

in the general population. Furthermore, other findings support the role of childhood trauma as a socio-environmental risk factor for psychotic symptoms, and research on the potential etiological relationship between trauma/stressful events in childhood/adolescence and psychotic disorders is evolving. The aim of the current study was to examine relations among all items and domains of childhood trauma and schizophrenic symptoms in patients with schizophrenia. The relationship between types of trauma and their association with psychotic symptoms was analysed.

Methods: In this study, we collected data from 50 schizophrenic patients (39 males and 11 females). All patients met the DSM 5 criteria for schizophrenia. Psychotic symptoms were measured by the Positive and Negative Syndrome Scale (PANSS). Trauma and stressful events in childhood and adolescence were assessed using the Childhood Trauma Questionnaire (CTQ).

Results: We found significant correlations between emotional and sexual abuse, emotional neglect and denial scale in CTQ with positive symptoms of the PANSS ($p < 0.05$).

Meanwhile, no correlations were found between CTQ domains neither with negative symptoms nor with general psychopathology scale of the PANSS.

Discussion: This study showed that childhood trauma could be a predictor factor for developing positive symptoms in schizophrenia. Most studies found similar results, showing a correlation between childhood trauma and hallucinations in schizophrenia. A correlation between childhood trauma and aggressive behaviours was also described in literature. These results went along with the stress sensitization model where the HPA axis is over-active and excessively reactive to the subsequent environmental stressors causing positive symptoms of the disease.

S249. IS INTERNET HARMFUL FOR PSYCHOTIC PATIENTS?

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Background: Developments in electronic health (e-Health) interventions for psychotic patients have been possible since the growing access and use of internet and electronic devices in past 10 years (Bonet et al. 2017). However, before proceeding further on develop these interventions; limited knowledge exists about the impact of internet and new technologies on the mental health of these psychotic patients. The aim of this study is to assess the benefits and risks of new technologies usage in a survey of patients diagnosed with psychotic disorders. We analyzed the relationship between experiences and opinions about internet and demographic and clinical characteristics of the sample and patterns of use of these technologies.

Methods: Structured questionnaire was designed. This questionnaire was divided in three parts: 1) clinical and demographic information, 2) access and use of technologies, and 3) experiences and opinions about internet. In total, 97 patients diagnosed with psychotic disorder participated in this cross-sectional study. Mean age of the sample was 37.06 (SD=12.9), 72.2% of participants were male, 84.5% were single and 60.8% had achieved secondary education. Main diagnoses in the sample were First Episode of Psychosis (45.4%) and Schizophrenia (34%) and 64.9% of patients had a length of illness lower than 72 months

Results: The percentage of patients who daily acceded to internet was 63.9% while 21.6% weekly acceded. 90.7% of participants owned a mobile phone and 68% had a social media account. Related to feelings about internet, 60.8% of patients felt socially linked due to internet usage and 78.4% felt informed. However, 22.7% felt frustrated and 19.6% felt suspicious. Internet was considered as a benefit for mental health for 46.4% of patients, while 38.1% have had unpleasant experiences related to its usage, 24.7% have had internet-related relapses and

26.8% expended excessive time online. Significant association was found between feeling informed and frequency of access to internet ($\chi^2 = 6.17$ $p = 0.05$), however any other significant association was found between feelings about internet and clinical or demographic characteristics or patterns of use of technology. According to experiences, significant associations were found between internet-related relapses and length of illness ($\chi^2 = 4.74$ $p = 0.03$), frequency of internet access ($\chi^2 = 9.76$ $p < 0.01$) and social media ownership ($\chi^2 = 5.55$ $p = 0.02$). Expending excessive time on internet was found significant associated to age of the sample ($\chi^2 = 6.57$ $p = 0.04$), employment status ($\chi^2 = 10.73$ $p = 0.03$), frequency of access to internet ($\chi^2 = 10.15$ $p < 0.01$) and social media ownership ($\chi^2 = 9.62$ $p < 0.01$). Association between stop taking medication because of information read on the internet and level of education was also found ($\chi^2 = 9.03$ $p = 0.01$).

Discussion: Despite the general positive feelings about internet usage, percentages between 38-19% of patients had a negative vision of internet. Furthermore, frequency of access to internet and social media ownership have been found associated to internet-related relapses and potential pathological use of internet (excessive time on it). Younger patients, recent diagnosis of psychosis and being in a non-active employment situation seem to be related to these pathological results too. To our knowledge, this is the first study to describe the potential risks about internet usage in patients diagnosed with psychotic disorders, however further studies are needed.

Reference:

1. Bonet L, et al Use of mobile technologies in patients with psychosis: A systematic review. *Rev Psiquiatr Salud Ment.* 2017; 10 (3): 168-178

S250. RELATION BETWEEN PSYCHOPATHOLOGY AND QUALITY OF LIFE IN SCHIZOPHRENIA PATIENTS BEFORE AND AFTER FIRST ANTIPSYCHOTIC TREATMENT

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Background: It is common knowledge that antipsychotic treatment improves the symptomatology in schizophrenia, especially for the psychotic and general symptoms. It is also a fact that patients with schizophrenia often report a reduced quality of life compared to healthy controls. In this study we aim at examining the relation between self-reported quality of life (QLS), psychopathological symptoms and level of function before and after antipsychotic treatment. We hypothesize that there will be a correlation between QLS and severity of symptoms before treatment. Further we expect an improvement in QLS after treatment and that this improvement will correlate with improvement in symptomatology.

Methods: As a part of a large multimodal study on antipsychotic naïve patients with schizophrenia, 69 patients were recruited. Their psychopathology was measured with the Positive and Negative Syndrome Scale (PANSS), level of function was estimated using Global Assessment of Function (GAF), and QLS was reported by answering a questionnaire. Patients were treated with individual doses of Amisulpride for six weeks, after which they were reexamined.

The questionnaire regarding QLS counts 21 questions, divided into four domains: Self and present life (i.e. "how satisfied are you with your present life"), social relations ("how satisfied are you with your current social life"), Living situation ("how much do you like the place you live") and Work situation ("How satisfied are you with the work you do"). Higher scores indicate higher satisfaction within the domain. Since the follow up period was only 6 weeks, we focused on self and present life (SPL) and