The findings point towards an association between the early debut of use of alcohol, cannabis, and amphetamines, and later violent offending in patients suffering from schizophrenia.

S98. THE RELATIONSHIPS AMONG CANNABIS USE, ABERRANT SALIENCE, AND SCHIZOTYPY

Abstract not included.

S99. DRUG ABUSE AFFECTS THE RISK OF STRESSFUL HALLUCINATIONS IN THE GENERAL DUTCH POPULATION

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Background: Auditory (AH) and visual (VH) hallucinations can be very stressful for patients with psychotic disorders. These hallucinations also occur in healthy individuals, but mostly without the accompanying stress seen in patients. This study assesses AH and VH in a general population and examines whether or not hallucinations are stressful. The aim of the current investigation is to identify factors that predict the presence or absence of hallucinatory distress. This information is of importance to understand the transition of transient and harmless hallucinations towards distressing ones, which is a crucial step in the development of psychosis. We examined the effect of drug usage on the risks of experiencing distress from AH and VH across the Dutch population (≥ 14 years of age) by means of an online survey.
Methods: Participants filled out the Questionnaire for Psychotic Experiences and a questionnaire about drug usage during the past week and month. Only participants who reported having experienced AH and/or VH during the past week or month were included in the analysis. Participants were divided into 3 age-groups (young: aged 14 – 22; middle-aged: aged 23 – 30; older: aged 31 – 100) to control for the effect of age. Prevalence rates were calculated and binary logistic regression was used to analyze odds ratios (ORs) (with gender and level of education as covariates).
Results: The total sample consisted of 3897 participants. The usage of cannabis during the past week or month increased the risk of experiencing more frequently AHs for older individuals (OR = 2.00) and the usage of the psychoactive drug 4-Fluoramphetamin (4-FA) decreased the risk of experiencing more frequently VHs for middle-aged individuals (OR = 0.24). Moreover, older individuals had a decreased risk of experiencing distressing AHs if they consumed alcohol (OR = 0.52) and a decreased risk of experiencing distressing VHs if they consumed at least one drug during the past week or month (OR = 0.59), without any one drug in particular driving this effect. Interestingly, the usage of alcohol deceased the risk of experiencing distressing AH for individuals who frequently experience AHs (OR = 0.71) as well as for individuals who seldom experience VHs (OR = 0.52). Strikingly, for individuals who frequently experience VHs the usage of nitrous oxide (N2O), a drug rapidly gaining popularity among adolescents, increased the risks of experiencing distressing VH threefold (OR = 3.58).
Discussion: The current study suggests a crucial role of drug use on the risks of experiencing frequent and distressing AH and VH in middle-aged and older individuals. Whereas the increased risk of experiencing more frequently AHs for individuals who used cannabis support previous findings, the decreased risk of experiencing frequently VHs for participants who used the psychoactive substance 4-FA is more puzzling. Our data further highlights the possibility that individuals who more frequently experience AH as well as those who do seldom experience VH may use alcohol as self-medication. Results propose that recent usage of N2O imposed a threefold increased risk of experiencing distressing VH. As N2O is becoming an increasingly popular recreational drug, but as of yet little is known about its possible negative impact on VH, these results should be taken as incentive for further studies. In conclusion, the current results suggest that drug use are associated with frequency of and level of distress caused by hallucinations in the general population. As such, these factors could be important targets for early interventions aimed at individuals who are not, but may be at risk of becoming, part of a clinical population.

S100. INCORRECT DIAGNOSIS OF FIRST EPISODE SCHIZOPHRENIA: IMPACT OF ANXIETY AND THOUGHT DISORDER, AND THE VALUE OF A CONSULTATION CLINIC

Abstract not included.

