burden some throughout the individual’s lifespan (Ratnasingham et al., 2012). Consequently, new care approaches are needed.

The TELEPROM-Y project will evaluate outpatient health care delivery using InputHealth’s electronic Collaborative Health Record (CHR) at London Health Sciences Centre, St. Joseph’s Health Care London, Woodstock General Hospital, and community agencies including Youth Opportunities Unlimited, WAYS Mental Health Support, and Leads Employment Services.

Methods: 120 youth (ages 14–25) will be recruited from the caseloads of 46 mental healthcare providers. Participants will use a smartphone application (app) to connect to the Collaborative Health Record. Semi-structured interviews will be conducted at baseline, 6, and 12 months. This is a participatory action research project utilizing a pre-post, mixed-methods design. A standardized evaluation framework will be instituted to facilitate systematic effectiveness, economic, ethical, and policy analyses. Some of the functions of the app, available for Apple and Android phones, include: making/changing/cancelling appointments; text messaging; emailing, and filling out questionnaires/surveys. If the youth are unable to attend a scheduled appointment in person, the care-provider and youth can have a virtual visit, similar to FaceTime or Skype. Virtual visits should reduce missed appointments.

Results: Descriptive information thus far of 104 participants: Psychotic Disorder (e.g. schizophrenia) (13, 12.6%), Developmental handicap (e.g. Autism) (7, 6.8%), Anxiety Disorder (e.g. PTSD) (73, 70.9%), Disorder of childhood/adolescence (e.g. ADHD) (37, 35.9%), Substance-related disorder (13, 12.6%), Personality Disorder (17, 16.5%), Mood Disorder (e.g. depression, bipolar mood disorder) (70, 68.0%), Unknown (4, 3.9%), Other (19, 18.4%).

Discussion: We anticipate that through the usage of the TELEPROM-Y app the participant and care-provider experience will be enhanced, leading to 1) improved healthcare outcomes and patient quality of life, and 2) reduced healthcare costs by preventing hospitalization and reducing the need for face-to-face outpatient visits.

T103. THE EFFECT OF VIRTUAL REALITY COGNITIVE BEHAVIORAL THERAPY ON PARANOIA AND MOOD STATES

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Background: Recently, the efficacy of a novel virtual reality based cognitive behavior therapy (VR-CBT) for paranoia was demonstrated. Evidence is growing that the maintenance of psychosis may be influenced by affective processes. This study examined how treatment with VR-CBT influenced positive and negative affect states, and whether the interplay between mental states was affected.

Methods: The sample consisted of 91 patients with a psychotic disorder randomized either to 16-session individual VR-CBT or treatment as usual. The experience sampling method (ESM; a structured diary technique) was used to assess mental states at baseline, post-intervention and 6-month follow-up. Mixed model analyses were conducted to study treatment effects. Lagged associations between mental states were estimated at baseline and follow-up. Mixed model analyses were conducted to study treatment effects. Lagged associations between mental states were estimated at baseline and post-intervention, and were visualized with networks.

Results: VR-CBT, but not treatment as usual, resulted in reduced levels of paranoia and negative affect. At pre-intervention networks depicting the dynamic interplay between mental states over time had limited significant connections, with most stable connections being auto-relations. I.e., paranoia was best predicted by paranoia at the previous moment. The dynamic interplay between affective states did not change over time after VR-CBT.

Discussion: We found that VR-CBT specifically targets paranoia and there are indications that VR-CBT had an enduring effect on negative emotions. These beneficial treatment effects do not seem to transfer to positive affective states. Unexpectedly, we did not find evidence that negative mental states such as feeling down or lonely triggered paranoia in the next moment even at pre-intervention, and these temporal relations between mental states did not change over time in response to treatment.

T104. PSYCHOTIC-LIKE EXPERIENCES AND PROBLEMATIC GAMING BEHAVIOR IN ONLINE GAME FORUMS

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Background: Psychotic-like experiences (PLE) are reported in the general population, characterizing a non-clinical psychosis phenotype. Although those who report PLE have a higher probability of transitioning to psychosis, PLE are usually a transitory state, and most individuals will not transition to psychosis. However, PLE samples may experience symptoms such as social withdrawal, social anxiety, or social anhedonia. These symptoms may lead individuals with PLE to choose online gaming as a preferred means of social interaction.

Objective: This study aims to examine the relation between PLE and problematic online gaming.

Methods: An online questionnaire was posted in online game forums, on online fan-pages with German-speaking domains and in social media groups. Data from adolescents and young adults (14 to 30 years old; 55.4% males) from Austria and Germany (N=280) was analyzed. Measures: PLE were assessed with the Early Recognition Inventory based on the Interview for the Retrospective Assessment of the Onset of Schizophrenia (ERIraos); problematic gaming behavior was assessed with the Compulsive Internet Use Scale (CIUS) adapted for online gaming; social anxiety was assessed with the Mini-Social Phobia Inventory (Mini-SPIN); preference for online social interactions was assessed with the Preference for Online Social Interaction scale (POSI). Analyses: Problematic gaming behavior was divided into two groups based on the suggested cut-off point of ≥18 on the CIUS (i.e., ≥18 gaming disorder vs. ≤18 no gaming disorder). Multivariable logistic regression analyses were performed and adjusted for sex, age, gaming hours, POSI, and social anxiety.

Results: A total of 63 individuals reached the cutoff for a gaming disorder, while 217 did not reach the cutoff. The majority of subjects in the gaming disorder group were males, young adults (19–24 years old, M=23.1, SD=3.7), single, or had less than high school diploma. Individuals who experienced an increased amount of PLE had a higher probability of reaching the cut-off for a gaming disorder (AOR=1.35 [95% CI 1.19–1.53]). Males were three times as likely as females to have a gaming disorder.

Discussion: Results implicate a close relation between the phenomena of PLE and continued problematic online gaming.

T105. VERBAL MEMORY MEASUREMENT TOWARDS DIGITAL PERSPECTIVES IN FIRST-EPISTEM PSYCHOSIS: A SYSTEMATIC REVIEW STUDY

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Background: Psychosis is a clinical syndrome which can have detrimental effects on patients in different aspects of functioning such as thought, behavior, and cognition. Even in early phases psychotic spectrum illnesses like schizophrenia, patients can experience cognitive decline prior to overt