Objectives The objectives were to investigate how this research tool can be implemented for detecting suicide risk in depressed patients.
Aims The aims were to find a base for the objective test of electrodermal reactivity to be used as support in suicidal risk assessments in depressed patients.
Methods More than ten published studies on electrodermal hyporeactivity and suicide were reviewed subsequent to the application of an untraditional statistical approach. Gender, age, subdiagnoses and depressive depth were considered. All subjects were tested in a habituation experiment of the electrodermal response to a moderately strong tone stimulus.
Results The percentage of electrodermally hyporeactive depressed patients who later committed suicide was 86–97%. The percentage of electrodermally reactive patients that did not commit suicide was 96–98%. Hyporeactivity seems to be stable in at least 1–2 years in remission.
Conclusions It was considered favorable to test for hyporeactivity as early as possible, i.e. already in the primary care. That enables right treatment of right patients very early. The number of referrals to psychiatric specialists could be expected to decrease. Possible causes of hyporeactivity begin to be revealed, giving ideas of several treatment approaches.
Disclosure of interest The author has not supplied his declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.976

The assessment of negative symptoms: Achievements and perspectives

W43

Self-assessment instruments: Development and validation

S. Dollfus
CHU de Caen, Department of psychiatry, Caen, France

Introduction Negative symptoms are found in many patients with schizophrenia, but their assessment remains delicate. Standardized assessments are therefore needed to facilitate their identification. Many tools have been developed but most of them are assessments based on observer rating. Nevertheless, patient subjective evaluation can provide an additional outcome measure and allow patients to be more engaged in their treatment. Therefore, the aim of this study is to present past and recent tools assessing the subjective experience of negative symptoms; we will particularly focus on a novel tool, the Self-evaluation of Negative Symptoms (SNS).
Methods Forty-nine patients with schizophrenia and schizoaffective disorders (DSMIV) were evaluated in order to demonstrate three components of the scale's validity: face and content validities and reliability.
Results Cronbach's coefficient showed good internal consistency. Factor analysis extracted 2 factors (apathy and emotional). SNS was significantly correlated with the Scale of Assessment of Negative Symptoms and the Clinician Global Impression on severity of negative symptoms supporting good convergent validity. SNS scores were not correlated with level of insight, Parkinsonism, or with BPRS positive sub-scores in favor of good discriminant validity. Intra-subject reliability of SNS revealed excellent intraclass correlation coefficients.
Conclusion This study shows good psychometric properties of SNS as well as quite satisfactory acceptance by patients. It also demonstrates the ability of patients with schizophrenia to accurately report their own experience. Self-assessments of negative symptoms should be used more in clinical practice since they might allow patients with schizophrenia to develop appropriate coping strategies.
Disclosure of interest The author has not supplied his declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.977

W44

Evolution of negative symptom assessment instruments

M.P. García-Portilla Gonzalez
University of Oviedo, Psychiatry, Oviedo, Spain

In this talk we will review the psychometric evolution of available instruments for assessing the negative syndrome of schizophrenia, describing their strengths and weaknesses.
Current instruments were classified into two categories according to their content validity and assessment approach as first- or second-generation instruments. The BPRS, SANS, the SENS and the PANSS belong to the first generation while the BNSS, the CAINS and the MAP-SR belong to the second generation. The NSA can be considered a transitional instrument between the two. First-generation instruments have more content validity problems than second-generation instruments do, as they do not accurately reflect the currently accepted negative syndrome (they do not include all negative symptoms and signs or they include symptoms from other dimensions). They also have more problems relative to the use of behavioral referents instead of internal experiences of deficits when assessing symptoms, which may lead to measuring functioning instead of negative symptoms.
Further research needs to be done in this area in order to ensure the evaluation of primary negative symptoms and internal experiences involved in negative symptoms rather than external behaviors.
Disclosure of interest The author has not supplied his declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.978

W45

Assessment of negative symptoms beyond schizophrenia

S. Kaiser
Psychiatric Hospital, University of Zurich, Department of Psychiatry, Psychotherapy and Psychosomatics, Zurich, Switzerland

Introduction Negative symptoms have long been recognized as a hallmark of schizophrenia. Newer evidence suggests that negative symptoms can be observed in persons with other disorders or even in non-clinical populations. However, most negative symptom scales are designed to identify clinically relevant symptoms, which might lead to underappreciation of subclinical symptom expression.
Objectives The aim of the present study was to establish distributional properties of well-established negative symptom scales in comparison with the newly developed Zurich Negative Symptom Scale, which employs a fully dimensional and continuous approach.
Methods We included participants with established schizophrenia ($n = 65$), first-episode psychosis ($n = 25$), schizotypal personality traits ($n = 29$) and remitted bipolar disorder ($n = 20$). Assessment of negative symptoms was conducted with the Zurich Negative Symptom Scale and compared to establish rating scales.
Results In this broad sample, measurement of negative symptoms with established negative symptom scales lead to a highly skewed distribution. In other words, established negative symptom scales were able to identify negative symptoms in some participants in the non-schizophrenia spectrum, but a differentiation of negative symptom severity in the subclinical range was not possible. In contrast, the distribution of negative symptoms measured with the Zurich Negative Symptom scale approached normality.

