The following hypotheses were tested: Quality of life will be improved after six years, and patients in remission will report a better Quality of Life compared to patients not in remission. Further, low Quality of Life will be associated with high levels of negative symptoms.

**Methods:** In this study 69 antipsychotic drug-naive, first episode patients with schizophrenia (ICD-10) were included between 2009–2013, and 31 patients were re-examined after 6.7 years (range 4.2–8.3). Quality of Life was reported by a validated questionnaire counting 18 questions, divided into three domains: Housing Situation, Social Relations, and Life Satisfaction. Higher scores indicate higher satisfaction within the domain.

Symptoms were assessed using Positive and Negative Syndrome Scale (PANSS) at baseline and follow up. Additionally, at follow up negative symptoms were assessed with Brief Negative Symptoms Scale (BNSS), focusing on three domains: Anhedonia, Asociality, and Avolition.

For statistical analysis, Spearman Rank, paired T-test and Mann-Whitney U-test were used.

**Results:** The overall Quality of Life was improved (p=0.013) after six years. The improvement was found in Housing Situation (p<0.001) and Social Relation (p<0.001) but not in Life Satisfaction (p=0.9). Symptomatic remission was observed in 15 (48%) patients. Quality of Life in patients in remission did not differ from patients without remission (p=0.16).

Patients improved in PANSS total, positive, negative and general score (all p<0.001). A negative correlation was observed between Quality of Life (Social Relations) and PANSS-negative (r=-0.40, p<0.05), and PANSS-total score (r=-0.43 p<0.05), and between Quality of Life (Life Satisfaction) and PANSS-general (r=-0.53, p<0.01) and PANSS-total score (r=-0.44, p<0.05). There was no correlation between Quality of Life and positive symptoms.

All three Quality of Life subdomains correlated with BNSS total (p<0.05, r<-0.42). This was driven by a high correlation with Anhedonia (all r<-0.55, all p<0.005) and Asociality (all r<-0.51, all p<0.005) but no correlation with Avolition.

**Discussion:** Patients in this study improved their subjective Quality of Life over a six-year period. This improvement was found within their Social Relations and an improved Housing Situation. In contrast, there was no improvement in patients’ Life Satisfaction.

Remission was found in half of the patients. Although Quality of life was associated with total symptom severity, it seemed to be independent of symptomatic remission. Quality of life was most associated with the level of negative symptoms, especially with Anhedonia and Asociality. This is in line with previous findings of associations between negative symptoms and the ability to maintain social relations and to function in everyday life. The results underline the importance of increased focus on negative symptoms.

S237. MODERATORS AND RELATIONSHIPS OF COGNITION AND SUBJECTIVE QUALITY OF LIFE IN SCHIZOPHRENIA

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**Background:** The relationship between cognitive impairments and subjective quality of life (sQOL) in schizophrenia remains indeterminate, relative to studies of objective QOL (oQOL), despite much previous work. This study sought to better characterise the cognition-sQOL relationship in schizophrenia by 1) examining associations between factor analysis-derived cognitive domains and sQOL, 2) investigating if these domains predicted sQOL over other demographic and clinical variables, and 3) exploring if clinical, demographic and functional variables moderated the significant relationships.

**Methods:** 47 schizophrenia/schizoaffective disorder patients (age: M=43.72, SD=11.35) and 48 healthy controls (age: M=39.82, SD=13.89) were assessed. QOL was measured using the Lehman’s QOL Interview. Composite scores were created to represent oQOL and sQOL, and factor analysis (principal axis factoring with varimax rotation) assessed for latent domains within 14 cognitive tasks. Symptomatology was assessed using the PANSS and MADRS. Pearson’s correlations and a stepwise linear regression were conducted to examine the associations between cognition and sQOL before the moderation analyses.

**Results:** Three cognitive domains were derived: visuospatial planning, verbal linguistic and inhibition switching. Only tasks comprising the verbal linguistic cognitive domain were significantly associated with, and predicted, sQOL (p<0.05). Moderation analyses revealed that the direction of this relationship differed between patients and healthy controls (p<0.05), and was moderated in patients only by positive symptom severity (p<0.05).

**Discussion:** The relationship between cognition and sQOL in schizophrenia is determined by, and more associated with, meaning-based cognitions. It is affected by symptomatology, notably positive symptoms, which lead to worsening sQOL among those with more intact verbal linguistic processing.

S238. PATIENT ENGAGEMENT TO EARLY INTERVENTION IN PSYCHOSIS SERVICES: RETROSPECTIVE ANALYSIS OF ENGAGEMENT PATTERNS

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**Background:** Within outpatient mental health services there exists an important awareness of the difficulties in engaging and maintaining contact with patients, as well as the understanding of the negative effects of disengagement, including worse patient outcomes and increased healthcare burden. Despite the importance of engagement on service delivery and recovery outcomes, few studies have examined rates and predictors of engagement in the early phase psychosis population. Although better than community care, it has been reported that an average of 30% of patients disengage from specialized early intervention services for psychosis (EIS). We examined rates of disengagement to a 5 year EIS for psychosis, including potential individual risk factors for disengagement at entry to service.

**Methods:** This cross-sectional cohort study examined engagement to services to a single EIS site from November 2006 to November 2016. Disengagement was determined retrospectively on review of medical records defined as not attending to clinic services despite repeated attempts by clinicians/clinik for a three month time frame. Gender, age at clinic entry, ethnicity, Positive and Negative Syndrome Scale (PANSS), Drug Attitude Inventory (DAI-30), General Assessment of Function (GAF), Social and Occupational Functioning Assessment Scale (SOFAS), WHO-ASSIST version 3.0, and the Psychological General Well Being (PGWB) scale at entry to service were examined between groups. Descriptive statistical and survival analyses for time to disengagement were conducted on the patient data set.