S101. DIFFERENTIATING NON-AFFECTIVE ACUTE REMITTING PSYCHOSIS (NARP) FROM SCHIZOPHRENIA IN FIRST-EPISODE PSYCHOSIS: FINDINGS FROM A 3-YEAR LONGITUDINAL STUDY IN THE PAFIP COHORT

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Background: The concept 'non-affective acute remitting psychosis' (NARP) embraces a broad set of non-affective psychotic conditions characterised by acute onset (i.e. the change from a non-psychotic to a clearly psychotic state occurred in a period of 2 weeks or less) and brief duration (less than 6 months from onset with full recovery). The prevalence of NARP ranges 5–9% of all first-episode psychosis (FEP) and, due to its limited duration and complete remission, it has generally good prognosis. However, research surrounding predictive indicators of NARP remains scarce. This study examined the clinical and sociodemographic characteristics of NARP patients, to determine whether there are early predictors that could differentiate this disorder from schizophrenia.
Methods: This research was part of a larger epidemiological 3-year longitudinal study of first-episode non-affective psychosis (PAFIP) conducted at the University Hospital Marques de Valdecilla (Spain). The sample included all patients aged 18–60 enrolled in the PAFIP programme who fullfilled NARP criteria at the end of the study period and their baseline clinical and sociodemographic characteristics were compared with those of patients with acute short-lived psychosis at admission who developed schizophrenia during follow-up. Univariate comparisons between groups were performed using Student's t-test, Mann-Whitney's U-test and the Chi-square test, according to distribution and variable type. Multivariate logistic regression analysis was conducted to determine the potential independent effect of each significant or marginally significant ($p \leq 0.1$) variable from the univariate analysis. Statistical significance was set as $p \leq 0.05$. All statistical procedures were performed using MedCalc Statistical Software (version 19.0.7).
Results: Of the 391 patients enrolled in the PAFIP programme between 2001 and 2018 who completed the follow-up, 31 met the criteria for NARP at the end of the study period. Mean age was 31.28 years (SD ± 9.44) and gender distribution was slightly higher for females (54.8%; n = 17). According to DSM criteria, NARP patients were classified thus: schizophreniform

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disorder 48.4% (n = 15), brief psychotic disorder 35.5% (n = 11) and psychotic disorder not otherwise specified 16.1% (n = 5). Univariate comparisons yielded significant differences between NARP patients and those with schizophrenia in terms of negative and activation/excitement symptomatology and in levels of insight, psychosocial functioning and premorbid adjustment. Multivariate logistic regression analysis revealed that fewer negative symptoms at admission (i.e. lower scores on Brief Psychiatric Rating Scale [BPRS] negative symptom subscale; OR = 0.75, 95% CI 0.59–0.95; p = 0.017) and better premorbid adjustment (i.e. lower scores on Cannon-Spoor's Premorbid Adjustment Scale [PAS]; OR = 0.62, 95% CI 0.41–0.95; p = 0.011) significantly predicted the presence of NARP. Moreover, better insight into having a psychotic disorder (i.e. lower scores on Scale to Assess Unawareness of Mental Disease [SUMD]) marginally predicted NARP diagnosis (OR = 0.81, 95% CI 0.65–1.01; p = 0.056).
Discussion: Patients who met the NARP criteria accounted for 7.9% of FEP. Better premorbid adjustment, greater awareness of mental disorder and lower negative symptomatology at admission were independent prognostic factors that differentiated NARP from schizophrenia in FEP patients with acute and short-lived psychosis. Our findings would enable early identification of NARP patients and could therefore be of value in developing more specific interventions in this population.

