SA52. THE PREVALENCE OF NEGATIVE SYMPTOMS ACROSS THE STAGES OF THE PSYCHOSIS CONTINUUM

Martin Lepage1, Geneviève Sauvé1, Jai Shah2, and Mathieu Brodeur2
1McGill University; 2Douglas Institute

Background: Negative symptoms are present in all stages of the psychosis continuum and still represent an unmet therapeutic need. A better understanding of their course over the lifetime has important implications for the development and refinement of timely interventions. While several studies have separately reported the prevalence rates of negative symptoms within each stage of the psychosis continuum, we sought to review the literature to compare the prevalence across stages to determine the course of such symptoms.

Methods: Databases were searched for studies reporting prevalence rates of negative symptoms in one of our predetermined stages (i.e., clinical ultra-high-risk—UHR, first-episode psychosis—FEP, younger (y) and older (o) patients who experienced multiple episodes of psychosis—MEP). Results were synthesized using negative symptoms’ definitions provided in a newly developed scale (Brief Negative Symptom Scale—BNSS). Prevalence rates of each negative symptom were averaged and weighted by the combined sample size.

Results: Forty-seven studies were selected including 1872 UHR, 2947 FEP, 5039 yMEP, and 669 oMEP patients. The prevalence rates of each negative symptom followed a similar course; it first decreased between the UHR and the FEP stages and then reincreased in yMEP patients (anhedonia: FEP—26%, yMEP—57%; avolition: UHR—50%, FEP—28%, and yMEP—73%; asociality: UHR—49%, FEP—34%, and yMEP—48%; Blunted affect: UHR—21%, FEP—9%, yMEP—41%, oMEP—23%; Alogia: UHR—15%, FEP—7%, and yMEP—33%).

Conclusion: The cumulative impact of negative symptoms might be influenced by certain psychological-, environmental-, and treatment-related factors. Interventions might benefit from prioritizing the overall most prevalent symptoms of avolition, asociality, and anhedonia.

SA53. IS IT USEFUL TO FORCE FIRST-Episode PSYCHIATRIC PATIENTS TO COMPLY WITH MEDICATIONS? ANOTHER LOOK AT COMMUNITY TREATMENT ORDERS

Emmanuelle Levy1,2, Sally Mustafa1, Aldanie Rho2, Kanza Naveed2, Ashok Mallar2, and Ridha Josser2
1McGill University; 2Douglas Mental Health University Institute

Background: Patients suffering from a first episode of psychosis who do not adhere to antipsychotic treatment often have important difficulties functioning socially, academically, and professionally. Nonadherence to antipsychotic medication in psychosis has been strongly associated with multiple relapses and hospitalizations. When patients are unable to consent to care, legal procedures enable psychiatrists to treat or hospitalize patients against their will. This may result in faster remission, more productive lives, and less time in the hospital. The purpose of this study is to determine the effect of community treatment orders (CTO) on first-episode psychosis (FEP) patients’ clinical outcomes.

Methods: We studied FEP patients from the PEPP-Montreal clinic who were hospitalized, unable to consent to care, and for whom a community treatment order was requested. All patients at PEPP-Montreal are evaluated prospectively for several relevant clinical dimensions (measured by SAPS, SANS, CDS and HAS, GAF, and SOFAS). To determine the effect of the treatment order on patients’ outcome, we designed a mirror study comparing the severity of illness before and after the treatment order.

Results: Of the 41 patients examined, we find a sizable and significant change in clinical outcomes after CTO. Indeed, the average decrease in SAPS (6.3) and in SANS (2.1) were highly significant (P < .01). In terms of functioning, we find a significant (P < .01) increase in function on the GAF (15.5-point increase) and the SOFAS (18.0-point increase). However, we also find that patients significantly increase in weight after the CTO (average 7.2 kg, P < .01). Last, we find that the change in SAPS was negatively correlated with the time taken to obtain a CTO (greatest changes in SAPS occurring with CTOs obtained within the first 3 months of treatment).

Conclusion: Our results suggest that CTOs can be highly effective in reducing positive and negative symptoms in FEP patients and in increasing their functioning. Furthermore, earlier CTOs should be sought as CTOs issued later in the illness may be less effective.

SA54. THE STRUCTURE OF EMBODIED EMOTIONS IN SCHIZOPHRENIA

Seok Jin Hong1, Matthew A. Snodgress1, Heathman S. Nichols1, Lauri Nummenmaa2, Enrico Gleraen3, and Sohee Park1
1Vanderbilt University; 2University of Turku; 3University of Aalto

Background: Past research suggests a disconnection between experienced emotions and bodily sensations in individuals with schizophrenia (SZ), but mechanisms underlying abnormal embodiment of emotions in SZ are unknown. There might be an overall reduction in emotion-related bodily sensations, but it is also possible that the spatial distribution of bodily sensations associated with emotions may be altered in SZ. We hypothesized the presence of a more coherent underlying structure giving rise to embodied emotions in healthy controls (HC) compared to SZ.

Methods: Fifteen SZ and 15 demographically matched HC (bootstrapped from a possible 300 HC) were asked to complete the emBODY task (Nummenmaa et al., 2014). In the emBODY task, participants were asked to shade in where they felt sensations (activation and deactivation) on the outline of a human body when presented with an emotion word. Fourteen emotion words were presented sequentially. From activation and deactivation data, body maps of emotions were generated and 2 separate principal components analyses (PCA) were conducted, one for each group to determine the multidivariate structure of embodied emotions.

Results: The pattern of principal components for HC differed significantly from that of the SZ group. SZ showed more diffuse components with lesser magnitude than the HC. Moreover, the variance that accounts for these dimensions was significantly reduced for SZ. This suggests anomalous embodied emotion in SZ. In this PCA framework, a particular set of innate constructs is thought to yield the activation and deactivation maps of emotions on the body. Our results imply that the complexity of this set in SZ is highly deviant from that of the HC.

Conclusion: Quantitative modeling of the underlying structure of self-reported embodied emotion provided novel insight into altered emotional experience in SZ. Our findings illustrate radically different bodily maps of emotions in SZ compared to HC. Bodily sensations are not only different in intensity but also in where they are felt in SZ. While an important first step, our analysis was exploratory and limited by the small sample size. Future direction includes probing the specific contents of the underlying dimensions that give rise to embodied emotions.

SA55. A CASE–CONTROL STUDY OF DEMOGRAPHICS AND CLINICAL PREDICTORS OF TREATMENT-RESISTANT SCHIZOPHRENIA IN PATIENTS 12 YEARS AFTER FIRST-Episode

Kit Wa Sherry Chan*, Wing Chung Chang, Edwin Ho Ming Lee, Christy Hui, Eric YH Chen, and Pak C. Sham
The University of Hong Kong

Background: This is a retrospective case–control study with an aim to explore the pattern and predictors of treatment-resistant schizophrenia with a large cohort of first-episode psychosis patients with more than