grandiosity, when compared to the currently employed patients. Thus, the formerly employed patients manifested a constellation of symptoms that would seem to interfere with sustaining employment. Later research will be required to determine the time course of development that these predictors of unemployment have on patients who were previously able to work.

S221. THE EFFICACY OF LUMATEPERONE 42 MG IN THE TREATMENT OF SCHIZOPHRENIA SYMPTOMS ASSOCIATED WITH SOCIAL FUNCTIONING: POST HOC ANALYSIS OF AN ACUTE PLACEBO- AND ACTIVE-CONTROLLED TRIAL

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Background: Deficits in social functioning are a core feature of schizophrenia and may be due to the interaction of multiple factors including negative symptoms, depression symptoms, and deficits in social cognition. Social and functional impairment in schizophrenia can be difficult to treat, may not correlate with improvements in psychotic symptoms, and has been associated with poor long-term patient outcomes.

Lumateperone (lumateperone tosylate, ITI-007) is a mechanistically novel agent for the treatment of schizophrenia that simultaneously modulates serotonin, dopamine, and glutamate neurotransmission. Lumateperone was shown to be efficacious and well tolerated in 2 acute placebo-controlled studies and its safety and effectiveness was further supported in a long-term open-label study.

The effects of lumateperone 42 mg (ITI-007 60 mg) on schizophrenia symptoms associated with social function were investigated in a post hoc analysis of a study that included risperidone 4 mg as an active control (Study 005, NCT01499563). Symptoms associated with social functioning were assessed with the Positive and Negative Syndrome Scale (PANSS)-derived Prosocial factor (PANSS items P3, P6, N2, N4, N7, G16), which has been utilized previously to evaluate the efficacy of various antipsychotics on this functional domain.

Methods: This is a post hoc analysis of data from a positive placebo- and active-controlled study in patients with an acute exacerbation of schizophrenia. Change from baseline in the PANSS Prosocial factor was assessed in the intent-to-treat (ITT) population and in patients with prominent negative symptoms (PNS, score ≥4 on at least 3 negative symptom items) or moderate-to-severe depression symptoms (Calgary Depression Scale for Schizophrenia [CDSS] ≥6) at baseline. Inferential analysis was conducted using a mixed-effects model for repeated measures (MRRM).

Results: The ITT population comprised 231 patients (placebo, n=80; lumateperone 42 mg, n=76; risperidone 4 mg, n=75); the PNS and CDSS ≥6 populations comprised 110 and 54 patients, respectively. Lumateperone 42-mg treatment was associated with significantly greater improvement compared with placebo on the PANSS Prosocial factor (least-squares mean difference [LSMD] vs placebo = −2.7; P<.001). Risperidone also was superior to placebo on the PANSS Prosocial factor (LSMD= −1.8; P=.011). Similar treatment effects for lumateperone 42 mg were seen on the PANSS Prosocial factor in patients with PNS at baseline (LSMD = −2.6, P=.006).

Conversely, in patients with PNS, risperidone treatment showed small and non-significant treatment effects on the PANSS Prosocial factor (LSMD= −0.4; P=.707). In patients with moderate-to-severe depression symptoms at baseline, marked and significant improvements on the PANSS Prosocial factor were seen in lumateperone-treated patients (LSMD= −4.9; P<.001) but not in risperidone-treated patients (LSMD= −1.3; P=.397).

Discussion: Lumateperone 42 mg significantly improved schizophrenia symptoms related to social functioning. In contrast to risperidone, lumateperone was associated with similar or greater treatment effects on the PANSS Prosocial factor in patients with prominent negative symptoms or moderate-to-severe depression symptoms at baseline. These results suggest that lumateperone may have benefits on schizophrenia symptoms associated with social function.

S222. A SYSTEMATIC AND METHODOLOGICAL REVIEW OF RECENT SOCIAL FUNCTIONING MEASURES AND APPROACHES

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Background: Many people with a psychosis diagnosis have significant impairments in their social functioning. Despite this, long standing lack of consensus exists in the definition of social functioning in psychosis. Efforts to evaluate interventions for social functioning are hampered by measurement difficulties, and comparing interventions is difficult. Popular measures of social functioning vary widely, both conceptually and methodologically, and it is unclear how meaningful they are for service users. With the increasing development and evaluation of social interventions for psychosis and the boom in the development of measures, this paper reviews the recently developed measures of social functioning. It aggregates how often and in which studies measures have been used, the concepts and theories that underlie them, as well as assessing their quality across a number of indicators, with a particular focus on how patient-centred they are.