S102. DIAGNOSTIC CHALLENGES AT TIME OF INPATIENT ADMISSION: DIAGNOSTIC SHIFTS IN PATIENTS WITH FIRST EPISODE PSYCHOSIS

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Background: First episode psychoses (FEP) may present with diffuse symptoms and a broad range of clinical phenotypes, leading to difficulties in the early detection of the different pluripotent trajectories and consequently to instability of the diagnoses. The aim of this study was to assess the stability of diagnoses at time of admission compared to discharge in patients with FEP at a newly established early psychosis inpatient unit within a general psychiatric service in a general hospital.
Methods: Charts of all patients admitted to the early psychosis inpatient unit of the Clinical Division of Social Psychiatry of the Medical University of Vienna between 01.01.2016 and 31.03.2017 were reviewed. FEP was defined as a first presentation of affective, schizophreniform, acute polymorphic, organic or substance-related psychosis according to ICD-10.
Results: 127 patients were admitted during the said period, among whom 92 (72,4%) were diagnosed with a psychotic disorder at time of admission. 39,1% (n=36) of those had a FEP, whereof 58,3% (n=21) were diagnosed with schizophrenia spectrum psychosis, 27,8% (n=10) with affective psychosis, 11,1% (n=4) with substance-related psychosis and 2,8% (n=1) with organic psychosis as main diagnosis at time of discharge. In 50% (n=18) of FEP patients, diagnosis at time of admission was not maintained. 54,2% (n=13) of FEP patients who were admitted with a schizophrenia spectrum diagnosis had a shift in diagnosis at time of discharge, whereof 46,2% (n=6) were adjusted to another diagnosis of the same spectrum and 53,8% (n=7) to a diagnosis of either affective spectrum, substance-related psychosis or organic psychosis. 100% (n=2) of those with a persistent delusional disorder had a different diagnosis at discharge, as well as 56,3% (n=9=) of those admitted with a diagnosis of acute and transient psychotic disorders. Changes in the admission diagnoses of affective psychosis were necessary in 44,4% (n=4), whereof one half was adjusted to another diagnosis of the same spectrum and the other half to a diagnosis of the schizophrenia spectrum.
Discussion: The diagnostic instability in this study underlines the concept of the highly dynamic and changeable nature of psychopathology in the early stages and the pluripotent trajectories of psychosis. Furthermore, inadequate information available for specific diagnosis at time of admission as well as diagnostic uncertainty at the onset of psychosis could be implicated in the described diagnostic instability. The broad range of clinical phenotypes of early psychosis and the limitations of current diagnostic risk and identification approaches for the assessment of first episode psychosis indicate psychopathology conformed to a more dimensional rather than categorical model, as well as the need of a more dynamic model of prediction, such as the clinical staging model.

S103. ASSESSING MOOD SYMPTOMS IN PSYCHOSIS: EXAMINING DIFFERENCES IN MOOD SYMPTOM PRESENTATION AMONGST RACIAL AND ETHNIC MINORITIES WITH PSYCHOSIS

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Background: Previous studies have shown that African Americans are more likely than Caucasians to receive a diagnosis of schizophrenia. Once diagnosed, African Americans are slower to seek treatment, more likely to underutilize mental health services, tend to display lower rates of medication adherence, and respond more slowly to psychosocial interventions. This disparity in diagnoses is due to multiple factors. One notable issue is the under-diagnosis of mood symptoms in African Americans with psychosis. Specifically, studies have shown that African Americans are more likely than Caucasians to receive a non-affective psychosis diagnosis, even though the rates of current mood episodes between the Caucasians and African Americans are similar. This is seen more with regards to depressive symptoms than those of mania. These disparities in diagnosis may contribute to decreased treatment efficacy, erosion of trust in treatment providers, and increased attrition in African Americans. Therefore, this issue is one deserving of further understanding. In the current study we sought to explore differences in mood diagnoses in a sample of help-seeking individuals with comorbid psychosis spectrum and mood symptoms.
Methods: A sample of 537 individuals were selected from an outpatient clinic serving lower income individuals with Medicaid. Investigators reviewed records from previous providers and compared them with gold-standard semi-structured assessments. A researcher who received training in cultural humility and differences in mood symptom presentation across racial and ethnic minorities was blinded to demographics and reviewed each client's records and determined if individuals presented with significant mood symptoms that would criteria for a major mood diagnosis (MDE, Bipolar Disorder, Schizoaffective Disorder, Persistent Depressive Disorder, and Disruptive Mood Dysregulation Disorder). Of the 537 records reviewed 167 individuals endorsed mood symptoms during the structured assessment and to at least 1 outside provider. The sample of clients was then analyzed to determine whether mood symptoms were under-diagnosed (i.e. symptoms appear to warrant a mood diagnosis that was not given by the previous provider).
Results: The sample of 167 individuals with mood symptoms was sufficiently diverse; 25% were Caucasian, 45% were African American, 20% Other, 1% Asian or Pacific Islander. We performed a Chi Square Test of Independence to ascertain whether or not Race had an impact on the likelihood that participants would have under diagnosed mood symptoms. The relationship between variables was statistically significant, $\chi 2$ (1) = 3.964, p < .05. Of the 53 individuals who were under diagnosed 61% were African American compared to 13% that were Caucasian.
Discussion: The results of this study indicate a differential rate of diagnosing mood symptoms in African Americans with psychosis compared to Caucasians. These discrepancies may indicate a need for understanding cultural differences in symptoms presentation (e.g. apathy vs. sadness, greater somaticization in minorities, etc.). This study indicates a need for further investigation to better understand factors impacting differences in diagnosis of mood symptoms in African Americans.

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