Communication questionnaire were used and one-dimensional factor scores were generated with confirmatory factor analysis.

Results: Our preliminary findings suggest that APS in adolescents is not associated with impairments in pattern, face, or emotion recognition. However, the APS group with autism spectrum disorder generally showed slower reaction times for face/emotional stimuli and they were significantly worse in recognizing fearful expressions than APS participants without autism spectrum disorder and controls. There were no dimensional correlations with schizotypal traits and marginal correlations between autistic-like traits and speed of recognizing faces.

Discussion: Contrary to our expectations, APS demonstrated limited use in identifying cognitive deficits typical to schizophrenic psychosis. A more autistic-like profile may be characterized by slower reaction times to facial stimuli, suggesting that more complicated and dynamic social cognitive stimuli have a better chance of discerning between autistic and psychotic-like phenotypes.

M34. NETWORK STRUCTURE OF PROBAND-COLLATERAL DISCREPANCIES IN PSYCHOSIS SPECTRUM

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Background: Obtaining information from multiple informants (family members, parents and/or teachers) is considered ideal practice in clinical psychiatry and is an essential component of child and adolescent psychiatric care. Evidence consistently show reports from different informants differ which affects validity and reliability of the information obtained. Such discrepancies may be due the nature of psychopathology, sociodemographic factors, cultural factors and is dependent on the informant. Examining differences in informant reports can provide clinically pertinent information with the greatest discrepancy potentially providing critical information. This study aimed to quantify proband-collateral discrepancies in psychopathology symptoms and assess network structure of such discrepancies across psychopathology domains.

Methods: The sample (n = 5094) was extracted from the Philadelphia Neurodevelopmental Cohort, a community-based youth sample focusing on participants between 11–17 years of age with both proband and collateral ratings. The following analyses was conducted for this study. First, proband-collateral agreements were examined across psychopathology domains. Intra-class correlations, kappa's, sensitivity, specificity, positive predictive values, negative predictive values were used to examine proband-collateral agreement. Second, for subjects who met criteria for psychosis spectrum, network structure was estimated to obtain multivariate structural associations (edge weights and strength) among disagreement scores calculated across psychopathology domains. Relative importance of a node in the network was evaluated by centrality indices. Robustness of findings were assessed by accuracy of edge weights and centrality indices.

Results: Correlations between overall psychosis symptom scores for proband and collateral report was low at 0.26, with probands (mean10.2 + 12.65) endorsing more and severe symptoms than collateral informants (mean 2.82 + 6.31). Intraclass correlation coefficient for psychosis spectrum domain was poor (0.23). Psychosis spectrum items had the lowest kappa's, ranging from 0.03 to 0.25.

Of the total sample, 273 subjects met criteria for psychosis spectrum. Across 14 nodes (psychopathology domains of ADD, OCD, conduct disorder, agoraphobia, social anxiety, panic disorder, depression, mania, PTSD, separation anxiety, ODD, psychosis spectrum, generalized anxiety disorder and general phobia) and 76 potential edges, a very sparse network structure was observed for psychosis spectrum. This network only had two connected positive edges- disagreement scores in depression and mania with the strongest positive edge indicating the greater the disagreements in depression scores, greater was the disagreements in mania reports. Network structure for subjects who reported symptoms of delusion (n=273) was also sparse but with 3 connected edges- Disagreements for ADD and ODD, general phobia and agoraphobia, and panic disorder and OCD. Network structure for subjects who reported hallucinations (n=586) showed a highly interconnected network with positive edges, the strongest edge was between disagreements in ADD and ODD. This seemed to mimic network structure for other psychopathology conditions.

Discussion: Psychosis spectrum appear to have distinct network patterns of disagreements between probands and collaterals. This likely point to differences in psychopathology for psychosis spectrum in comparison to other diagnostic conditions. Such discrepancies could potentially be leveraged for early identification.

