

Background: The lifetime risk of suicide and suicide attempt in patients with schizophrenia are 5% and 25%–50%, respectively. Understanding the suicide risk factors is of great significance in research and clinical practice. The current systematic review is the first attempt to examine and demonstrate the associations between the core negative symptom of blunted affect and suicide in people with schizophrenia. We believe this review may have important implications for suicide epidemiology and helps us improve prevention tools.

Methods: A comprehensive search strategy using PRISAMA guidelines was used to identify potential studies and data that met inclusion criteria. We searched original studies published since 2016 via MEDLINE (R) from 1946 to February 2016, EMBASE from 1947 to February 2016, and PsychINFO from 1806 to February 2016. Inclusion criteria were met if an article reported any kind of correlation between negative symptoms and suicide ideation, attempted suicide or completed suicide in patients with schizophrenia. The used search terms were: schizophre* AND suicid* AND negative symptom* OR affective symptom* OR expressed emotion* OR emotional internal*. Studies with original data related to the blunted affect and suicide in schizophrenia were examined by manual reviewing.

Results: The initial search found 878 papers about negative symptoms and suicidal behaviour. From those only 12 papers fulfilled the inclusion criteria. Eight of twelve eligible papers found a positive association between blunted affect and suicide in schizophrenia indicating the link between social isolation and blunted affect with suicide ($p < 0.018$), the impact blunted affect has on completed suicides on female population with schizophrenia ($p < 0.034$) and the link between blunted affect and suicide in the stage of hospital admission ($p < 0.001$). Two of twelve papers report no significance between blunted affect and suicide. One paper shows blunted affect did not have direct relation with suicide but can lead to the development of a suicidal behaviour. The last paper demonstrates blunted affect is important as suicide risk factor in schizoaffective disorder only.

Discussion: Based on the best available data, our results demonstrate a challenging link between blunted affect or related emotional disturbances and suicide in schizophrenia. Despite major suicide risk factors such as hopelessness, positive symptoms and depression, blunted affect is another factor we need to consider as it relates to social engagement and emotion regulation which are essential elements for eliminating suicides and improve interventions in psychiatry. Our outcomes may help with future development of preventive strategies and tools to combat suicide but also with gaining better understanding around what determines suicidal behaviour in schizophrenia.

T114. SCHIZOTYPAL PERSONALITY QUESTIONNAIRE-BRIEF: FACTOR STRUCTURE ANALYSIS IN A NONCLINICAL ROMANIAN SAMPLE

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Background: The study of schizotypal traits in the general population has been proposed as a way to understand aetiology and pathophysiology of schizophrenia. Self-report measures of psychometric schizotypy like the Brief version of the Schizotypal Personality Questionnaire (SPQ-B) have been shown to be valid, inexpensive and non-invasive tools. Few studies used a Likert-type scale format, which could be better able to allow partial endorsement and to detect more defended respondents than the forced choice format. At our knowledge, no studies of the SPQ-B used validity and social desirability items, to assess the potential impact of random or biased answers.

Methods: We examined factor structure and internal reliability of a Romanian version of the Schizotypal Personality Questionnaire-Brief (SPQ-B), in a Likert format in a sample of 580 students of Universities of Bucarest, Craiova and Brasov, in Romania. 3 validity items and 5 items of social desirability were added to the 22-items SPQ-B. We investigated the dimensional structure of the Romanian version of the SPQ-B first in the entire sample, and then after eliminating “bad” responders (i.e. those with aberrant answers on the validity items). We used a Principal Components Analysis (PCA) followed by a promax rotation. Factor selection was based on Eigenvalues over 1.0 (Kaiser’s criterion), Cattell’s scree plot test, and interpretability of the factors. We calculated Cronbach’s Alpha for total SPQ-B and for each dimension.

Results: Our sample was constituted of 433 women and 147 men. The mean age was 25.5 ± 4.5 years. SPQ-B Likert total scores ranged from 23 to 90 points (mean = 55 ± 12). 71 participants were excluded after taking account of validity questions. Factor analysis of the entire sample resulted in a 3-factor solution that explained 43.8% of the variance. Factor 1 (Cognitive-perceptual; 10 items) includes items related to “ideas of reference”, “magical thinking”, “unusual perceptual experiences” and “suspiciousness”. Factor 2 (Interpersonal; 5 items) includes items related to “social anxiety”, “no close friends”, and “constricted affect”. Factor 3 (Disorganized; 7 items) includes items related to “odd behavior” and “odd speech”.

Coefficient Alpha for the three subscales and total scale, respectively, were 0.74, 0.78, 0.78 and 0.86. There were no significant differences when the analyses were conducted in the sample of 509 “good” responders’ students.

Discussion: Factor analysis of the Romanian version of the SPQ-B in a Likert format confirmed the three-factor structure of schizotypy. The SPQ-B and its subscales demonstrated good internal reliability. The use of items of validity and social desirability did not change significantly the results.

T115. REASONING BIAS, WORKING MEMORY PERFORMANCE, AND A TRANSDIAGNOSTIC PHENOTYPE OF AFFECTIVE DISTURBANCES AND PSYCHOTIC EXPERIENCES IN THE GENERAL POPULATION

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Background: There is robust evidence that reasoning biases such as a tendency of jumping to conclusions (JTC) as well as cognitive deficits are associated with psychosis, but evidence on their association with affective disturbances remains inconclusive. Recent findings also suggest a transdiagnostic phenotype of co-occurring affective disturbances and psychotic experiences. This study aimed to investigate whether JTC bias and decreased working memory performance are associated with the co-occurrence of affective disturbances, psychotic experiences (PEs), and psychosis-related help-seeking behaviour (HS) in the general population.

Methods: The second Netherlands Mental Health Survey and Incidence Study (NEMESIS-2). Trained interviewers administered the Composite International Diagnostic Interview (CIDI) at three time points in a representative general population sample, with N=4.596 individuals who completed all assessments. The beads task and digit-span task were completed to assess JTC bias and working memory performance, respectively. CIDI was used to measure affective disturbances (i.e. depression, anxiety, mania) and an add-on instrument to measure PEs and HS.

Results: We found that, compared to individuals with neither affective disturbances nor PEs, JTC bias was more likely to be present in individuals with