abridged version of the task was used in healthy controls to perform a neuroimaging study.

*Results:* Our data demonstrate that a gaze-based social context significantly changes the neural correlates of action control in healthy and draws upon brain regions, which are relevant for real-time adjustments of behavior. Using the above described stimulus–response compatibility paradigm in a comparison group and patients with HFA in a behavioral study, it was demonstrated that while in the comparison group being looked at by a virtual other leads to a reduction of reaction time costs associated with generating a spatially incongruent response, this effect is not present in the HFA group.

*Conclusion:* Our findings suggest that a modulatory effect of social gaze on action control might play an important role in direct social interactions by helping to coordinate one's actions with those of someone else. Disturbances of such automatic integration in autism might be relevant for the profound social difficulties patients with high-functioning experience in everyday-life social situations.

*Policy of full disclosure:* No conflicts of interest. No relevant disclosures.

### S-45-004
### Structural imaging correlates of motor impairments in schizophrenia: gesture control and motor slowing

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*Objective:* Patients with schizophrenia spectrum disorders frequently present with motor abnormalities. The pathobiology of these various motor impairments is however poorly understood. Here we present results of several neuroimaging studies focusing on gesture control and motor slowing in schizophrenia spectrum disorders.

*Methods:* Patients underwent behavioral assessments outside the scanner either with the Test of Upper Limb Apraxia (TULIA) to measure gesture performance or with wrist actigraphy during the wake hours of one day. We applied structural MR imaging and perfusion MRI at 3T. Correlations were tested for brain structure and perfusion and the performance of the motor assessments outside the scanner.

*Results:* Impaired gesture performance was associated with reduced gray matter density in the praxis network including bilateral inferior frontal gyrus, insula, superior parietal lobes, superior temporal lobes and pre-Supplementary motor area (preSMA). Furthermore, white matter ultrastructure correlated with gesture performance within the corpus callosum and bilateral anterior corona radiata. Spontaneous motor activity as assessed by wrist actigraphy correlated with increased perfusion of cortical motor areas and reduced white matter integrity underneath the SMA. These associations were different from those seen in controls, in whom motor activity correlated with perfusion in the anterior nucleus of the thalamus. Likewise, in controls, activity correlated with increasing strength of thalamocortical motor pathways, but in patients activity correlated with strength of connectivity between preSMA and SMA.

*Conclusion:* Patients with motor abnormalities present aberrant brain structure and perfusion within the cerebral motor system. Particularly, the praxis network is involved in poor gesture performance and the primary motor loops are affected in those with hypokinesia. Hypokinesia seems to be associated with disturbed interaction between basal ganglia and cortical motor areas in schizophrenia.

*Policy of full disclosure*: None.

## O-01 Early detection and intervention

### O-01-001
### The European Psychiatric Association's (EPA) guidance on the early detection of clinical high risk states of psychoses

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*Objective:* The EPA Guidance project aims to improve the quality of mental health care in Europe by disseminating written information based on best evidence and psychiatric practice and to facilitate countries learning from each other in areas where guidelines are lacking. One of these areas is the early detection of a clinical high risk (CHR) for psychosis in patients with mental problems.

*Methods:* A meta-analysis of studies reporting on conversion rates to psychosis in CHR samples according to ultra-high risk (UHR) and/or basic symptoms criteria was conducted with special attention to potential moderators (different UHR criteria definitions, single UHR criteria).

*Results:* Conversion rates in the identified 42 independent samples with altogether more than 4000 CHR patients who had mainly been identified by UHR criteria and/or the basic symptom criterion 'cognitive disturbances' (COGDIS) showed considerable heterogeneity. While UHR criteria and COGDIS were related to similar conversion rates until 2-year follow-up, conversion rates of COGDIS were significantly higher thereafter. Differences in onset and frequency requirements of symptomatic UHR criteria or in their different consideration of functional decline, substance use and co-morbidity did not seem to impact on conversion rates. The 'genetic risk and functional decline' UHR criterion was rarely met and only showed an insignificant pooled sample effect.

*Conclusion:* Although more research into potential sources of heterogeneity in conversion rates is needed to facilitate improvement of CHR criteria, six evidence-based recommendations for an early detection of psychosis were developed and published in European Psychiatry (Vol. 30, Issue 3, March 2015). In brief, these include the recommendations to alternatively employ the two symptomatic UHR and COGDIS criteria irrespective of the level of psychosocial functioning exclusively in help-seeking samples, in that they should be assessed—or at least their assessment be supervised—by specifically trained mental health professionals.

*Policy of full disclosure*: None.

### O-01-002
### Risk of psychotic disorder in offspring of parents with schizophrenia: a meta-analysis

A. Macbeth (University of Edinburgh, Clinical Psychology, Edinburgh, United Kingdom; A. Gumley, S. Harder, S. O'Flaherty)

*Objective:* Offspring of parents with schizophrenia and psychotic disorders as at higher risk of psychosis than the general population. Modern population/registry studies and prospective high-risk cohorts with adult diagnostic data for offspring permit updated estimates of offspring vulnerability to psychosis using case–control designs. We conducted a meta-analysis of the strength of association between a parental diagnosis of schizophrenia (non-affective psychosis) and diagnosis of psychotic disorder in the offspring.

*Methods:* Following MOOSE guidelines, MEDLINE, EMBASE, PsycINFO and grey literature were searched using search terms for