The QPE is a semi-structured interview consisting of 50 items that are categorized into four subscales (visual, auditory, other hallucinations and delusions). Each subscale starts with a screening question to indicate if a symptom is present, followed by questions regarding specific characteristics. We translated the QPE into Norwegian (bokmål) and distributed the screening questions online with the aims (1) to validate the Norwegian version of the screener QPE and (2) to assess the prevalence of hallucinations and delusions in the Norwegian population independently of the clinical status.

Methods: We conducted an online survey using a test/re-test design, which comprised the 13 screening questions of the QPE as well as demographic and clinical questions. Seven days after initial completion of the QPE participants received a link for the second round. For test/re-test reliability, we calculated concordance rates (i.e., percentage rates of how many participants gave the same response at the first and second measurement). Internal consistency is indicated with Cronbach's alpha. Finally, we calculated a principal component analysis (PCA) for the QPE items to identify the QPE's item structure. The study was approved by the regional ethics committee.

Results: Until now, 407 individuals (304 females, 103 males) with an age range of 18 to 78 (mean = 32.7) participated in the first part of the online survey, of whom 185 also took part in the re-test.

Twenty-eight % of all participants had at least one psychiatric diagnosis. Among the healthy participants alone, 35% reported auditory hallucinations, 26% visual hallucinations, 40% tactile hallucinations and 28% olfactory hallucinations. Around 68% of all healthy participants reported at least one delusional experience.

Cronbach's alpha across all 13 items for the entire sample was 0.772 in the first round and 0.765 in the second round. Test/re-test reliability was between 79% and 99%. The PCA, also based on the entire sample, revealed one dimension, with high loadings especially on delusion-related questions (range: 0.488–0.697).

Discussion: The distribution of different modalities of hallucinations and delusions in the healthy sample suggests that psychotic experiences are not necessarily connected to diagnoses. This finding is in accordance with other studies and supports the hypothesis that psychotic experiences are independent of the clinical status.

The Cronbach's alpha suggests a good internal consistency at both time points, which stays stable over time and the test/re-test reliability shows a high accordance between the answers of round one and two. The PCA implies that the QPE screener is best characterized with a unidimensional structure, indicating that there is substantial overlap between hallucinations and delusions, even though factor loadings are particularly high for delusions. We conclude that the Norwegian version of the screener QPE is a viable tool for assessing psychotic experiences across both psychiatric and healthy populations.

F109. BOUNDARIES BETWEEN DEFICIT AND NONDEFICIT SCHIZOPHRENIA: LONG TERM STABILITY AND OUTCOMES

Gustavo Mustafé*[,1], Diego Mendes[1], Thaís Martins[1], Thalita Fernandes[1], Clarissa Dantas[1]
[1]Medical School, State University of Campinas

Background: Negative symptoms of schizophrenia are admittedly associated with a poorer outcome regarding aspects such as functionality, quality of life and cognitive performance. Patients with prominent, persistent and primary negative symptoms have been considered to manifest a putative subtype called "Deficit schizophrenia" (DS). However, the boundaries of deficit and nondeficit forms were put in question since the publication of a study that considered separately a group of patients with persistent negative symptoms whose primary nature could not be asserted, the "ambiguous nondeficit" group, who would be otherwise categorized as nondefict according to the gold standard instrument: the Schedule for the Assessment of the Deficit Syndrome (SDS). Those patients presented psychopathological features, quality of life, insight and cognitive function quite different from the nondeficit group, and closer to the deficit group. The objectives of the present study are to investigate the stability of the categorization regarding the presence of DS in three groups: "deficit"(DS), "nondeficit" (ND) and "ambiguous nondeficit" (SND) over a long term follow-up and to evaluate clinical outcomes in the different groups.

Methods: We will contact 85 patients with schizophrenia, considered clinically stable in the previous year, who participated in a study about the DS in 2009/2010. Back then, they were recruited in two sites: an outpatient service of a university general hospital (49 patients) and a community-based mental health service (36 patients). Patients will be assessed with the same instruments adopted in the first study: a questionnaire for clinical and demographic information; BPRS, SAPS, SANS, Calgary Depression Scale, the SDS, QLS, and a battery of neurocognitive tests. We started the recruitment by the patients originally treated in the outpatient clinic.

