Comorbid Conditions

A1 Incidence of Abnormal Lipid Tests among First Episode of Psychosis Patients: Hazard Rate Greater for Males than Females
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Purpose: Despite ample data on the gender differences in the incidence of abnormal lipid tests among young people started on antipsychotic medications for a first-episode of psychosis. The aim was to address the incidence of the latter.

Methods: Retrospective review of lipid test results among a clinic sample of first-episode psychosis patients. The time interval was measured from initiation of antipsychotic medications and onset of a lipid test abnormality. The survivor functions were plotted on the same axis using Kaplan-Meier curves for 143 consecutive and eligible cases between the ages of 14 and 40 years of age, meeting criteria for a first-episode of psychosis. Gender differences were analyzed using Cox regression.

Results: The median survival time was 5 months for males and 10 months for females. The survivor curve for males showed a significantly faster rate of decrease compared to the one for females. Males, compared to females, were 1.60 times more likely to develop an abnormal lipid test (Hazard ratio 1.60; p =0.04; CI 1.03-2.50).

Conclusions: Males were significantly more likely to develop lipid abnormalities within the first 5 months compared to females. Most consensus guidelines for metabolic monitoring recommend lipid testing at baseline, three months and annually thereafter. All first episode patients may require more frequent blood monitoring than the recommended guidelines to detect abnormalities early in the course of treatment. Compared to young women, young men may need more intensive supports to prevent lipid abnormalities.

A2 The predictive role of reflective functioning and somatic complaints on non-suicidal self-injury episode during adolescence: preliminary data
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Non-suicidal self-injury (NSSI) is a prevalent and threatening behaviour during adolescence, potentially associated with negative outcomes (e.g. higher risk of suicide or later psychopathology). Emotion dysregulation, impulsivity and a prior history of NSSI are well-recognized risk factors for NSSI. Albeit poor reflective functioning has been theoretically linked to psychological difficulties expressed via the body, the predictive role of sociocognitive deficits on NSSI lacks of empirical support. The aim of this study was to explore whether reflective functioning and the presence of physical symptoms without recognized somatic causes (e.g. headache) represent correlates and/or prospective risk factors for NSSI episodes. The sample includes 95 adolescents aged 12 to 18 from the general population who participated in two assessments (T0/T1), at 1-year interval. Adolescents reporting a recent episode of NSSI at T1 (N=65, 25girls) were compared to those who did not (N=30, 24girls) on their self-reported levels of reflective functioning and somatic complaints, at T0 and T1 (i.e. longitudinal and cross-sectional comparisons respectively). Cross-sectional non-parametrical comparisons revealed that adolescents with recent NSSI reported higher degree of somatic complaints (p<.001) together with a lower degree of reflective functioning capacities (p<.001). Adolescents with NSSI at T1 further reported significantly higher somatic complaints (p=.04) at T0 and lower degree (trend) of reflective function (p=.07). The current results predominantly sustained our hypothesis. Future studies should include additional outcomes (e.g. other risky behaviour or body modification culturally acknowledged) to address the specificity of the relationships observed in the current results.

A3 Clinicians’ experience of the complexity of assessing and treating psychosis in the context of co-morbid autism spectrum disorders in young people
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Autism spectrum disorder (ASD) involves difficulties in social interaction, communication, repetitive behaviours, restricted interests, and sensory preferences. Assessment and treatment of psychotic illness in the context of co-morbid ASD is complex due to similarities in symptom presentation and cognitive difficulties. This has important implications for diagnosis, misdiagnosis, prognosis and treatment planning. The current study investigated mental health clinicians’ perspectives on the experience of assessing and treating psychosis in young people with ASD. The treatment setting, Oxygen Youth Health, is a public mental health service providing psychiatric care for young people between the ages of 15 and 25 who live in the northwestern region of Melbourne, Australia. Clinicians involved in the assessment and treatment of psychotic symptoms and ASDs participated in a semi-structured interview that explored the following three themes: 1) the challenges of assessment and treatment; 2) factors impacting choice of intervention; and 3) the perceived efficacy of treatment in terms of symptoms and functional recovery. Qualitative interview data was explored using content analysis. The implications of the findings for supporting clinicians in the assessment and treatment of co-morbid psychosis and ASD in a youth mental health setting will be discussed.
A105
Skilled Thinking Group - A Computerized Cognitive Remediation Therapy Model for First Episode Psychosis Patients
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Background: Cognitive Remediation, which is targeted to first episode psychosis patients (FEP), has got a growing interest in the field of neuropsychological rehabilitation. Early Psychosis Clinic at Helsinki University Hospital (HUH), Finland, has developed a group based, computerized Cognitive Remediation Therapy (CRT) -model, "Skilled Thinking Group". The model was developed from NEAR (Neuropsychological Educational Approach to Cognitive Remediation) -model.

