T190. COMPARABILITY OF PATIENT AND STUDY CHARACTERISTICS IN RANDOMIZED CONTROLLED TRIALS ON PHARMACOTHERAPY AND PSYCHOTHERAPY FOR POSITIVE SYMPTOMS OF SCHIZOPHRENIA: A SYSTEMATIC REVIEW

Abstract not included.

T191. FRONTO-CORTICAL ROLES OF NIGELLA SATIVA INsocially isolated mice

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Background: Schizophrenia is a chronic debilitating mental disorder, modelled developmentally in animals by social isolation rearing (SIR). This study investigated the roles of Nigella sativa, a multi-therapeutic plant oil, on the fronto-cortical functions and alterations in socially isolated BALB/c mice.

Methods: Body weights, relative brain weights, dopamine, glutamate and GPX levels, as well as recognition memory were measured in 75 albino pups of 10 weeks age. These pups were divided into CTRL, SSIR, SIR NS and SSIR. CTRL (socialised) and SIR (isolated) received 10ml/kg normal saline orally for 10 days, while the SSIR, NS and SIR-NS received 1ml/kg Nigella sativa orally for 10 days either prophylactically (prenatal exposure), alone without isolation, or interventionally respectively. Recognition memory was assayed through novel object recognition test and the animals were euthanized. Brains were excised for histological examination of the frontal Cortex using the H&E stain.

Results: Significant increase (p<0.05) in fronto-cortical glutamate, dopamine, and glutathione peroxidase (GPX), as well as recognition memory index, relative brain weight and total body weights were recorded in the isolated mice that were pre-treated and post-treated with Nigella sativa, compared with the untreated ones. However, no significant neuroarchitectural difference was observed histologically across the frontal cortices of the mice.

Discussion: Nigella sativa was significantly prophylactic and ameliorative of the neurochemical and neurobehavioural schizotypic deficits induced in socially isolated BALB/c mice. This was revealed by glutamate, dopamine, GPX, recognition index and relative brain weight values of the pretreated and post-treated mice. Use of dendritic and Nissl markers are recommended for better histological appreciation.

T192. BINSWANGER’S THREE FORMS OF FAILED EXISTENCE AND ITS RELEVANCE FOR CONTEMPORARY PSYCHIATRY

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Background: Social impairment is a hallmark feature of schizophrenia spectrum disorders and the subject of much research attention. In contemporary psychiatry the principal way of understanding and examining these difficulties is closely linked to the concept of social cognition, but while this approach has yielded valuable results it has still left the bulk of the variance of social functioning unaccounted for. By zooming out from subpersonal constructs and engaging with first hand experiences of lived through sociality, the phenomenological tradition offers a complementary viewpoint. One prominent proponent hereof is Ludwig Binswanger, but unfortunately much of his pivotal work is only accessible in the original German. It is the purpose of this presentation to introduce some of his central but largely overlooked insights to a wider audience and to highlight their relevance for current research and clinical practice.

Methods: A reading of Binswanger’s magnum opus Drei Formen missglückten Daseins of which only a fraction has previously been presented to an Anglophone readership.

Results: To Binswanger, schizophrenic existence is, at its very core, marked by a breakdown of natural experience understood as the unreflective and unobtrusive processes which usually afford us a sense of harmony with ourselves, others, and the material world. In its place schizophrenic autism may transpire and be traced in three forms of existential failure: extravagance (“Verstiegenheit”), perverseness (“Verschrobenheit”), and manneristic behavior (“Manierheit”). These are not mere defects or plain symptoms, but represent modified modes of being in the world, which all testify to a breakdown of the intersubjective dimension. In extravagance a certain disproportion between basic features of human existence eschews the existential “order of preference”, which usually affords us a basic trust in being, a tacit feeling of ontological security, and the possibility of true community with others. Perverseness, then, denotes a replacement of pragmatic prudence and seamless adjustment to the world and others with withdrawal, resistance, and certain private concepts, principles or rules. Finally, manneristic behavior, deeply rooted in a loss of basic trust, represents an inauthentic mode of being in which the self may be defeated in an effort to appropriate some foreign model of existence.

Discussion: From Binswanger’s descriptions of these modified modes of existence three key insights emerge, which all challenge fundamental, if often tacitly held, assumptions in current psychiatric research and clinical practice: 1) Intersubjective difficulties are not simple symptoms or add-ons that may or may not be present, but constitutive features of the schizophrenic Gestalt. 2) Intersubjective difficulties in schizophrenia spectrum disorders cannot be reduced to the dysfunction of one or more modular psychological constructs or to mere sequelae of specific symptoms and signs. Rather, they reflect a fundamentally and globally altered structure of subjectivity. 3) Schizophrenic autism and intersubjective difficulties cannot be sufficiently understood in purely behavioral terms as a tendency to withdraw or isolate oneself or as an insufficient stock of knowledge. Autism is neither a newly demarcated symptom or sign nor a simple defect but transpires through the various clinical manifestations. It is perhaps best
understood as a disruption of the basic prereflective attunement with the shared-social world.

If taken seriously, these realizations might be helpful in developing novel and complementary ways of understanding and engaging with schizophrenia spectrum patients’ oftentimes altered existential styles.

**T193. THE ROLE OF METACOGNITION ON NEGATIVE SYMPTOMS: A PSYCHOLOGICAL MODEL FOR DIMINISHED EXPRESSION IN SCHIZOPHRENIA**

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**Background:** The resistance of negative symptoms to pharmacologic treatment has spurred interest in understanding the psychological factors that contribute to their formation and persistence. However, little is understood about the psychological processes that reinforce and sustain the negative symptoms domain of diminished expression. Prior research has shown that higher levels of diminished expression relate to deficits in metacognitive capacity. We propose a more complex model in which diminished expression occurs when impairments in metacognitive self-reflectivity, alterations in higher-order language structure, and cognitive deficits interact and thus interfere with persons’ ability to understand and express emotions in ways others can recognize.

