfort ratings at any distance of the fix- distance paradigm. Patients without paranoia did not differ from controls in the interpersonal distance.
Conclusion: Impaired personal space regulation is critically linked to paranoid threat in schizophrenia. Thus, we were able to replicate our finding of personal space regulation as not generally altered in schizophrenia. In fact, patients experiencing current paranoid threat share increased safety-seeking behaviour. This is of particular relevance as impaired personal space might be predictive of aggressive behaviour, social and functional outcome in schizophrenia.
Policy of full disclosure: Nothing to disclose.