O-07-006

Environmental noise effects on emotional stroop interference in schizophrenia

B. Wright (King's College London, Psychology, London, United Kingdom; E. Peters, B. Wright, D. Osborne, V. Kumari)

Objective: Environmental noise has been found to impair memory and sustained attention in healthy adults. The evidence is less consistent for executive function tasks, such as the Stroop task, and there is limited study of noise effects in populations with psychosis. The present research aimed to (1) develop a novel face-word Stroop (FWS) task involving facial expressions and words (happy, angry, and neural (study 1) and (2) assess the impact of environmental noise on FWS interference in individuals with schizophrenia and healthy controls (study 2).

Methods: Study 1 involved 43 healthy controls tested on one occasion on the novel FWS task. Study 2 involved 18 individuals with schizophrenia and 18 controls; all of whom were tested on FWS on three occasions: under no (quiet), social, and non-social (urban) noise. Study 1 data were analysed using a 2 (Stimulus: congruent/incongruent) × 2 (Block: word/face) repeated measures ANOVA on RT and a paired *t* test on Stroop interference in the two blocks. Study 2 data were analysed using a 2 (Group: patient/control) × 3 (Noise: social/urban/quiet) × 2 (Block: face/word) mixed model ANOVA on Stroop interference, followed by relevant post hoc tests.

Results: Study 1 replicated the classical Stroop effect in the FWS task (greater RTs for incongruent vs. congruent trials) and found greater interference in the face vs. word block. Study 2 demonstrated the expected Block effect, a Group effect (more interference in patients vs. controls), and a Noise \times Block interaction (greater word interference under social and urban, relative to quiet, noise; and reduced face interference under social, relative to quiet, noise).

Conclusion: FWS interference is similarly sensitive to the effects of moderately loud environmental noise in people with schizophrenia and healthy people. Interference by emotional face and word stimuli are differentially affected by noise.

Policy of full disclosure: This research was funded by the Medical Research Council and King's College London.

P-01 Epidemiology and health services research

P-01-001

Ageing in schizophrenia: a systematic review

M. Isohanni (University of Oulu, Department of Psychiatry, Oulu, Finland; I. Isohanni)

Objective: The number of older adults with schizophrenia is expected to double during the next two decades. Schizophrenia is generally a lifelong condition. Our aim is to advance understanding of the course of schizophrenia and highlight interventions that improve outcomes and even achieve a state of wellbeing in later life and systematically review longitudinal studies of old age, focusing on cognition, functioning, co-morbidity, mortality, and treatments.

Methods: Electronic search of PubMed, PsychINFO and Scopus. Search terms: (ageing OR "older adult" OR elderly OR geriatric OR "late life") AND (schizophrenia OR schizoaffective OR schizophreniform"). Articles and books searched manually.

Results: Few prospective studies have analysed trajectories from early-mid adulthood into old age. Many remain symptomatic and

mortality and somatic comorbidity increase. Higher rates of decline in cognitive functioning affect ability to function independently. However, 18–27 % achieve recovery in old age. Inequalities remain in the quality and range of treatment interventions available to older people with schizophrenia. Medication sensitivity is more pronounced in the elderly, largely due to age-related changes in CNS and capacity to metabolise antipsychotics. Most algorithms recommend reduced doses in the elderly. Growing evidence base for interventions that alleviate symptoms, improve social and cognitive functioning and quality of life.

Conclusion: Despite reduced life expectancy, most schizophrenia individuals survive into old age. Early introduction of regular psychiatric and somatic assessments and prompt and adequate treatment of symptoms and comorbidities throughout the life course are essential. Cases of remission/recovery are often excluded in clinical and naturalistic research. This risks presenting a biased, somewhat pessimistic description of the illness course into later life. Evidence base for interventions needs improvement and future trials must include older participants. Identification of the critical variables associated with improved functioning, cognition, quality of life and successful ageing is a crucial step in designing targeted services and interventions.

Policy of full disclosure: None.

P-01-002

Prevalence of clinical high risk states of psychosis in the Swiss general population between 16 and 40 years

C. Michel (KJP Bern, Forschung, Bern, Switzerland; B. G. Schimmelmann, F. Schultze-Lutter)

Objective: Questionnaires cannot be considered a valid assessment of clinical high risk (CHR) symptoms and tend to greatly overestimate their prevalence. Thus, the prevalence and pathological value of CHR symptoms in the general population, when assessed in the same way as in help-seeking persons, is still rather unclear.

Methods: We studied the prevalence of ultra-high risk (UHR) and basic symptom (BS) criteria assessed with the 'Structured Interview for Psychosis-Risk Syndromes' and the 'Schizophrenia Proneness Instrument, Adult version' in a random Swiss general population sample of 16–40-year-olds. Telephone interview were conducted by trained clinical psychologists.

Results: 2682 interviews with young adults were completed. An interim analysis of 1229 interviews had shown that 2.8 % of the young adults acknowledged the presence of any one CHR criterion (0.4 % UHR criteria, all APS, and 2.4 % BS criteria). Further, 25.2 % reported at least 1 lifetime CHR phenomenon, thereby "perceptual abnormalities/hallucinations" of the SIPS, mainly on APS level, were the most frequent phenomena. Presence of any CHR criterion or phenomenon was related to lower psychosocial functioning and presence of any non-psychotic axis-I disorder.

Conclusion: While CHR phenomena occur in a quarter of young adults of the general population at least temporarily and seem to possess already some clinical significance by themselves, only a minority reports sufficient recency, frequency or change in severity of these phenomena to meet present CHR criteria. This highlights the importance of the recency, frequency or behavior-/conviction-related change-in-severity criteria included in CHR criteria.

Policy of full disclosure: This work is supported by a project funding grant from the Swiss National Science Foundation (32003B_135381).