

mechanisms and processes that interest the link between urban space and psychological disease can contribute to show new directions for the improvement of urban life quality and to progress both in psychiatry and in urban planning.

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EV1303

The awareness of social inference task (TASIT) updated: Signal detection theory (SDT) in emotion recognition and its link to psychotic symptoms

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Introduction Social cognition (SC) is an impaired domain in schizophrenia. However, little is known on the Signal Detection properties of SC deficits.

We analyzed the relationship between emotion perception and psychotic symptoms in a sample of schizophrenic patients. For this scope, we extended the scoring system of the awareness of social inference task-emotion recognition (TASIT-ER) according to signal detection theory (SDT).

Methods Sample:

– one hundred and nineteen inpatients from L'Aquila Inpatient unit diagnosed with schizophrenia.

Dependent variable:

– Positive and Negative Syndrome Scale (PANSS)'s Positive, Negative, Disorganized, Excited and Depressed dimensions, and total score.

Independent variable:

– a modified version of TASIT-ER. The original scoring system, including only "HITS", was extended with "False Alarm" (FA), defined as a detection of an emotion when not present.

Statistical analysis:

– multivariable linear regression models for each sub-group of emotions to assess the effect of FAs on psychotic symptoms compared to HITS.

Results FAs on positive emotions were associated with disorganized ($b = 31.95$), excited dimensions ($b = 41.84$) and PANSS Total ($b = 152.46$); FAs on negative emotions were associated with Excited dimension ($b = -57.97$) and PANSS Total ($b = -243.70$). HITS on Negative emotions were associated with Negative ($b = -13.37$), Disorganized ($b = -8.64$) Excited ($b = -8.74$) dimensions and with PANSS total ($b = -45.30$).

Discussion FA rates were more strongly associated with total PANSS score than HIT rate, suggesting a prominent role of false recognition in defining psychotic symptoms, especially disorganized and excited ones, consistently with computational models of psychosis that rationalize false recognition as failures of active inference systems in updating their predictive model of sensory information.

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EV1304

Can the 'mediation' approach help to understand the role of lack of insight in the relationship between symptoms and functioning in schizophrenia?

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Introduction The relationship between Lack of insight (LoI) and other symptoms in schizophrenia is complex. LoI could be associated with severity of symptoms at one side and global functioning at the other. For this nature LoI is a candidate 'mediator' for the relationship between psychotic symptoms and global functioning.

Objectives The aim of this study is to explore the possible role of LoI as a mediator between psychotic symptoms and global functioning in a sample of people with schizophrenia.

Methods Seventy-three patients with a diagnosis of schizophrenia were included. The five-factor model of the PANSS by Wall work was used to assess psychopathology and G12 item as an estimate of LoI. Global assessment of functioning (GAF) was used to measure global disability. Pearson's r correlations and linear regressions for Sobel test for mediation were performed. PANSS factors were modeled as predictors of global functioning and LoI as the mediator.

Results Correlations revealed the prerequisite relationships between LoI, positive, negative and disorganized PANSS factors and global functioning. Mediation analyses show that LoI partially mediates the relationship between positive and disorganized factor scores and global functioning. No mediation for negative factor score was observed.

Conclusions Lack of insight mediates the relationships between positive and disorganized factors and global functioning. The partial mediation we report suggests that LoI on the one hand is an independent contributor to global function, but further shows an indirect effect of PANSS positive and disorganized factors to GAF total score.

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EV1305

Characteristics of pre-morbid functioning in male adolescents who later suffered from psychotic disorders: Case-controlled study

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Background Previous research has shown that people with psychotic disorders have impaired functioning prior to the onset of the illness. The main goal of the proposed study was to deepen understanding of the characteristics of pre-morbid impairment in persons later diagnosed with psychotic disorders.

Methods We examined unique pre-morbid data from IDF archives, including narrative summaries of pre-induction interviews of 17-year old adolescents (168 male adolescents who were later hospitalized for psychotic disorders, and 168 matched control subjects). The data were analyzed using mixed-method analysis, combining qualitative and quantitative research methods.

Results Between group comparisons revealed more adaptation difficulties, family problems and dealing with medical conditions in the group of future psychotic disorder patients, while suicidal thoughts and loss of a close person showed trends towards significance. Two factors characterized classification of outcome: adaptation difficulties and family problems. A "high-functioning" factor was significantly higher within the control group, while a

“strange” factor was higher among the future psychosis patients. A “high-functioning” factor was identified as a protective factor.