https://doi.org/10.1016/j.eurpsy.2016.01.979 Published online by Cambridge University Press

Conclusions Negative symptoms can be observed outside the schizophrenia diagnosis. However, in order to fully explore the continuity of negative symptoms, measurement instruments need to be designed to cover the full range of symptomatology starting at a subclinical level. We propose the newly developed Zurich Negative Symptom Scale as a useful tool in this respect.
Disclosure of interest The author has not supplied his declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.979

W46

The second-generation assessment scales: Brief negative symptom scale and clinical assessment interview for negative symptoms

A. Mucci*, S. Galderisi
University of Naples SUN, Department of Psychiatry, Naples, Italy
* *Corresponding author.*

The construct of negative symptoms has undergone significant changes since the introduction of first generation assessment scales, such as the Scale for the Assessment of Negative Symptoms or the Positive and Negative Syndrome Scale. Blunted affect, Alogia, Asociality, Anhedonia and Avolition are largely recognized as valid domains of the negative symptoms construct.
Among the new assessment instruments, both the Brief Negative Symptom Scale (BNSS) and the Clinical Assessment Interview for Negative Symptoms (CAINS) are considered adequate in their coverage of the negative symptoms domains. They include the assessment of both behavior and internal experience for Anhedonia, Asociality and Avolition to avoid overlap with functional outcome measures, as well as consummatory and anticipatory components of anhedonia with an emphasis on the internal experience of pleasure.
Strengths and limitations of these new assessment instruments will be reviewed in the light of some existing challenges, such as the distinction between primary and secondary negative symptoms and development of innovative treatments.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.980

The impact of societal forces on the mental health of LGBT populations across cultures

W47

LGBT adolescents in America: Depression, discrimination and suicide

A. Ahuja
Los Angeles LGBT Center, Los Angeles, USA

Introduction The mental health of Adolescents in America is a major concern for the field of psychiatry. In particular, Lesbian, Gay, Bisexual and Transgender (LGBT) adolescents are at higher risk of adverse mental health outcomes. This is largely attributed to "minority stress" and from outright bullying and discrimination. In this presentation, this link between bullying and depression will be explored.
Objectives By the end of this presentation, the audience will be able to better understand the link between anti-LGBT bullying and mental illness and identify the ways to help their patients.
Methods This presentation is informed by a literature search from PubMed In addition, it is informed by a symposium previously done at the American Psychiatric Association (APA) annual meeting in 2014.
Results There is clear evidence in the literature that bullying of LGBT adolescents is pervasive. In addition, LGBT people are more likely to be depressed than their heterosexual counterparts. This combination has led to 4-5 times higher rates of attempted suicide by LGBT adolescents. Having Gay-Straight Alliances in schools, supportive teachers and school administrators, and broader anti-discrimination legislation has a protective effect on this.
Conclusion LGBT adolescents are exposed to more stress by being a minority in society and by being explicitly bullied and discriminated against. This can lead to depression in some of these adolescents, and can also lead to suicide in the most vulnerable among them. There are proven ways to reduce these risks, and psychiatrists have a role to play in advocating for these reforms.
Disclosure of interest The author has not supplied his declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.981

W48

Cultural variations in LGBT issues

D. Bhugra
World Psychiatric Association, London, United Kingdom

Culturally determined gender roles influence relationships between different-sex partners, and cultural values affect attitudes towards sexual variation. LGBT patients face stigma, discrimination and prejudice and have specific issues related to a number of factors, in addition to the nature of sexuality. These factors affect help-seeking and also cause delays in pathways to care. In specific instances, gay, lesbian and transgender individuals show higher than expected levels of psychopathology. The clinician's attitudes affect therapeutic adherence and therapeutic alliance. LGBT patients may also have specific issues related to "coming out" and this may influence their relationships directly and indirectly. Furthermore, they may experience a reluctance to share their sexual orientation. Matching of therapists may offer one way forward but this is not always possible, and may not work due to a number of reasons.
Disclosure of interest The author has not supplied his declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.982

W49

HIV pre-exposure prophylaxis (PrEP) and treatment as prevention (TasP): What mental health providers should know

T. Hall
University of California-Los Angeles, Center for Behavior and Addiction Medicine, Los Angeles, USA

Pharmacologic methods of treating and preventing HIV have advanced tremendously in recent years. Understandings of HIV risk and recommendations for risk-reduction strategies have also changed substantially. A majority of new cases of HIV in many developed countries are now acquired through sex with long-term partners who are unaware of their HIV-positive status, rather than from casual or anonymous sexual encounters. Persons with bipolar disorder and substance use disorders are at particularly high risk. Mental health providers who work with LGBT persons and other populations at higher risk for HIV need to understand strategies their patients are using for HIV risk reduction, and to refer appropriate patients for consideration for pre-exposure prophylaxis (PrEP). PrEP is the daily use of an antiretroviral (ARV) medication for