**Results:** 331 patient records were complete (with above scales) from entry to service to discharge or loss to follow-up. Patients were found to fall into 3 categories with regard to patterns of engagement. The first category we named “engagers” as they remained committed to their care throughout the program and comprised 50% of the sample. The second group were labeled the disengagers (20% of the group) and these were individuals who disengaged at some point in the program and did not return, in contrast to “intermittent engagers” who comprised 30% of the sample. Intermittent engagers were patients who at some point during their care would meet criteria for disengagement but would re-engage later (still within the 5 years from entry to EIS) and complete the program. Absolute disengagement by the disengager group was predominantly prior to 12 months of treatment (78% of the group) with a survival analysis showing a median time to absolute disengagement of 8 months. The 3 groups though defined based on their engagement status, did not significantly differ in age, gender and
adopted, POC testing can improve physical health check completion in the SMI population, although our qualitative findings highlight important considerations for maximising clinician engagement.

S240. REPRODUCTIVE HEALTH AMONG FINNISH WOMEN WITH SCHIZOPHRENIA OR SCHIZOAFFECTIVE DISORDER – A NATIONWIDE REGISTER-BASED FOLLOW-UP STUDY

Abstract not included.

S241. FACTORS ASSOCIATED WITH EARLY RISK OF DISENGAGEMENT FROM EARLY PSYCHOSIS INTERVENTION SERVICES

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Background: Despite the body of evidence supporting early psychosis intervention (EPI) programs for young people with psychotic disorders, approximately 30% of individuals with first-episode psychosis disengage from care. To date, two factors, lack of family involvement and presence of a substance use disorder, have emerged as robust predictors of EPI disengagement. Several factors associated with service disengagement in mental health care more broadly have not been well-studied in EPI; some of these, such as homelessness and ethnicity, may be of particular importance to urban, multicultural populations, and ethnicity in particular has been shown to affect pathways into EPI services. Early missed appointments may signal risk for subsequent service disengagement. We sought to identify early predictors of disengagement risk in an urban EPI program.

Methods: We conducted a prospective chart review of consecutive patients accepted for services in a large, urban EPI program in Toronto, Canada in a 3-month period from July 4-October 3, 2018. Patients were observed in their first 3 months of treatment. The primary outcome of interest was risk of disengagement, defined as having missed at least 1 appointment without cancellation. Extracted data included a variety of demographic and clinical information. The principal investigator trained 2 data abstractors on the first 50 charts; subsequent agreement on the next 5 charts was 88%.

Based on previous literature, we hypothesized that risk of disengagement would be increased in individuals with problem substance use, experiences of homelessness, and nonwhite race/ethnicity and decreased in individuals with family involvement in their care. We used logistic regression to examine the odds of disengagement associated with univariate predictors individually, and then together in a multivariate model.

Results: Seventy-three patients were consecutively admitted to EPI services in the 3-month period. Of these individuals, 59% (N=43) were identified as being at risk of disengagement based on having missed at least 1 appointment without cancellation. In the full sample, 71% (N=52) identified as nonwhite, 23% (N=17) had a documented experience of homelessness, 52% (N=38) had problem substance use, and 73% (N=53) had family involved in their care. In univariate logistic regression, only problem substance use was associated with risk of disengagement (OR=2.91, 95% CI 1.11–7.66); no significant associations were identified with race/ethnicity, experiences of homelessness, or family involvement. In multivariate logistic regression, once we controlled for these other factors, the association between risk of disengagement and problem substance use was attenuated and no longer statistically significant (OR=2.15, 95% CI 0.77–5.97).

Discussion: In this small study of early disengagement in an urban EPI program, only problem substance use was associated with increased odds of missing an appointment, but not when we controlled for other factors

S239. EVALUATION OF A POINT OF CARE DEVICE IN IMPROVING PHYSICAL HEALTH CHECK UPTAKE IN TWO COMMUNITY MENTAL HEALTH TEAMS

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Background: Patients with Severe Mental Illness (SMI) have a life expectancy 15–20 years below that of the general population, mediated predominantly by the complications of poor cardiovascular health. Physical healthcare for this population is shared between General Practice (GP) and Community Mental Health Teams (CMHTs) and encompasses a NICE-recommended annual physical health check, to screen for cardiovascular complications. Audit findings in 2017 across the South of England show poor physical health check completion (38%), typically because HbA1c and Lipid Panel blood tests were omitted. Traditionally, patients are advised to attend their GP surgery for these tests, which can be a challenge for patients with SMI.

There is a growing market of POC devices able to calculate an HbA1c or Lipid Panel in rapidly from ‘fingerprick’ samples of blood at, or near the site of the patient. The Cardiovascular Monitoring in Mental Health (CARMEN) project hypothesised that test uptake would be improved by implementation of a ‘Point of Care’ (POC) blood testing device in two CMHTs.

Methods: We embedded the ‘Afinion’ device into an Early Intervention Team and an Adult Mental Health Team in Oxfordshire for six months. Training was provided to care coordinators with ongoing support to facilitate engagement with the device. We compared rates of blood test and full physical health check completion in the intervention teams to a matched state engagement with the device. We compared rates of blood test and time to disengagement.

Discussion: Our retrospective study found a surprisingly large portion of the patient population will wax and wane in their commitment to health services but ultimately maintain attendance to complete the program, suggesting that patients should not be discharged early from EIS for psychosis. Substance use patterns and functional measures may identify patients who are at risk of early disengagement from EIS.