associated with an increased risk for psychosis. A dysfunctional motivational reward system is thought to be one of the salient features in psychosis caused by abnormal dopamine functioning. It is unknown whether patients with 22q11DS have a dysfunctional reward system.

Methods   This study aims to investigate reward learning in 22q11DS. The study included 10 adults with 22q11DS (age: 33.1 years, 60% female) and 10 age-gender-matched healthy controls (HC, age: 39.7 years, 60% female). A single infusion 18F-fallypride PET scan was acquired during which all subjects performed a version of the learning phase of the Probabilistic Stimulus Selection Task for reward learning (RL), modified to deliver social feedback.

Results   IQ-scores were significantly lower in the 22q11DS group ($P < .001$) compared to HC. The 22q11DS group both earned significantly less money ($P < .05$) and performed worse during the RL-task ($P < .05$) than HC. However, the learning curve for the RL-task was the same for both groups. IQ-scores were a significant positive predictor for earnings ($P < .05$) and performance ($P < .05$), but not for the learning curve.

Conclusions   These preliminary results indicate that people with 22q11DS are capable of learning at the same speed as HC, however they are less susceptible for reward than HC because their overall performance during RL is worse than HC. This lower reward sensitivity could be a result of haplo-insufficiency of COMT in 22q11DS and consequently abnormal prefrontal dopamine functioning.

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

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EW0354

Alexithymia and coping strategies: Predictors of hopelessness?

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Introduction   Alexithymic traits and coping strategies may affect the onset and course of many psychiatric conditions. However, their role in determining hopelessness and suicide risk has been not still elucidated.

Objectives   The present study analyzed the correlations between alexithymia, coping strategies, and hopelessness.

Aims   We aimed to evaluate whether specific coping strategies and alexithymia may predict hopelessness which is widely considered an independent risk factor for suicide.

Methods   This is a cross-sectional study conducted on 276 patients (19.9% men, 81.1% women; mean age: 48.1 years, SD: 16.9), of which most with major affective disorders, who were admitted at the Psychiatric Unit of the University of Genoa (Italy). All participants were assessed using the Beck Hopelessness Scale (BHS), Coping Orientations to Problems Experienced (COPE), and Toronto Alexithymia Scale (TAS-20).

Results   Alexythimic subjects significantly differ from non-alexythimic individuals in terms of substance abuse ($\chi^2 = 23.1$; $P = .027$). According to bivariate analyses, we found a significant correlation between hopelessness and suicidal thoughts/wishes ($r = .34$; $P = .01$), humor ($r = -.24$; $P = .05$), and behavioural disengagement ($r = .205$; $P = .05$). Behavioural disengagement is also a positive predictor of hopelessness (OR = 1.25; 95% CI: 1.03–1.52) while humour is a negative predictor of hopelessness (OR = 0.85; 95% CI: 0.73–0.99).

Conclusions   Behavioural disengagement needs to be considered a risk factor while humor is a protective factor for suicide. Surpris-ingly, we found no significant association between alexithymia and hopelessness. Further additional studies are requested to test these exploratory findings in order to more deeply elucidate the role of both alexithymia and coping strategies in suicidal behaviour.

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

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EW0355

Clinical high risk symptoms and criteria in the community: Prevalence, clinical significance and risk factors for their occurrence

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Introduction   In clinical samples, symptomatic ultra-high risk (UHR) criteria and the basic symptom criterion "cognitive disturbances" perform well in predicting psychosis, and best when both approaches are combined.

Objective   However, little-to-nothing is known about clinical high risk (CHR) and their constituent symptoms in the community.

Aims   We studied the prevalence, clinical relevance, and moderators of CHR criteria and symptoms in the community.

Method   Regression analyses involved 2683 community participants (age 16–40 years; response rate: 63.4%). Semi-structured telephone interviews were performed by well-trained psychologists.

Results   Lifetime and current CHR symptoms were reported by 21.1% and 13.8% of interviewees. Frequency of symptoms was mostly low, only 2.4% met any CHR criterion. A stepwise relationship underlay the association of the two types of CHR symptoms and criteria with the presence of mental disorders and functional deficits, with odds ratios being highest (7.4–31.8) when UHR and basic symptoms occurred together. Report of a family history of mental disorder generally increased risk for CHR symptoms. While younger age increased risk for basic symptoms, lifetime substance misuse and trauma increased risk for UHR symptoms.

Conclusions   Prevalence of CHR criteria was within the to-be-expected range from prevalence rates of psychoses. Clinical relevance of both CHR symptoms and criteria increased in a stepwise manner from basic symptoms via UHR symptoms to their combined presence, reinforcing the clinical utility of their combined use. The risk factors selectively associated with basic and UHR symptoms support developmental models relating basic symptoms to neurobiological and UHR symptoms to psychological factors.

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

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EW0356

Two-step cluster analysis application to a sample of psychiatric inpatients at psychiatric service of diagnosis and care

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