O0116

Predicting treatment resistance in people with a first-episode of psychosis using commonly recorded clinical information

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Introduction: 23% of people experiencing a first episode of psychosis (FEP) develop treatment resistant schizophrenia (TRS). At present, there are no established methods to accurately identify who will develop TRS from baseline.
Objectives: In this study we used patient data from three UK early intervention services (EIS) to investigate the predictive potential of routinely recorded sociodemographic, lifestyle and biological data at FEP baseline for the risk of TRS up to six years later.
Methods: We developed two risk prediction algorithms to predict the risk of TRS at 2-8 years from FEP onset using commonly recorded information at baseline. Using the forced-entry method, we created a model including age, sex, ethnicity, triglycerides, alkaline phosphatase levels and lymphocyte counts. We also produced a machine-learning-based model, including an additional four variables. The models were developed using data from two and externally validated in another UK psychosis EIS.
Results: The development samples included 785 patients, and 1,110 were included in the validation sample. The models discriminated TRS well at internal validation (forced-entry: C 0.70, 95%CI 0.63-0.76; LASSO: C 0.69, 95%CI 0.63-0.77). At external validation, discrimination performance attenuated (forced-entry: C 0.63, 0.58-0.69; LASSO: C 0.64, 0.58-0.69) but recovered for the forced entry model after recalibration and revision of the lymphocyte predictor (C: 0.67, 0.62-0.73).
Conclusions: The use of commonly recorded clinical information including biomarkers taken at FEP onset could help to predict TRS. These measures should be considered in future studies modelling psychiatric outcomes.

Disclosure: No significant relationships.
Keywords: treatment resistant schizophrenia; biomarkers; First Episode Psychosis; risk prediction

O0115

Predictors of functioning at clinical high-risk for psychosis

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Introduction: In addition to the psychosis onset, patients at clinical high-risk (CHR) show a decrease of functioning. This may not be related to the degree and persistence of the attenuated positive symptom (APS). Other clinical factors also predict the level of remission.
Objectives: Revealing the predictors of the functioning in the 5-year follow-up in patients at CHR.
Methods: 124 young depressive patients at CHR were examined. Depression symptoms were assessed on the HDRS scale, and the CHR symptoms were assessed on the SOPS scale. The follow-up examination was conducted after 5 years with the determination of functioning on the PSP scale. A correlative analysis of the predictors of the level of remission was conducted.
Results: The functioning level was inversely related to the length of a depressive episode with the CHR symptoms ($r=-0,432$, $p<0.05$), to the negative sub-scale SOPS score ($r=0.312$, $p<0.05$) and to the symptoms of disorganization sub-scale SOPS score ($r=0.246$, $p<0.05$) in the primary assessment. Insufficient reduction of the positive, negative symptoms and symptoms of disorganization on the SOPS during in-patient treatment was also a predictor of the worst outcome at the 5-year follow-up ($r=-0,206$, $p<0,05$; $r=-0,309$, $p<0,05$; $r=-0,355$, $p<0,05$, and $r=-0,349$, $p<0,05$, respectively).
Conclusions: There are some factors, except the severity of APS, that may be considered as the predictors of functioning level in patients at CHR.

Disclosure: No significant relationships.
Keywords: Clinical high-risk; predictors of functioning level; Attenuated positive symptoms; Attenuated negative symptoms

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The relationship between the recognition of specific basic emotions and negative symptom domains in patients with schizophrenia spectrum disorders

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Introduction: Current research suggests emotion recognition to be significantly impaired in individuals with schizophrenia spectrum disorders (SSD), whereby negative symptoms are theorised to play a crucial role. Emotion recognition deficits are assumed to be predictors of transition from clinical high risk to schizophrenia. So far, little attention has been given hereby to the subdomains of negative symptoms and recognizing the individual basic emotions.
Objectives: Our study aimed to explore the relationship between the recognition of the basic emotions and each negative symptom domain.
Methods: 66 patients with a SSD diagnosis were recruited at the Charité – Universitätsmedizin Berlin. Correlational and regression analyses to control for the covariates (age, education, sex) were conducted between the recognition of the six basic emotions (anger, disgust, fear, happiness, sadness, surprise) using the Emotion Recognition Task of the Cambridge Neuropsychological Test