Introduction: Compared with adult onset, early onset schizophrenia is typically characterized by greater illness severity and less favorable prognosis.
Objectives: To evaluate the proportion of adolescent patients with schizophrenia who achieved sustained remission and recovery during 2 years of treatment with lurasidone.
Methods: Patients aged 13-17 years with a DSM-IV-TR diagnosis of schizophrenia, and a Positive and Negative Symptom Scale (PANSS) total score ≥70 and <120, were randomized to 6 weeks of double-blind (DB), fixed-dose treatment with lurasidone (37 or 74 mg/d) or placebo. Patients who completed 6 weeks of DB treatment were eligible to enroll in a 2-year, open-label (OL), flexible dose extension study of lurasidone (18.5-74 mg/d). Criteria for sustained remission, were the 6-month consensus criteria summarized by Andreasen (Am J Psych 2005;162:441-9). Criteria for sustained recovery consisted of meeting sustained remission criteria with a Children's Global Assessment Scale (CGAS) score ≥70 for at least 6-months indicating no clinically significant functional impairment.
Results: A total of 271 patients completed the 6-week DB study and entered the extension study, and 186 (68.6%) and 156 (57.6%) completed 52 weeks and 104 weeks of treatment, respectively. During OL treatment with lurasidone, 52.8% met sustained remission criteria, with a Kaplan-Meier (KM) estimate of 64.1 weeks for median time to sustained remission; and 28.8% met sustained recovery criteria, KM estimate of 104.6 weeks for median time to sustained recovery.
Conclusions: For adolescents with schizophrenia, treatment with lurasidone was associated with high rates of sustained remission and sustained recovery over a two-year period.

Disclosure: Employee of Sunovion Pharmaceuticals Inc. The study summarized in this Abstract was supported by funding from Sunovion Pharmaceuticals Inc
Keywords: lurasidone; remission; schizophrénia; adolescence

O269

Efficacy and safety of lurasidone in adolescents and young adults with schizophrenia: Pooled analysis of double-blind, placebo-controlled 6-week studies

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Introduction: Onset of schizophrenia commonly occurs during late adolescence or early adulthood and is often characterized by greater symptom severity and impairment.
Objectives: To evaluate the efficacy and safety of lurasidone in the treatment of acute schizophrenia in adolescents and young adults.
Methods: The 4 studies in this pooled analysis used similar study designs. Patients (ages 13-25 years) were randomized to 6 weeks of double-blind, placebo-controlled treatment with once-daily lurasidone (37 mg, 74 mg, 111 mg, 148 mg). The primary outcome was endpoint change in the Positive and Negative Syndrome Scale (PANSS) total score; secondary measures included the Clinical Global Impression, Severity scale (CGI-S).
Results: The safety population consisted of 537 patients; 79.1% completed the studies. Treatment with lurasidone was significant (P<0.001) at Week 6 endpoint for change in the PANSS total score, with higher effect sizes (ES) at higher doses (37 mg, 0.53; 74 mg, 0.57; 111 mg, 0.67; 148 mg, 1.35); significance was also observed for change in the CGI-S (37 mg, 0.51; 74 mg, 0.49; 111 mg, 0.57; 148 mg, 1.75). For lurasidone (combined doses), 3 adverse events occurred with a frequency ≥5% (nausea, 13.5%; somnolence, 12.1%; akathisia, 10.1%); 4.8% of patients discontinued due to an adverse event. At LOCF-endpoint, 3.6% of patients had weight gain ≥7%, and 1.5% had weight loss ≥7%. Minimal median changes were observed at endpoint in metabolic lab values.
Conclusions: In adolescents and young adults with schizophrenia, treatment with lurasidone in doses of 37-148 mg/d was a safe, well-tolerated, and effective treatment.

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Keywords: schizophrénia; adolescent; lurasidone

O270

The differential impact of severe childhood trauma on emotion recognition in males and females with first-episode psychosis

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Introduction: Childhood trauma increases social functioning deficits, which in turn negatively impact social inclusion in those experiencing first-episode psychosis (FEP). Associations between aberrant higher-order social cognitive processes such as emotion recognition (ER) and trauma severity may be one pathway by which trauma negatively impacts social functioning.
Objectives: Given sex differences identified in the experience of childhood trauma, it is pertinent to evaluate how trauma severity may differentially impact ER in males and females.
Methods: Eighty-three FEP participants (52 males, 31 females) and 69 nonclinical controls (49 males, 20 females) completed the CogState Research Battery. FEP participants completed the Childhood Trauma Questionnaire. A sex × group (FEP, controls) ANOVA examined ER differences and was followed by two-way ANCOVAs investigating the effects of sex and childhood trauma severity (none, low, moderate, severe) on ER and global cognition in FEP.
Results: FEP participants had significantly lower ER scores than controls ($p = .035$). In FEP, a significant interaction emerged between sex and childhood trauma severity ($F(3, 72) = 6.382$, $p = .001$), selective to ER, while controlling for age at onset. Simple effects analyses revealed that females in the severe trauma category exhibited superior ER capacity relative to males.