Methods: Systematic review and narrative synthesis.

Results: 21 new measures of social functioning were identified, of low to moderate quality. The content, definitions, theories and domains will be discussed, as well as a discussion of changes in the construct over time. Discussion will include the development of measures for use in first episode psychosis, measures with a focus on negative symptoms and the increasing use of technology in the assessment of social functioning.

Discussion: Many measures exist for assessing social functioning in psychosis, of variable quality. Further attention should be directed to psychometric evaluation and ensuring service user involvement in development.

S223. DETERMINANTS OF SUSTAINED UNEMPLOYMENT IN FORMERLY EMPLOYED SCHIZOPHRENIA PATIENTS

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Background: Vocational drift, or the suggestion that severe mental illness leads to reductions in occupational attainment, has been repeatedly observed in schizophrenia. Neurocognition, social functioning, education, environment, and previous work experience have been implicated in patients’ ability to acquire and maintain a job. Interestingly, some patients with successful prior work histories can develop chronic unemployment. In this study, we analyzed a sample of schizophrenic individuals with varying histories of obtaining and sustaining employment to examine vocational drift through the lens of vocational deterioration. We hypothesized that 1) social cognitive variables would be more impaired in patients with a long duration of unemployment and 2) neurocognitive deficits would be more prominent in patients who were never employed.

Methods: 396 patients between 18 and 70 years old with a diagnosis of Schizophrenia, Schizoaffective Disorder, or First Episode Spectrum Disorder were included in this analysis. Measures included comprehensive clinical, neurocognitive, social cognitive, and functional assessments. Samples were divided into groups based on their employment history.
Although our original sample included currently employed patients, the following groups were examined as a function of vocational drift: a) Never (n=150), individuals who have never had a job and b) Formerly employed (n=138), individuals who had a job for at least two years in the past but are currently unemployed. Among unemployed patients, we identified those with Short (less than 2 years; n=65), Intermediate (2 to 5 years; n=87), and Extended (more than 3 years; n=136) unemployment.

**Results:** In the overall comparison of 'Formerly employed patients, those with Short and Intermediate duration of unemployment did not differ from each other on any variables and performed better than Extended duration unemployment patients on measures of premorbid intelligence (WRAT, p<.01), processing speed (Symbol coding, p<.01), emotion recognition (BLERT, p<.01 and ER-40, p<.01), theory of mind (Hinting test, p<.01) and hostile cognitive bias (AIHQ Blame, p<.01). Interestingly, patients with Extended unemployment had less depression (BDI total, p<.01) compared to patients who Never worked. The Extended unemployment patients performed worse than the Never employed patients on premorbid intelligence (WRAT, p<.01), processing speed (Symbol coding, p<.05), emotion recognition (BLERT, p<.01 and ER-40, p<.01), theory of mind (Hinting test, p<.05), social inference (TASIT, p<.01), hostile cognitive bias (AIHQ Blame, p<.01), and had higher clinical ratings on PANSS Blunted affect (P<.01) and Poor Rapport (p<.01).

**Discussion:** The development of long-term unemployment in patients with schizophrenia is associated with multiple neurocognitive and social cognitive deficits, particularly when compared to patients who have never been employed. These deficits were also notable when compared to patients with a shorter duration of unemployment. It is not possible to determine if these long-term unemployed patients always exhibited these deficits, suggesting additional support for vocational drift among patients with schizophrenia. The possible deterioration in neurocognitive and social cognitive performance over time may be driving the development of long-term unemployment in previously employed patients, who in many ways, underperformed compared to patients who had never worked.

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**S224. TREATMENT IN THE PSYCHOSIS FIRST EPISODE PROGRAM “ZÜRCHER ERSTPSYCHOSEN NETZWERK (ZEN)”: QUALITY CONTROL OF THE OUTCOME**

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**Background:** The treatment in the years following a first-psychosis episode is most crucial as typically, the illness onset occurs in a delicate phase of the young adults (Correll, 2018).

