reward anticipation and consumption within the schizophrenia continuum (total participant n = 440). Four investigated social reward sensitivity in clinical samples with schizophrenia diagnoses, and two studied the links between social anhedonia traits and social reward responding in normative samples. The novel social incentive delay task presents participants with the opportunity to win animated avatar-based monetary or social rewards by responding to a cued target.

**Results:** The narrative review and meta-analyses of behavioural data from clinical and normative samples found that individuals with schizophrenia diagnoses or traits demonstrate significantly reduced behavioural anticipation of social rewards in comparison to healthy controls. Furthermore, this reduced reward reactivity was more pronounced for social rewards than for monetary rewards. This effect was also mirrored at neural levels, with individuals with schizophrenia demonstrating reduced social reward-related activation in areas such as the ventral striatum and anterior cingulate cortex. Preliminary behavioural data from the social incentive delay task suggest that, in normative samples, more pronounced negative schizophrenic traits are associated with reduced anticipation and consumption of social rewards. Like in the reviewed studies, this reduced anticipation was more marked for social rewards than for monetary rewards.

**Discussion:** This research suggests that schizophrenia spectrum traits are associated with reduced reactivity and sensitivity to social rewards. It also highlights that this reduced reactivity is demonstrated at behavioural and neural levels, and is more marked for social rewards than for monetary rewards. We consider the implications of these findings for treatment programmes that target atypical social behaviour within schizophrenia spectrum conditions. A series of methodological recommendations for future work investigating social reward reactivity in schizophrenia are also included.

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**T229. CAREGIVER BURDEN IN TREATMENT RESISTANT VERSUS NON-TREATMENT RESISTANT SCHIZOPHRENIA**

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**Background:** About one-third of patients with schizophrenia are treatment-resistant (TRS). They cause a significant burden for their caregivers (1). Our objective is to compare caregiver burden in TRS versus non-TRS outpatients with schizophrenia.

**Methods:** Patients with diagnosis of schizophrenia (DSM-5), 18–50 years, both sexes, and a relative/caregiver, both sexes, aged 18 to 70 years, living in contact with the patient ≥30 hours/week. The use of clozapine for more than 6 months, in stable daily dosage was used as a proxy for TRS; non-TRS patients might be refractory but did not receive clozapine yet. It is also possible that TRS caregivers adapt to the caring of these severe patients and learn to deal with the burden the disease.

**Results:** TRS patients: n = 45; (31 male, 14 female); mean age: 37.11 ± 8.93 years; age at onset of illness 20.84 ± 6.20 years; duration of disease: 16.51 ± 9.14 years. CGI: positive: 3.96 ± 1.22; negative: 3.62 ± 1.17; depressive: 2.36 ± 0.98; cognitive: 3.76 ± 1.26; total: 13.66 ± 3.31. Assistance to the patient in daily life (objective) was 3.30 ± 0.80 and its subjective score was 1.91 ± 0.66 and subjective burden was 2.00 ± 0.64. Assistance to the patient in daily life (objective) was 1.91 ± 0.66 and its subjective score was 1.00 ± 1.00. Impact on family routine was 2.43 ± 1.13 and worries about the patients’ present and future life (subjective) was 3.45 ± 0.70.

**Discussion:** Contrary to our initial expectation (1), TRS and non-TRS caregivers showed similar burden, even though TRS patients had higher positive scores on the CGI. This lack of difference may be due to small number of patients in the non-TRS group; non-TRS patients might be refractory but did not receive clozapine yet. It is also possible that TRS caregivers adapt to the caring of these severe patients and learn to deal with the burden the disease.

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**T230. IDENTITY IN THE EARLY STAGES OF PSYCHOSIS: PERSPECTIVES OF CANADIAN EARLY PSYCHOSIS CLINICIANS**

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**Background:** A recent narrative review of the research literature (Ben-David & Kealy, 2019) found that identity-related concerns were an important aspect of young people’s experiences in the early stages of psychosis. Themes across articles suggested that the emergence of psychosis leads to identity disruption, which in turn may contribute to additional mental health risks. Moreover, studies indicated the salience to young people of addressing personal identity during the recovery process. Understanding clinicians’ perspectives on issues related to identity in early psychosis is an important next step, particularly to determine needs for knowledge development, clinician support, and intervention practices. The current literature on clinician’s perspective on early psychosis and identity is limited, with more attention placed on clinician’s perspectives on the use of medication, and psychosocial interventions (e.g. cognitive behavioral therapy (CBT)). The purpose of the present study was to understand the perspectives of early psychosis intervention (EPI) clinicians on identity related concerns among young people in the early stages of psychosis.

**Methods:** An online questionnaire was distributed to 331 EPI clinicians in the province of British Columbia, Canada. Participants were asked about their opinions on identity in the early stages of psychosis using fixed and open response questions. The open-ended response question “what kinds of interventions do you think would strengthen clients’ personal identity in the early stages of psychosis?” was coded by two investigators, using content analysis methodology.

