

interfering thoughts. Eighty-eight percent ( $n = 132$ ) were experiencing trauma associated disturbance. Answers from 78.6% ( $n = 118$ ) of the participants indicated that they should be further referred to a specialist. The findings were not affected by gender or age.

**Conclusion** We have found that most of the participants showed signs of PTSD. Our findings highlight the psychological impact of war on Syrian people. A definite diagnosis of PTSD can be made with detailed psychiatric examination, however given the amount of victims and available staff a brief screening instrument may help identify potential cases to be further evaluated. PTSD has life-long consequences and trauma can be passed through generations. International support for war victims should include psychological support and interventions.

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

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### EW0693

#### Program for the use of antipsychotics with metabolic monitoring in North Carolina medicaid children

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**Introduction** Children are at greater risk than adults for weight gain and metabolic disorders including hyperlipidemia and diabetes with newer antipsychotics. A web-based safety-monitoring program using a prior documentation model required submission of patient safety data (prior documentation) for insurance coverage at the pharmacy point of sale. This program launched in April of 2011, covering all NC Medicaid and Health Choice recipients under age 18. Clinical monitoring parameters and interactive educational features were developed with pediatric psychiatric experts and key mental health stakeholder groups.

**Objectives** Using a four-year run in period and a full 9 months of post implementation claims data, evaluate the rates of antipsychotic prescribing and safety monitoring before and after the implementation of the A + KIDS program.

**Results** Implementation of this program was associated with a consistent monthly decrease in overall antipsychotic use and increases in patient monitoring of glucose and lipid (Figure. 1, Table 1).

**Conclusions** The prior documentation registry was effective in decreasing antipsychotic use and increasing safety monitoring. The impact of changing to more traditional prior authorization on the same clinical endpoints is currently under evaluation.

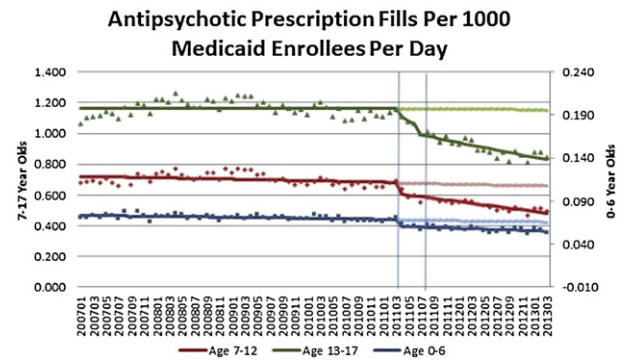


Fig. 1 A+KIDS Population Antipsychotic Prescription Fills per 1000 Medicaid Enrollees Per Day

Table 1 Percent of A+KIDS Patients on an Antipsychotic with Metabolic Monitoring Recorded in Claims.

Year Ending	Glucose Screening Percent	Cholesterol Screening Percent
June 2010	52%	27%
June 2011	55%	32%
June 2012	60%	41%

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### e-Poster Walk: Neuroimaging and neuroscience in psychiatry

#### EW0694

#### Effort-based reward task, a behavioral measure to study negative symptoms in schizophrenia

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Negative symptoms in schizophrenia, and specifically amotivation/apathy, have been correlated with impaired general functioning. Its neurobiological basis are thought to rely on an aberrant reward system. To study the association of reward deficits and negative symptoms, 25 schizophrenia patients and 35 controls underwent a new reward behavioral task. Briefly, patients had to choose a level of effort (1 to 3), each one corresponding to a progressively increasing number of required button presses and 3 different probabilities to win an economic reward. We compared the chosen effort between groups and correlated this output with the score of the Brief negative symptoms scale in the group of patients. Patients chose less effort than controls but without reaching significance level (mean patients effort: 2.49 vs controls: 2.76,  $P = 0.064$ ). A negative correlation was found between BNSS score and effort chosen for the maximum reward corrected by sex ( $t: -0.021, P = 0.045$ ). When the group of patients was split according to negative symptoms score, patients with more negative symptoms (BNSS score > 23) chose significantly less effort than patients

with less negative symptoms and controls (Fig. 1). Our reward task correlates well with negative symptoms. Thus, it could offer a behavioral measure of negative symptoms. It could be a good instrument to study the neurobiological basis of negative symptoms using functional techniques.