M35. CLINICAL VALIDATION OF THE SIX-ITEM POSITIVE AND NEGATIVE SYNDROME SCALE (PANSS-6)

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Background: The development of the brief and psychometrically valid, six-item Positive and Negative Syndrome Scale (PANSS-6) holds promise to improve the treatment of schizophrenia by paving the way for implementation of measurement-based care. However, an important limitation to the existing studies of PANSS-6 is that PANSS-6 was extracted from studies in which the 30-item PANSS ratings were obtained through the Structured Clinical Interview (SCI-PANSS). Therefore, it remains unknown whether it is possible to extract sufficient and equally valid information for PANSS-6 rating via a brief and focused interview, which is a prerequisite for the utility of PANSS-6 in clinical practise. The Simplified Negative And Positive Symptoms Interview (SNAPSI) is a brief semi-structured interview, which focuses specifically on extracting information on the PANSS-6. The aim of the present study was to perform a clinical validation study of PANSS-6 ratings obtained via the SNAPSI using PANSS-30 ratings obtained via SCI-PANSS as a gold standard reference.

Methods: Participants were ≥18 years old, had a diagnosis of schizophrenia (ICD-10: F20.x) and were undergoing inpatient treatment at the Department for Psychosis, Aarhus University Hospital - Psychiatry, Denmark. The SNAPSI and the SCI-PANSS were conducted by trained and reliable independent interviewers, which was followed by independent PANSS-6 and PANSS-30 ratings at two time-points: as soon as possible after admission and as close to discharge as possible. The degree to which the PANSS-6 (rated independently using the SNAPSI) corresponds to PANSS-6 extracted from PANSS-30 (rated using the SCI-PANSS) was tested by means of intra-class correlation coefficient (ICC) analysis. The sensitivity to change was tested by comparing the endpoint-baseline change in the PANSS-6 total scores to the endpoint-baseline change in the PANSS-6 total scores extracted from the PANSS-30 ratings via Spearman correlation analysis.

Results: A total of 77 inpatients with schizophrenia (age=35.3, SD=11.8 years; males=56%, paranoid schizophrenia=79%) were included. Of these 65% (n=50) were rated at two time-points. Time to complete the SNAPSI was 18.1, SD=6.9 minutes. The mean score of PANSS-30 at baseline and at follow-up was 81.0, SD=15.9 and 71.8, SD=12.5, respectively. The mean score of PANSS-6 at baseline and follow-up was 18.8, SD=4.6 and 18.1, SD=4.0, respectively. The ICC between the PANSS-6 total scores obtained by the SNAPSI and the PANSS-6 total scores extracted from the PANSS-30 ratings was 0.77 [95% CI 0.62–0.85]. The absolute mean deviation between PANSS-6 ratings and PANSS-6 derived from PANSS-30 ratings was 0.7, SD=0.9. Three percent (n=4) of the

PANSS-6 ratings deviated by more than a mean of 1 point i.e. >6 points on the PANSS-6 total score compared to the PANSS-6 derived from PANSS-30 ratings. The Spearman correlation coefficient for changes in endpoint-baseline PANSS-6 and PANSS-30 derived PANSS-6 total scores was 0.67, p<0.001. The full results of the study will be presented at the SIRS 2020 conference.

Discussion: We found an excellent level of correlation between the PANSS-6 total scores obtained via SNAPSI and the PANSS-6 total scores extracted from the PANSS-30 ratings obtained via SCI-PANSS. Also, the sensitivity to change reached a good level of agreement. In conclusion, the combination of SNAPSI and PANSS-6 allows for a brief and valid assessment of the severity of core symptoms of schizophrenia. These results hold promise for the implementation of measurement-based care in the treatment of schizophrenia.

M36. VIRTUAL REALITY COGNITIVE BEHAVIORAL THERAPY FOR PARANOID DELUSIONS

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Background: Seventy percent of patients with schizophrenia and other psychotic disorders has paranoid delusions. Paranoid delusions are associated with great distress, hospital admission and social isolation. Cognitive behavioral therapy (CBT) is the main psychological treatment, but the median effect size is only small to medium. Virtual reality (VR) has a great potential to improve psychological treatment of paranoid delusions. In a previous study, we found that VR based CBT (VRcbt) for paranoid delusions is effective compared to waiting list. As a next step, a direct comparison with standard CBT is needed. The aim of this project is to investigate if VRcbt is more (cost-)effective than standard CBT for treatment of paranoid delusions and improving daily life social functioning of patients with schizophrenia and related psychotic disorders. Three research questions will be addressed: 1. Does VRcbt lead to better clinical and social outcomes? 2. Are fewer treatment sessions needed to achieve meaningful clinical change? 3. Is VRcbt more cost-effective at 6 months follow-up?