To address the specialities in the care for this patient population both, the Child and Adolescent, together with the adult department of the Psychiatric University Hospital Zürich implemented the ZEN psychosis first episode program.

Members of the specialized team connected in their function as network coaches in a systemic approach all players of the patient’s social and medical network. The better communication on transition points such as to adult department, together with possibilities of low-threshold treatment, aimed to improve treatment adherence and reduce repeated hospitalisations.

The study’s main objective was to evaluate the efficacy of the program and with that optimize the treatment process in daily clinical routine. A jurisdictional inquiry has been requested by Swiss Ethics Committees on research involving humans in Zurich and the present study project is classified as quality control of the clinical treatment.

**Methods:** Participants of the ZEN Program included in 2017 and 2018 were followed up to duration of 24 months. The following measures were assessed before and after enrolment in the program: Satisfaction with life, measured with the Manchester Short Assessment of Quality of Life (MANS; Priebe et al., 1999); Number of rehospitalisations and coercive treatment; Global assessment of functioning (GAF) (Endicott et al., 1976); and measures of Social and vocational recovery.

**Results:** In Florence, results and implications will be presented for included patients.

Rates of rehospitalisations will be compared against literature. Mean relapse rates at 24 months have been reported to vary from 38% under specialized integrated care, to up to 49% under treatment as usual (Fusar-Poli et al., 2017).

Social and vocational recovery will be rated at follow-up and compared to baseline on a three-point scale (‘no’, ‘partial’ and ‘full’ recovery) (Craig et al., 2004, Garety et al., 2006).

In addition, correlation coefficients will be determined to detect any associations among sociodemographic factors and clinical data such as amount of neuroleptic medication.

**Discussion:** The ZEN program is specialized for patients with first episode of psychosis. The intensive care together with an intensified communication between players of a patient’s network aims to achieve better outcomes. The evaluation of the clinical program is of importance. The study provides recent data for ongoing discussions about the quality of the treatments and its cost-effectiveness compared to standard treatment.

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**S225. STRESS SENSITIZATION IN INDIVIDUALS WITH SUBCLINICAL SYMPTOMS INDICATIVE OF PSYCHOPATHOLOGY**

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**Background:** Repeated exposure to stressors can sensitize the stress system and in turn propel the development of various psychiatric disorders. Stress sensitization can be identified through stress reactivity patterns. Individuals at risk of developing psychosis for example, already show aberrant patterns of daily stress reactivity prior to clinical diagnosis, with blunted physiological responses to mild stressors that could be indicative of a dysregulation of the hypothalamic pituitary adrenocortical axis. In parallel, while they do not show significant physiological responses to the stressor, they report significant increases in negative affect (NA) ensuing from it. This study aims to test whether sensitization can already be observed in healthy volunteers exhibiting only subclinical symptoms.

**Methods:** Thirty, first year students took part in two laboratory sessions where stress was induced using a modified version of the Montreal Imaging Stress Task (MIST), one week apart. Baseline measures of psychopathology were collected using the Symptom Checklist 90 (SCL-90). During the laboratory sessions, continuous ECG signals were collected, as well as five subjective stress measures per session. We calculated average heart rate (HR) and heart rate variability (HRV) per condition. Multilevel models testing the three-way interaction between psychopathology, session, and condition with individual data points nested within days were used to assess overall psychopathology and more specifically subclinical symptoms of psychosis in repeated stress reactivity.

**Results:** Mixed models investigating repeated stress in overall psychopathology indicates a significant three way interaction for HR (β = -.15, SE= .01, p< .01), and HRV (β = -.01, SE=.04, p=.02), with individuals scoring lower on the scl-90 exhibiting comparable increases in HR and decreases in HRV on both sessions. In contrast, individuals scoring higher on the scale show a blunted response on the second session compared to the first. Analyses with stress (β = .03, SE=.01, p= .01), and NA (β = .06, SE=.29, p=.03) show that generally the stressor elicited a mild negative subjective response with a decrease in stress and NA that was comparable on both sessions for individuals scoring lower on the scl-90. No subjective reactivity was reported on the second session for participants scoring...