Aim: The aim was to develop and implement a therapy model that could be offered to large volume of FEP patients with neurocognitive deficits.

Methods: A pilot was conducted with a group of 6 FEP patients. Neurocognitive assessment was conducted with CNS-Vital Signstest. Cogned and RehaCom computer programs were used for CRT. Group meetings were held twice a week, in total 20 times (1.5 hours per session). Each session begun with an independent computerized rehearsal and was followed by a group discussion where e.g. cognitive skills and learning styles were discussed, practiced and linked to daily life situations. After the group was finished, a follow-up assessment was conducted to assess change in neurocognitive performance of the patients.

Results: The group members were committed to CRT and provided positive feedback based on the pilot. Sharing experiences in a group was considered positive. The patients also reported improvement in their social and cognitive skills in daily life situations.

Conclusions: Based on the experiences from the pilot, the Skilled Thinking Group - model will be implemented to wider use in HUH.

A106
Elements of Recovery in First Episode Psychosis: Developing Measurable Criteria
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Purpose: Recovery is an evolving concept in modern mental health treatment that incorporates outcomes beyond improvement in symptoms and reduction in adverse consequences such as hospitalizations. Recovery, After an Initial Schizophrenia Episode-Early Treatment Program (RAISE-ETP) focused on recovery. Therefore, the two-year clinical trial comparing a comprehensive treatment program to community-care for first episode psychosis (FEP) included measures to index recovery.

Methods: The US Substance Abuse and Mental Health Services Administration includes Health, Home, Purpose and Community domains in its recovery definition. RAISE-ETP researchers identified measures collected in the study to serve as indices of each domain. Measures were further categorized as objective or subjective and rating levels that correspond to attainment of recovery in each were defined. Based on the study design, each domain is assessed for six-month intervals over two years.

Results: The following indicators are included. Health: objective; symptom remission, low level of depression and suicidal ideation and no hospitalizations, subjective; SF -12, self-acceptance, autonomy and environmental mastery. Home: objective; living alone or with others. Purpose: Objective; Instrumental role performance as student or worker full or part time, independent financial management, subjective; self-report of role-performance adequacy and sense of purpose. Community: objective; family member available to complete assessments; subjective; self-reported absence of stigma, hope, social functioning, personal growth, positive relationships and purpose in life.

Conclusions: Indicators for domains of recovery from objective and subjective measures can be identified for EFP. Incorporating these recovery measures into FEP research will advance understanding of FEP treatment and its outcomes.

A107
Cumulative social disadvantage and psychosis: findings from a Southern Italy case-control study
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Aim: There are consistent evidence suggesting that psychotic disorders are associated to social disadvantage and isolation in adulthood, but only a few studies have investigated the impact of social risk factors on psychosis in Italy. This study aimed to replicate existing findings in a case-control sample from Southern Italy.

Methods: 134 individuals presenting for the first time to mental health services with an ICD 10 diagnosis of psychosis and 175 population controls from Palermo (Italy) were enrolled as part of the Sicilian Genetics and Psychosis study. Information about current social indicators was collected by the modified version of the Medical Research Council (MRC) socio-demographic scale.

Results: Unemployment, no relationship, and limited social network were independently associated with psychotic disorders. By contrast, cases were more likely to live with their parents or other relatives, rather than alone or with their own family. A cumulative index of social disadvantage was computed using three proxies (range 0-3).

Concluding for gender, age, education level and family history of psychosis, there was evidence of an effect of increased level of social disadvantage on increased risk for psychosis (adj. OR [95% CI]: level 1= 2.72 [1.29 - 5.74], level 2= 15.29 [5.99-39.03], level 3= 17.70 [4.30-72.78]).

Conclusions: Unemployment, being single, and social isolation were strongly related with psychosis, while living alone was not. Moreover, there was a suggestion of a relation between cumulative social disadvantage and odds for psychosis.