Methods: A total of 106 patients with DSM-5 diagnosis of psychotic disorder and at least moderate level of paranoid ideations will be randomized to either VRcbt or standard CBT treatment for paranoid delusions. VRcbt consists of maximum 16 sessions in virtual social situations that trigger paranoid ideations and distress, delivered in an 8–12 week time frame. Standard CBT also consists of maximum 16 sessions, aiming at reappraisal of the meaning of paranoid beliefs to reduce distress and improve coping in daily life, including the use of exposure and behavioral experiments.

Participants will be interviewed and tested at baseline, post-treatment and at six months follow-up. Primary outcome is level of paranoid ideations in daily life social situations, measured with ecological momentary assessments (EMA) at semi-random moments ten times a day during seven days, before and after treatment. Every session, participants and therapists will rate level of paranoid ideation and global clinical impression.

Results: Seven mental health services throughout the Netherlands participate in this RCT. Up until now, fourteen psychologists have been trained in VRcbt and the first patients have been included in the trial.

Discussion: Comparison of VRcbt and cbt will provide information about the relative (cost-)effectiveness of VRcbt for this population. VRcbt may become the preferred psychological treatment for paranoid delusions and social anxiety in patients with psychotic disorder.

M37. THERAPEUTIC EFFECT OF TRANSCRANIAL DIRECT CURRENT STIMULATION ON WORKING MEMORY OF PATIENTS WITH RECENT ONSET SCHIZOPHRENIA: A RANDOMIZED CONTROLLED STUDY

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Background: Working memory is impaired in many patients with psychotic disorder and influence their daily living. This study aimed to evaluate therapeutic effect of transcranial direct current stimulation (tDCS) on working memory of patients with recent onset schizophrenia.

Methods: 40 patients with schizophrenia randomized to either 6 sessions of add-on active (2 mA, 20min) or sham tDCS (anode: left DLPFC/F3; cathode: right supraorbital/F4, duration of 30 minutes and 72 hours in between). Patients with predominant negative symptoms were excluded. Primary outcome was improvement of working memory performance on letter-number sequencing test and secondary outcome was reduction in Positive and Negative Syndrome Scale (PANSS).

Results: Majority of patients (90%) were male. Mean age was 34.12 (±11.20) ranging from 27 to 59 years. Mean score of PANSS was 9.8±2.1 in negative, 17.4±4.0 in positive and 19.2±3.2 in general symptoms. Cognitive performance of patients receiving tDCS improved significantly (7.7±2.3 to 10.3±1.7, p=0.001) compared to the sham group (8.9±3.5 to 9.1±2.4). PANSS score did not change significantly and had the same trend in the two groups.

Discussion: The results of the present study indicate that prefrontal tDCS may be a promising intervention for cognitive rehabilitation in patients with recent onset schizophrenia with prominent positive symptoms.

M38. PATIENT-PERSPECTIVE: NEED FOR CARE AFTER A FIRST PSYCHOSIS

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Background: Only little is information is available about the needs and preferences regarding care and treatment of people who are going through a psychosis for the first time. A first psychotic episode is often an intense experience, which may not directly be recognized as a mental health problem. Given the unfamiliarity with the available options of care, it probably differs from subsequent psychoses. In order to design first psychosis programs to optimally meet patients preferences, we need to learn the care needs of these usually young people. Furthermore, peoples' needs during the first psychosis, and the need for care after a psychotic episode have to be explored, in order to be able picking up life again after complete or incomplete remission.

Methods: Qualitative interviews were conducted with people (n = 20) who are in complete or partial remission after their first psychosis about their personal care needs. Interviews were conducted by an experience expert and