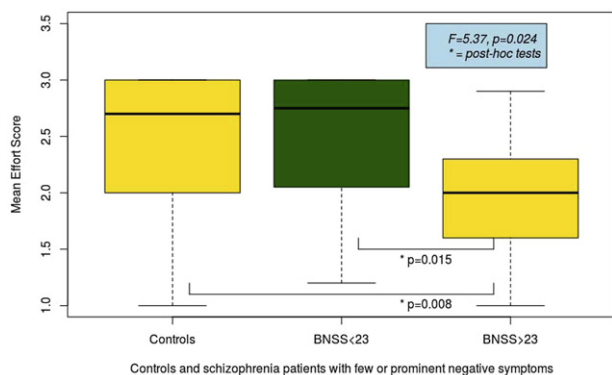


Fig. 1 Reward task output in controls and schizophrenia patients

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#### EW0695

### Brain connectivity in patients with schizophrenia related to psychological stress

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**Introduction** It is commonly accepted that in most patients with schizophrenia external factors act on genetic predisposition to produce active psychotic symptoms. In fact, we showed that patients with schizophrenia have an abnormal brain activation and peripheral autonomic response to psychological stress. We sought to characterize the brain connectivity networks of such response in schizophrenia.

**Methods** We studied the pattern of brain connectivity in relation to mental arithmetic stress paradigm in 21 patients and 21 healthy subjects aged 18 to 50 years, using 3T-fMRI. A period of 6 minutes of resting state acquisition (PRE) were followed by a block design with three 1-minute CONTROL task (one digit sum), 1-minute STRESS task (two digit subtraction) and 1-minute rest after task (POST). Pairwise Pearson correlations were calculated between 90 regions of interest. Data were analyzed with MATLAB and SPSS software.

**Results** Patients with schizophrenia showed a lower connectivity network between fronto-temporal limbic areas compared with control subjects during control and stress task. Moreover, we observed a great variability of link density during resting state in patients but not in controls, and it diminishes in response to task.

**Conclusions** Patients present abnormalities in networks related to stress response showing an alteration in fronto-temporal connectivity, and a poor and random modulation of these networks at rest. Current and previous findings suggest abnormal fronto-temporal connectivity that ultimately would lead to psychotic symptoms emergency in response to an environmental stressor and, even, could be related to hypervigilance and misattribution feeding into the paranoid cognition characteristic of patients with schizophrenia.

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#### EW0696

### Non-verbal learning disorder: Neuropsychological profile and neural correlates. A structural magnetic resonance imaging study

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Non-verbal learning disorder (NVLD) is a neurological condition which is considered to be a learning disability. It is characterised by a specific dysfunction in motor, visuospatial and social skills in patients with a normal intellect and development of language. Warning signs in school are poor psychomotor coordination, arithmetic skills and drawing activities. Social judgment and social problem solving are also typically impaired. Furthermore, these patients seem to have increasing risk of emotional disorders. Most of imaging studies and current theories suggest that a dysfunction of white matter in the right hemisphere could be the cause. However, there is a lack of consensus among experts regarding whether NVLD exists and what could be the underlying causes for NVLD symptoms. The aim of this paper is to clarify the neural correlates underlying the cognitive functioning of these patients. With this objective, we analyzed a sample of brains of children with and without NVLD. We used the structural MRI technique and the voxel-based morphometry analysis. The diagnosis of the children were based on neuropsychological data. The present study suggests that not only white matter of the right hemisphere is dysfunctional in these patients. Some other gray matter areas such as precuneus (superior parietal lobule) may also be affected in NVLD.

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

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#### EW0697

### Apathy in depression: An arterial spin labeling study

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**Introduction** Apathy is usually defined as a lack of goal-directed behavior. Although it is observed in about 30% of depressed patients, neurovascular mechanisms underpinning apathy remain little-known.

**Objectives** The main objective of this study was to compare the cerebral perfusion of apathetic depressed patients with non-apathetic depressed patients by arterial spin labeling (ASL), a quantitative and non-invasive perfusion magnetic resonance imaging (MRI) technique. The secondary objectives were to study their clinical profile and their correlation with cerebral perfusion data.

**Methods** This study was conducted from a cohort of depressed patients in Rennes, France. Eighty-three depressed patients were included, of whom 22 were apathetic (AES $\geq$ 42), 61 non-apathetic (AES < 42). Everyone got a clinical evaluation with scale screenings, especially for apathy (AES), anxiety (STAI) and anhedonia (SHAPS) as well as a cerebral MRI, including a pseudo-continuous ASL sequence.