Conclusions: The differential impact of trauma severity on ER in males and females with FEP may be theoretically interpreted as the distinct way that hypervigilance affects the sexes. Early intervention services should refine social cognitive interventions in male and female trauma survivors to facilitate social functioning improvements.

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Keywords: psychosis; social cognition; sex differences; childhood trauma

O271

Multivitamin, mineral and n-3 pufa supplementation to reduce aggression among chronically admitted psychiatric patients: A randomized clinical trial

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Introduction: Aggression and violent incidents are a major concern in psychiatric inpatient care, potentially leading to physical and psychological consequences for both patients and staff. Nutritional supplementation was found to reduce aggressive incidents and rule violations in forensic populations and children with behavioural problems.
Objectives: To assess whether multivitamin, mineral and n-3 PUFA supplementation is effective in reducing the number of aggressive incidents among psychiatric patients who are chronically admitted.
Methods: In a pragmatic, multicentre, randomized, double-blind, placebo-controlled study, psychiatric inpatients were randomized to receive either three supplements containing multivitamins, minerals, and n-3 PUFA or placebo. During the intervention period of six months, aggressive incidents were assessed using the Staff Observation Aggression Scale – Revised (SOAS-R). Secondary outcome parameters were the patients' quality of life and affective symptoms. The trial was registered in the Clinical Trials Register (NCT02498106).
Results: A total of 176 patients were enrolled and randomly assigned to receive supplements (n=87) or placebo (n=89). They were on average 49.3 years old (SD=14.5), and 64.2% were male. Most patients had a psychotic disorder (60.8%). Supplementation versus placebo significantly increased circulating micronutrient levels. The primary outcome of SOAS-R incidents was similar in those assigned to supplements (1.03 incidents per month; 95% confidence interval [CI]: 0.74-1.37) and placebo (0.90; 95%CI: 0.65-1.19), with a rate ratio of 1.08 (95%CI: 0.67-1.74; p=0.75). Differential effects were neither found in sensitivity analyses on the SOAS-R, nor on secondary outcomes.
Conclusions: Six months of nutritional supplementation did not reduce aggressive incidents among chronically admitted psychiatric inpatients.

Disclosure: No significant relationships.
Keywords: n-3 PUFA; Aggression; psychiatric inpatients; nutritional supplements

O272

Childhood trauma in schizophrenia spectrum disorders and intensity of psychotic symptoms

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Introduction: The relationship between history of childhood trauma (CT) and current schizophrenic symptoms is complex and controversial. Most of the studies report more positive psychotic symptoms (PPS) in psychotic patients who had suffered CT. Findings for negative psychotic symptoms (NPS) are mixed: most authors do not find differences or even find less.
Objectives: The purpose of this study is to evaluate and describe the types of CT suffered by patients diagnosed with schizophrenia spectrum disorders (SSD), and to analyse the relationship between history of CT and the present-time intensity of PPS and NPS.
Methods: We conducted a cross-sectional study of 45 adult patients with a SSD. Instruments: Childhood Trauma Questionnaire, short form (CTQ-SF) for measuring CT and Positive and Negative Syndrome Scale (PANSS) to assess the PPS and NPS of psychosis.
Results: 77.8% of the patients reported having suffered any kind of CT. By types of trauma: 48.9% reported emotional abuse, 28.9% physical abuse, 40.0% sexual abuse, 55.6% emotional neglect and 46.7% physical neglect. A lineal correlation between CTQ-SF and PANSS+/- scores was performed. Neither total PANSS+ nor any particular PANSS+ items correlate with CTQ scores. A significant inverse lineal association of moderate intensity exists between total PANSS− score and CT intensity ($\rho = -0.300$, $p = 0.045$)
Conclusions: In line with previous research, our study has found inverse correlation between NPS and CT. In contrast, no association was found between PPS and CT. Our sample was mostly composed by chronic patients, which might explain the differences with the previous literature.

Disclosure: No significant relationships.
Keywords: Schizophrenia spectrum disorders; childhood trauma; positive psychotic symptoms; Negative psychotic symptoms