Discussion This study used narrative analysis of interview summaries of adolescents who underwent pre-induction assessments. The current study replicated previously published findings that were obtained as a result of retrospective investigations and comparing numeric scores, using unique pre-morbid data and in-depth qualitative analyses, combined with a quantitative one. The main strengths of the current study are the fact that the subjects were interviewed before the onset of psychosis, as well as the fact that the analyses of the data were performed blinded to outcome.

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EV1306

A scale of autonomy for patients with schizophrenia – new instrument for clinical assessment of the level of independency: Description and validation

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Introduction Today the scales for measurement of functional status and life satisfaction (GAF, PSP, EQ-5D, SQLS) gain more importance in assessing schizophrenic patients. Autonomy of living is to the great extent the basis of patient well-being. Each of these scales has the criteria, testing ability for independent life, but none of it tests autonomy as a separate object.

Objective Development of a new scale.

Aims Description and validation of a scale for evaluation of autonomy of living in schizophrenic patients.

Methods Forty patients diagnosed with schizophrenia according to ICD–10 (F 20.xx), 13 males and 27 females, aged 49.8 ± 9 , disease duration is 22 ± 8.6 years. New scale and PANSS, CGI-S, NSA, BACS, GAF, PSP was administered.

Results The scale comprises five points (activity, intentional behavior, range of social interaction, specificity of interaction with the doctor (medical conventionality) and autonomy), and total score. The internal consistency of the scale was high – cronbach’s alpha 0.83. The construct validity with GAF and PSP was moderate (R varied from 0.36 to 0.55). The total score of the new scale correlated with the PANSS negative subscale score ($R = -0.51$), with CGI-S score ($R = -0.57$), and with the BACS total score ($R = -0.57$).

Conclusion The scale of autonomy corresponds to the major psycho-diagnostic requirements: internal consistency, construct and discriminative validities. It can be considered a new instrument for assessing the integrative target of treatment and rehabilitation of patients with schizophrenia.

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EV1307

Cardiac adipose tissue, intra-abdominal adipose tissue, and risk for cardio-metabolic diseases in patients with schizophrenia

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Introduction Schizophrenia is associated with increased physical morbidity and mortality. In particular, cardio-metabolic diseases are more frequent. Several underlying reasons have been discussed, including adverse lifestyle behaviors, or adverse effects of neuroleptic treatment. However, little is known about changes of cardiac and intra-abdominal adipose tissue, both are risk factors for the development of cardio-metabolic diseases.

Objectives/aims To compare, cardiac and intra-abdominal adipose tissue between patients with schizophrenia and healthy controls.

Methods Ten physically healthy patients with schizophrenia according to DSM-V were included, and compared to healthy control subjects. Cardiac and intra-abdominal adipose tissue was quantified using magnetic resonance tomography. Further factors assessed comprise the metabolic syndrome, physical activity, smoking behavior, and scores for the assessment of cardio-metabolic diseases (FINDRISK score and modified ESC score).

Results Cardiac adipose tissue and intra-abdominal adipose tissue was increased in patients with schizophrenia. Further findings were higher diastolic blood pressure, more smoking, less physical activity, and an increase for diabetes and cardiovascular disease risk according to the modified ESC and FINDRISK score.

Conclusions The new finding in our study is an increase of cardiac adipose tissue, a risk factor for the development of cardiovascular disorders, in physically healthy patients with schizophrenia. Furthermore, the risk for the development of type-2 diabetes mellitus is increased, indicated by higher amount of intra-abdominal adipose tissue, and the results of the FINDRISK score. We conclude that lifestyle alterations, particularly exercise training that has been shown to reduce cardiac and intra-abdominal adipose tissue, should be recommended in patients with schizophrenia.

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EV1308

Not the same old madness: Evaluating the clinical profile of the “schizophrenia spectrum” disorders

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Introduction The “schizophrenia spectrum” concept allowed better identifying the psychopathology underpinning disorders including schizophrenia, schizoaffective disorder (SZA) and cluster A personality disorders (PD).

Aims To compare the clinical portrait of the schizophrenia spectrum disorders, focusing on the impact of the affective dimension.

Methods Inpatients at the acute psychiatric ward of Perugia (Umbria-Italy) were evaluated with the structured clinical interview for DSM-IV Axis I and Axis II disorders and diagnosed with a “schizophrenia spectrum” disorder according to DSM-IV-TR. The clinical evaluation was conducted using the positive and negative syndrome scale (PANSS). Pearson correlations of the different subscales in the three groups and between the negative scales with the affective symptom “depression” were conducted.