

Conclusions Three new genes have been found to be associated with psychosis. *TRIP12* and *RNF25* encode two E3-ubiquitin ligases which modulate the Wnt pathway, mutations in which lead to neurodevelopmental defects. *ARHGAP19* encodes a GTPase which regulates the RhoA protein, involved in the regulation of the cytoskeleton.

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L-dopa modulates striatal functional connectivity in adults with psychotic-like experiences: A randomized double-blind placebo-controlled study

J. Rössler^{1,*}, L. Unterrassner¹, T. Wyss¹, H. Haker², P. Brugger³, W. Rössler¹, D. Wotruba⁴

¹ University of Zurich, Collegium Helveticum, Zurich, Switzerland

² Institute for Biomedical Engineering–University of Zurich and ETH Zurich, Translational Neuromodeling Unit TNU, Zurich, Switzerland

³ University Hospital Zurich, Department of Neurology, Zurich, Switzerland

⁴ Swiss Federal Institute of Technology ETH, Collegium Helveticum, Zurich, Switzerland

* Corresponding author.

Introduction According to the dopamine hypothesis functional brain abnormalities and neurochemical alterations may converge to cause psychosis through aberrant salience attribution. Indeed, resting-state functional magnetic resonance imaging (rs-fMRI) has revealed widespread brain disconnectivity across the psychotic spectrum.

Objectives To advance the understanding of the dopaminergic involvement in intrinsic functional connectivity (iFC) and its putative relationship to the development of psychotic disorders we aimed to investigate the link between L-Dopa, a dopamine precursor, and its modulation of striatal iFC in subthreshold psychosis, i.e. non-clinical psychosis.

Methods We used a randomized, double-blind placebo controlled study design including in our sample 56 healthy, male, right-handed, subjects with no familiar risk factors for psychosis who were assessed with the Schizotypal Personality Questionnaire (SPQ) and underwent 10 minutes of rs-fMRI scanning. All subjects received either 250 mg of Madopar DR[®] (200 mg L-Dopa plus 50 mg benserazid, dual release form) or a placebo. We analysed resting-state iFC of 6 striatal seeds, known to evoke dopamine related networks.

Results The main effect of L-Dopa presented itself (FWE-corrected) as a significant decrease in iFC from the right ventral striatum to the cerebellum and the precuneus cortex, and an increase in iFC to the occipital cortex. Subjects with high SPQ positive symptom sub-scores showed a significant increase of L-Dopa induced connectivity.

Conclusion We identified striatal functional connectivity being modulated by augmented dopamine availability, and in support of the dopamine hypothesis, we found that those iFC patterns are associated to high scores of psychotic like experiences.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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0085

5-years follow-up of antipsychotic medication and hospitalizations after first episode hospital-treated psychosis in a Swedish nation-wide cohort

P. Strålin^{1,*}, J. Hetta²

¹ Karolinska University hospital, Psychiatry, Stockholm, Sweden

² Karolinska Institutet, Clinical Neuroscience/Psychiatry, Stockholm, Sweden

* Corresponding author.

Introduction Outcome after first episode psychosis is heterogeneous, but knowledge about the distribution and predictive factors is limited.

Objective To investigate medication and rehospitalizations for five years after first episode hospital treated psychosis.

Method Swedish population registers were used to select a nation-wide cohort of 962 cases (589 or 61% men) with a first hospitalization for psychosis at ages between 16–25 years. Cases were categorized year by year for 5 years after the initial hospitalization with regard to rehospitalizations and dispensations of antipsychotics and other medications.

Results The 5-years mortality was 4% ($n=39$) with suicides in 16 cases (1.6%, 11 of which were men). Additionally, 139 cases (23% of women and 10% of men) had hospitalizations for suicide attempts within 5 years. A bimodal distribution of years with medication was found indicating two different trajectories of outcome. One peak was seen for cases with dispensations of antipsychotics 5 of 5 years (40% of the cohort). Another peak was seen at dispensations during at most 1 of 5 year (30%). During year 5, 514 (56% of 923 cases surviving 5 years) had dispensations of neuroleptics and 257 (28%) were hospitalized, whereas 356 cases (39%) had no dispensation of neuroleptics or hospitalization.

Conclusions The population of young cases with first episode psychosis is heterogeneous with at least two clearly separable trajectories based on medication and hospitalizations. The high mortality and high incidence of suicide attempts during a five-year period demonstrate a need for careful monitoring of these patients.

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Cognitive screening scale for schizophrenia (CSSS): The development and the structure of the scale

A. Szulc^{*}, J. Gierus, T. Koweszko, A. Mosiolek

Medical University of Warsaw, Department of Psychiatry, Pruszkow, Poland

* Corresponding author.

Objectives The study presents the construction of CSSS: a short screening scale intended for diagnosis of cognitive deficits among people with schizophrenia. The final version of the scale consist of 6 subscales which measure basic cognitive functions.

Methods A total of 160 persons (124 with schizophrenia and 36 healthy controls) were tested using the initial version of the CSSS scale consisting of 11 subscales. Correlation analysis between the subscale results was carried out, as well as confirmatory factor analysis, internal consistency analysis of the scale, IRT (item response theory) analysis of the item's difficulty, and analysis of the scale's accuracy as a classifier.

Results One factor explains 37% of the variance of the subscales' results. The scale has satisfactory internal consistency (0,83). Subjects with schizophrenia achieved significantly lower scores than