**Results:** The response rate was 30%. Of the participants, 98% agreed that personal identity is an important issue for clinical attention among young people in the early stages of psychosis, and 99% agreed that schizophrenia spectrum disorders can have a negative impact on a young person’s identity. Despite near-unanimous acknowledgement of identity as a critical issue in early psychosis, only 53% of clinicians endorsed a high level of...
confidence in their ability to address issues related to identity in treatment, and only 28% agreed that current intervention practices adequately address personal identity. Seventy-four percent of the participants provided qualitative responses regarding intervention approaches that they believed would strengthen clients' personal identity in the early stages of psychosis. Common themes included social connection and peer support, therapeutic interventions (e.g., CBT, mindfulness, narrative therapy, psychoeducation), focusing on the youths strengths, involving family in the work, connecting youth to personal identity (e.g., exploring culture, values, interests and sources of meaning, storytelling), and enhancing relationships between service providers and youth.

Discussion: EPI clinicians in British Columbia agree that personal identity in the early stages of psychosis is an important issue. However, they indicated feeling markedly less confident in their ability to address issues related to identity in treatment. Findings suggest that EPI programs should invest in identity-related training for clinicians. Future research can focus on the impact of identity-related interventions with regard to treatment engagement and client recovery outcomes.

T231. QUALITY OF LIFE IN ANTIPSYCHOTIC-NAÏVE YOUTH: EXPLORING THE INTERPLAY WITH METABOLIC SIDE-EFFECTS

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Background: This observational, exploratory pilot study aims to understand changes in clinical presentation and quality of life (QoL) in antipsychotic-naïve youth. Outcomes for these first-episode psychosis patients will be explored in the context metabolic changes during their first three months of treatment.

Methods: Participants (n = 10) aged 14–29 years were followed throughout their first three months of treatment with an antipsychotic medication (of physician’s/patient’s choice). Participants were evaluated on metabolic indices including weight, waist circumference, and BMI, as well as QoL (Pediatric Quality of Life Index (PedsQL) and PedsQL General Well-Being Scale) and clinical presentation (Clinical Global Impression (CGI) scale). Descriptive statistics and nonparametric tests were conducted to compare significant changes across these variables.

Results: Significant changes in metabolic indices were observed over the first three months of treatment, as measured in weight gain (p = 0.02), increased waist circumference (p = 0.02) and increased BMI (p = 0.01). Physicians rated clinical improvement in participants, CGI score (p = 0.03). However, patient-rated QoL remained unchanged within all subcategories, including psychosocial (p = 0.52) and general well-being (p = 0.35).

Discussion: It appears that antipsychotic-related metabolic side effects may not impede upon early clinical improvement or impact QoL. In addition, there does not appear to be a relationship between clinical presentation and QoL as our small sample show QoL remains neutral or positive. Taken to significant negative correlation with self-esteem.

T232. PREMORBID SOCIAL FUNCTIONING AND AFFECTIVE SYMPTOMS ARE RELATED TO SUBJECTIVE OUTCOME AMONG OUTPATIENTS WITH SCHIZOPHRENIA

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Background: Improving the subjective outcome of patients should be an important target in the treatment of schizophrenia. Accordingly, the aim of the present study was to examine the influence of determining factors, namely premorbid functioning, residual symptoms, and side effects of antipsychotic medication on subjective outcome.

Methods: 70 outpatients with schizophrenia (ICD-10) who were clinically stable for a period of at least six months were included into a cross-sectional study. Premorbid functioning, psychopathology, and side effects were assessed by using the Premorbid Adjustment Scale, the Positive and Negative Syndrome Scale, and the Udvalg for Kliniske Undersogelser Side Effect Rating Scale, respectively. Subjective outcome was measured in terms of life satisfaction (Life Satisfaction Questionnaire, LSQ), self-esteem (Index of Self-Esteem, ISE), and needs for care (Berliner Bedürfnisinventar, BeBI).

Results: Both premorbid social functioning and affective symptoms correlated negatively with most life domains assessed by the LSQ as well as with self-esteem and were associated with less health, social, and functional needs. Concerning side effects, parkinsonism and akathisia showed a significant negative correlation with self-esteem.

Discussion: Our results highlight the complex nature of subjective outcome in patients suffering from schizophrenia. Evidently, premorbid social functioning plays a prominent role in the experienced subjective outcome in the course of the illness. Furthermore, our findings underscore that constant efforts are essential to reduce depressive symptoms or anxiety in patients. Special attention should also be paid to extrapyramidal motor side effects of medication.

T233. CULTURAL CONSENSUS AND HIGH EXPRESSED EMOTION IN RELATIVES OF PEOPLE WITH SCHIZOPHRENIA AT THE MENTAL HEALTH INSTITUTE OF JALISCO, MEXICO

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Background: Schizophrenia is a chronic mental disorder that affects almost 21 million people (WHO, 2017), in areas like: cognition, perception, language, behavior, and in its general functionality. Also generates complications in primary caregivers, whom in different studies have shown levels of emotional, physical and financial overload (De la higuera, 2005). This variables creates environments with High Expressed Emotionality (EE) in these families. EE is characterized by a series of relationships and communications in the family environment, loaded with negative assessments, criticism, control and over-involvement; such dynamics causes poor self-concept in individuals with psychosis, difficulty in adhering to treatment, negative emotional behaviors, symptomatic exacerbations and continuous relapses according to Rosenfarb, et al. (2000), Barrowclough, et al. (2003), and Sellwood, et al (2003).

Methods: This research had a Mixed method design, with an exploratory sequential strategy. The main objective of this study was to Identify the association between cultural consensus and expressed emotion in relatives