**Methods:** Individuals with schizophrenia-spectrum disorders (N=201) provided personal narratives including their life story and reflections regarding their mental illness and a clinician-rated interview of psychotic symptoms. Structural equation models (SEM) examined the demarcation of fantasy life from perception and memory. A broad range of ideations (such as ‘daydreams’, ‘fears’, anticipations, intrusions, paranoid or suicidal ideation) may involve such structural disturbances of experience. Here, we present data from the first, cross-sectional study investigating the distribution of anomalies of imagination in different diagnostic groups and healthy controls as well as their association with positive symptoms, negative symptoms and disorders of basic selfhood.

**Results:** Anomalies of imagination aggregated significantly (p < 0.000, Kruskall-Wallis test) in the schizophrenia-spectrum disorders compared to other mental illnesses with no significant difference between schizophrenia and schizotypal disorder. The group of healthy controls very rarely reported these anomalies and scored significantly lower (p < 0.000) than all diagnostic groups. In multivariate linear regression analysis (R² = 0.66), EAFI score was significantly associated with EASE score (β = 0.62, p < 0.000), PANSS positive (β = 0.34, p = 0.01) and PANSS negative (β = 0.29, p = 0.02), but not PANSS general score (β = -0.29, p = 0.07). More than 79% of the schizophrenia-spectrum patients retrospectively reported the onset of these experiences to adolescence or earlier.

**Discussion:** The results of this cross-sectional study support that the subjective anomalies of imagination, targeted with the EAFI, are associated with the schizophrenia-spectrum. The association with disorders of basic self, which has been shown to have trait-like characteristics and to predict transition to schizophrenia-spectrum disorders, may reflect that the anomalies of imagination share a common experiential core-structure with self disorders. We suggest that the anomalies of imagination belong to an emerging domain of disorders of basic selfhood.

**T194. SUBJECTIVE ANOMALIES OF IMAGINATION AGGREGATE IN SCHIZOPHRENIA-SPECTRUM DISORDERS AND ARE ASSOCIATED WITH DISORDERS OF BASIC SELF**

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**Background:** Imagination is the formation of ideas or images of something known not to be present to the senses. Clinical psychopathology has few notions addressing this domain apart from obsession and rumination. Some classic psychopathological notions such as Jaspers’ concept of pseudohallucination or the pseudo-obession are relevant to this area. In a recent research project, informed by contemporary philosophy of mind and phenomenology, we have developed novel concepts targeting subjective disturbances of imagination and fantasy life with a focus on the schizophrenia-spectrum. Patients describe a spatialization of images, i.e., stable imagery with an articulated spatial structure being liable to inspection ‘from afar in the mind’ and often undergoing an autonomous development independently of the will of the patient (‘like watching a movie in the head’). Other notions address tacit, non-psychotic erosions of the demarcation of fantasy life from perception and memory. A broad range of ideations (such as ‘daydreams’, ‘fears’, anticipations, intrusions, paranoid or suicidal ideation) may involve such structural disturbances of experience.

**Methods:** The sample (N=81) included in- and outpatients with schizophrenia or another non-affective psychosis (N=32), outpatients with schizotypal disorder (N=15) or other mental illness (N=16) and healthy controls (N=18). The sample was 70% female with mean age 29.9 (SD 6.8; range 18–42) years. Anomalies of imagination were assessed with the Examination of anomalous fantasy and imagination (EAFI), which is an instrument recently developed in our group for a semi-structured interview exploring these experiences. The EAFI has shown very good reliability with average Kappa of 0.84. Disorders of basic self were assessed with the Examination of anomalous self experience (EASE) and positive, negative and general symptoms with the Positive and Negative Syndrome Scale (PANSS).

**Results:** Anomalies of imagination aggregated significantly (p < 0.000, Kruskall-Wallis test) in the schizophrenia-spectrum disorders compared to other mental illness with no significant difference between schizophrenia and schizotypal disorder. The group of healthy controls very rarely reported these anomalies and scored significantly lower (p < 0.000) than all diagnostic groups. In multivariate linear regression analysis (R² = 0.66), EAFI score was significantly associated with EASE score (β = 0.62, p < 0.000), PANSS positive (β = 0.34, p = 0.01) and PANSS negative (β = 0.29, p = 0.02), but not PANSS general score (β = -0.29, p = 0.07). More than 79% of the schizophrenia-spectrum patients retrospectively reported the onset of these experiences to adolescence or earlier.

**Discussion:** The results of this cross-sectional study suggest that the subjective anomalies of imagination, targeted with the EAFI, are associated with the schizophrenia-spectrum. The association with disorders of basic self, which has been shown to have trait-like characteristics and to predict transition to schizophrenia-spectrum disorders, may reflect that the anomalies of imagination share a common experiential core-structure with self disorders. We suggest that the anomalies of imagination belong to an emerging domain of disorders of basic selfhood.

**T195. PSYCHOTIC DISORDERS IN PATIENTS WHO USE SYNTHETIC CANNABINOIDS: CLINICAL CHARACTERISTICS AND PATIENT PROFILE**

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**Background:** Cannabidiol (CBD) and delta-9-tetrahydrocannabinol (THC) are the two principal ingredients of natural cannabis with counteracting functions. Synthetic cannabinoids (SCs) are much more potent than natural cannabis, since they act as a more potent full agonist at the cannabinoid