Results: Here we present partial results. Of the 49 patients, 5 refused to participate in the follow-up study, 3 died prematurely, and 1 had the diagnostic changed for bipolar disorder. Assessment interval was 6.9 years ± 0.5 Among the 20 reassessed patients, mean age at baseline was 36.9 ± 8.9 years, mean duration of mental illness was 16 ± 10.1 years, and 75% were men. They had in mean, 10.7 ± 3.3 years of education, only 20% had any work activity, 15% were married and 55% had a low socioeconomic position. These demographic aspects slightly worsened: only 15% had an occupation at follow-up, and 60% fell in the lower socioeconomic position. Regarding the SDS classification, 4 of 9 ND patients at the baseline were reclassified as DS; 1 of 7 DS was reclassified as ND, the other 6 remained DS; from the AND, 3 were considered DS and 1 ND, from a total of 4. At the end, there were 13 DS and 7 ND, while at the baseline they were: 7 DS, 9 ND and 4 AND. Concerning psychopathology, 80% of the patients had an increase in SANS and the most expressive increase was in nondeficit group (an average of 5.4 points), although the average in DS group remained the higher (18.9 points). Still, SAPS and Calgary remained low in all three subgroups, with a mean of 6.20 and 2.20 points, respectively. As to medication, 70% of the baseline were in use of Clozapine (67% of ND, 57% of DS and 100% of the AND group) and that total number remained the same during the follow up.

Discussion: Our preliminary results are derived from a small sample. Although we cannot draw definite conclusion, these outcomes suggest trends that are worth observing: the worsening of negative symptoms among patients and the tendency of conversion to DS group, especially among the "ambiguous" group. This advocates against the dichotomous division of deficit and nondeficit schizophrenia and speaks in favor of a dimensional understanding of negative symptoms.

F110. THE BRIEF NEGATIVE SYMPTOM SCALE (BNSS): VALIDATION IN A MULTICENTER BRAZILIAN STUDY

Heydrich Medeiros[1], Helio Elkis*[,2], Selene Vasconcelos[1], Diana Martins[1], Raissa Alexandria[3], Ana Albuquerque[3], Rosana Freitas[4], Maria Scardoelli[4], Elaine Di Sarno[4], Isabel Napolitano[4], Graça Oliveira[4], Adriana Vizzotto[4], Antônio Peregrino[3], Murilo Lima[3]
[1]Federal University of Paraíba; [2]University of Sao Paulo Medical School; [3]University of Pernambuco; [4]University of São Paulo

Background: Negative symptoms are a core feature of schizophrenia. The Brief Negative Symptom Scale (BNSS) is a new scale developed to assess negative symptoms in schizophrenia.

Methods: The present study aimed to examine the construct validity of BNSS, by using convergent and divergent validities as well as factor analysis, in a Brazilian sample of 111 outpatients diagnosed with schizophrenia by DSM-5. Patients were evaluated by the Brazilian version of the BNSS and positive and negative subscales of the Positive and Negative Syndrome Scale (PANSS)
Results: Assessment of patients by both instruments revealed an either an excellent internal consistency (Cronbach's alpha = 0.938) or inter-rater reliability (ICC = 0.92), as well as a strong correlation between BNSS and negative PANSS (r = 0.866) and a weak correlation of the instrument with the positive PANSS (r = 0.292) thus characterizing adequate convergent and discriminant validities, respectively. The exploratory factor analysis identified two distinct factors, namely, motivation/pleasure and emotional expressivity, accounting for 68.63% of the total variance.
Discussion: The study shows that the Brazilian version of the BNSS has adequate psychometric properties and it is a reliable instrument for the assessment of negative symptoms in schizophrenia, either for clinical practice or research.

F111. ELECTROPHYSIOLOGICAL CORRELATES OF AVOLITION-APATHY DOMAIN IN SCHIZOPHRENIA

Giulia Giordano*[,1], Thomas Koenig[2], Armida Mucci[1], Annarita Vignapiano[1], Antonella Amodio[1], Giorgio Di Lorenzo[3], Cinzia Niolu[3], Mario Altamura[4], Antonello Bellomo[4], Silvana Galderisi[1]
[1]University of Campania "Luigi Vanvitelli"; [2]Translational Research Center, University Hospital of Psychiatry Bern; [3]University of Rome Tor Vergata; [4]University of Foggia

