T88. VALIDATION OF THE KOREAN VERSION OF THE 15-ITEM COMMUNITY ASSESSMENT OF PSYCHIC EXPERIENCES (CAPE-15) IN A COLLEGE POPULATION

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Background: The Community Assessment of Psychic Experiences-Positive 15-items scale (CAPE-15) is another brief, valid screening tool used to identify people at high risk of psychosis in the community. This study examined the reliability and validity of the Korean version of the CAPE-15 in university students.
Methods: This study had two stages: initial screening with self-report questionnaires including the CAPE-15, and semi-structured interviews to investigate the instrument's diagnostic validity. The initial screening involved 1,749 college students. The modified Korean version of Prodromal Questionnaire-16 item (mKPQ-16) was also administered. The criteria for ultra-high risk (UHR) of psychosis in the Comprehensive Assessment of At-Risk Mental States (CAARMS) were the gold standard for diagnosis.
Results: Twelve of the interviewed subjects met the CAARMS criteria for UHR of psychosis. The area under the receiver operating characteristic curve was highest (0.936) for the CAPE-15 distress score ($p<0.001$). The use of 6 as the cutoff for the CAPE-15 distress score resulted in the best balance of sensitivity (91.7%) and specificity (85.2%), with a favorable positive predictive value of 32.4%. The coefficients of correlation between the CAPE-15 and mKPQ-16 were significant.
Discussion: This study showed that the CAPE-15 is a good screening instrument for use in community and school settings. In particular, the better validity of the CAPE-15 suggests that it is a promising alternative to other brief self-report screening tools that are currently used to detect UHR. This validation of a questionnaire with a small number of items may make it feasible to screen large numbers of young adults in the community and shorten the duration of untreated psychosis through prompt early intervention.

T89. THE RELIABILITY OF THE CORE NEGATIVE SYMPTOMS SCALE OF SCHIZOPHRENIA USING THE STANDARD FOR CLINICIANS' INTERVIEW IN PSYCHIATRY (SCIP)

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Background: Recent research on the negative symptoms of schizophrenia has produced reliable and validated scales such as the Scale for the Assessment of Negative Symptoms (SANS), the Schedule for the Deficit Syndrome, the Negative Symptoms Scale of Lewine, and others (1–3). More than 30 negative symptoms have been described, among these, avolition which is considered a core negative symptom (4). The DSM-5 recognizes five main negative symptoms: blunted affect, avolition, alogia, anhedonia and asociality (5). Other researchers consider attention impairment, poor self- care, and psychomotor retardation as negative symptoms (1, 6). There is a need to derive a short list of the core negative symptoms (CNS) of schizophrenia that are reliable and useful in clinical settings and clinical research.
Methods: The Standard for Clinicians' Interview in Psychiatry (SCIP) is a new valid and reliable diagnostic interview that was tested in an international multisite study in three countries (USA, Canada and Egypt) between 2000 and 2012 (7–10). A total of 700 patients were interviewed at William R. Sharpe Jr. Hospital in Weston, West Virginia (670 patients) and Chestnut Ridge Center in Morgantown, West Virginia (30 patients). Mean patient age was 34, 59% male, 95% White and 34% had less than 12 years of education. The SCIP includes 8 items covering the main negative symptoms of schizophrenia: avolition, blunted affect, alogia, psychomotor retardation, poor self-care, anhedonia, attention impairment, and asociality.
Results: Inter-rater reliability Kappa (k) and standard error (SE) were calculated for each of the main negative symptoms: avolition (k=0.74, SE=0.04), blunted affect (k=0.68, SE=0.05), alogia (k=0.62, SE=0.05), psychomotor retardation (k=0.72, SE=0.04), poor self-care (k=0.79, SE=0.06), anhedonia (k=0.87, SE=0.04), attention impairment (k=0.92, SE=0.12), asociality (k=0.74, SE=0.04).
Cronbach's alpha for internal consistency and the mean interitem correlation (MIC) of several models were calculated. Cronbach's alpha and the MIC of the five-factor negative dimension (blunted affect, avolition, alogia, psychomotor retardation and poor self-care) were: alpha = 0.83, MIC=0.49. The item-rest correlations (IRCs) of each of the 5 negative symptoms were: blunted affect = 0.68, avolition = 0.57, alogia = 0.67, psychomotor retardation = 0.61 and poor self-care = 0.57. The high item-rest correlations of all five negative symptoms may indicate that they represent the Core Negative Symptoms (CNS) of schizophrenia.
Adding anhedonia to the five-factor model to create a six-factor model resulted in a low item-rest correlation (IRC) of anhedonia (IRC=0.06) and a lower alpha (0.76).
Similarly, adding attention impairment to the five-factor model to create a six-factor model resulted in a low item-rest correlation (IRC) of attention impairment (IRC=0.02) and a lower alpha (0.75). Similarly, adding asociality to the five-factor model to create a six-factor model resulted in a low item-rest correlation (IRC) of asociality (IRC=0.05) and a lower alpha (0.75). Finally, adding anhedonia, attention impairment and asociality to the five-factor model to create an eight-factor model resulted in low IRCs for anhedonia, attention impairment and asociality (IRCs are 0.12, 0.06, 0.10 respectively) and a lower alpha (0.67).
Discussion: The Core Negative Symptoms (CNS) Scale includes five negative items. Three items (avolition, psychomotor retardation and poor self-care) have good agreement (kappa >0.7) and two items (alogia and blunted affect) have fair agreement (kappa ranges from 0.5 to 0.7). Cronbach's alpha was also high (0.83). The CNS scale can therefore be considered reliable at the dimensional level.

T90. QUANTIFYING THE CORE DEFICIT IN CLASSICAL SCHIZOPHRENIA

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Background: For more than 100 years, disorganization and impoverishment of mental activity have been recognised as fundamental symptoms of schizophrenia. These symptoms may reflect a core brain process underlying persisting disability. Predisposition to persisting disability is a clinically important aspect of schizophrenia, yet the psychopathological processes predisposing to persisting disability are poorly understood. The delineation of a putative core deficit associated with persisting disability would be of potentially great value in delineating the underlying pathological processes and eventually in enhancing treatment.