Background: Negative symptoms represent a core feature of schizophrenia. They have been associated to poor functional outcome, worse quality of life and poor response to pharmacological treatment. Several factor analytic studies have reported that negative symptoms can be divided into two domains referred to as Avolition-apathy which includes Avolition, Anhedonia and Asociality and the Expressive deficit domain, which includes Alogia and Blunted affect.
Avolition-apathy has been associated to a dysfunction of brain circuits involved in motivation, in particular to those related to the ability to anticipate pleasure and learn from rewards. It is highly controversial whether Avolition-apathy and all subcomponent symptoms share the same neurobiological underpinnings.
Our study, using brain electrical microstates (MS) which reflect global, subsecond patterns of functional connectivity, had two primary aims: 1) to identify differences between healthy controls (HC) and clinically stable people with schizophrenia (SCZ) in brain electrical microstate parameters and 2) to investigate the associations of the microstate parameters with the Avolition-apathy domain and its subcomponent symptoms.
Methods: We analyzed multichannel resting EEGs in 142 SCZ and in 64 HC, recruited within the add-on EEG study of the Italian Network for Research on Psychoses. The microstate analysis was performed using an in-house plugin for Brain Vision Analyzer. Based on the microstate map templates from a large normative study, each moment of the ongoing EEGs was assigned to one of four microstates (MS) classes (MS-A, MS-B, MS-C, MS-D). Microstates were then quantified in terms of relative time contribution, duration and occurrence. Negative symptoms were assessed using the Brief Negative Symptoms Scale (BNSS): Avolition-apathy was obteined by summing the scores on the subscales Anhedonia (consummatory and anticipatory anhedonia), Avolition and Asociality; Expressive deficit was computed by summing the scores on the subscales Blunted Affect and Alogia.
Analysis of variance (ANOVA) was used to test group differences on MS parameters. Pearson's r coefficients were computed to investigate the correlations of MS parameters with the negative symptom domains and subcomponent symptoms.
Results: There was no significant group difference in sex (p=0.073) and age (p=0.547) between SCZ and HC. SCZ, in comparison to HC, showed increased contribution (p=0.009) and duration (p=0.016) of MS-C.
As regard to negative symptoms, the total score of the BNSS was positively correlated with the contribution of MS-A (r= 0.19, p<0.03). Avolition-apathy domain (r=0.22, p<0.01), anticipatory anhedonia (r=0.20, p=0.02), avolition (r=0.20, p=0.02) and asociality (r=0.25, p=0.003), but not consummatory anhedonia (r=0.13, p=0.13), were positively correlated with the contribution of MS-A. There was no correlation between Expressive deficit and MS-A parameters.
Discussion: Our findings, in line with previous studies, showed an increased contribution of MS-C in SCZ. MS-C was not associated with clinical features, thus probably representing a trait marker of the disease. In addition, our results support different neurophysiological correlates of the two negative symptom domains and suggest that only anticipatory anhedonia, but not consummatory anhedonia, might be linked to the Avolition-apathy domain. These findings are in line with studies reporting an intact ability to experience in the moment pleasure and an impairment in pleasure anticipation (anticipatory anhedonia) in people with schizophrenia.

F112. LESS SYMPTOMS IN SCHIZOPHRENIA – A RISK FACTOR FOR IMPAIRED INSIGHT OF FUNCTIONING?

Olsson Anna-Karin*[,1], Maivor Olsson-Tall[2], Hawar Moradi[2], Fredrik Hjärthag[1], Lars Helldin[3]
[1]Karlstad University [2]NU Health Care Hospital; [3]Health Care Hospital, and Karlstad University

Background: People with schizophrenia demonstrate deficits in insight and the ability to self-evaluate their functioning. Research about patients' ability to recognize their psychotic symptoms is well established, but recent findings show that there are still unexplored fields regarding how patients perceive their level of functioning A previous study showed that patients who overestimate their functioning, also consistently get high scores in interview-based assessment regarding real-world functional performance. The possible consequences of patients' ability to correctly estimate their function need to be further investigated. The aim of the present study was to examine how the perception of one's own capacity relate to symptoms in patients with schizophrenia spectrum disorders.
Methods: Data collection took place within the ongoing project Clinical Long-term Investigation of Psychosis in Sweden (CLIPS), which examines psychiatric outpatients. In this study, 222 patients with schizophrenia participated. They were divided into four groups based on their results on the UPSA-B and their self-perceived function; two groups with ordinary function (accurate estimators and under -estimators) and two groups with low function (accurate estimators and over-estimators). The groups were compared regarding psychiatric symptoms, examined using the Positive and Negative Syndrome Scale (PANSS). Non-parametric statistics were used to analyze differences in their symptoms.
Results: There were statistically significant differences in the total score of PANSS across the four groups of function. The following analyses showed significant differences in the negative and general domain. Results from the post hoc examination revealed identical patterns in these two symptom domains. The group with Low function accurate estimators have significantly more severe symptoms compared to the other three groups.