T231. QUALITY OF LIFE IN ANTIPSYCHOTIC-NAIVE 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-naive 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 together, these findings suggest that clinical presentation and metabolic side effects may not be influential in early psychosis. From a clinical perspective, these early pilot data add to the literature highlighting the significant, early, antipsychotic-induced metabolic side effects in youth, and also encouraging clinicians to attend to the interplay between treatment and related QoL. This study is limited by its small sample size and naturalistic treatment allocation. These participants will be followed longitudinally to monitor development of adverse metabolic outcomes as well as changes in QoL in later stages of treatment/illness. The field must to understand how treatment and management of metabolic side effects can be augmented to promote clinical improvement and QoL, given the prevalence of adolescent patients who eventually wish to discontinue antipsychotic drugs because of metabolic side effects.

T232. PREMORBD SOCIAL FUNCTIONING AND AFFECTIVE SYMTPOMS 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 Undersøgelses 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 Bedürfnisssituation, 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 extrapolymidial 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), Barrowloough, 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
of people with schizophrenia from the Mental Health Institute of Jalisco, México (SALME). The universe involved 40 relatives from 18 families of people diagnosed with schizophrenia, users of SALME. The sample was calculated based on Weller and Romney (1998) proposal to obtain a level of proficiency higher than 50% for cognitive anthropology samples, with a confidence level of 95% and error of 5%. The EE was evaluated with the SceIg & Guamio (1993) Familiar Expressed Emotionality Scale. The Cultural consensus was analyzed with Anthropic program for cultural domain analysis.

Results: 66% of the families had high expressed emotion (EE) and 45% of the sample were cataloged with a high EE. A significant difference was found among relatives who had high EE and lower knowledge about schizophrenia vs relatives who had greater scientific knowledge and lower EE (t= -9.15, p=.00). There was no evidence of a significant association between high EE and sociodemographic variables such as: sex, education, type of family member, occupation or religion.

Discussion: The less scientific knowledge about schizophrenia, the more expressed emotionality is shown. The importance of psychoeducation is highlighted to promote scientific knowledge of mental illnesses in order to reduce high EE.

T234. MEASURING PERSONAL RECOVERY IN PEOPLE WITH A PSYCHOTIC DISORDER BASED ON CHIME: A COMPARISON OF RELIABILITY AND VALIDITY PROPERTIES ON THREE VALIDATED MEASURES

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Background: Living well in spite of residual symptoms of mental illness is measured with the construct of personal recovery. The CHIME framework might be suitable to evaluate personal recovery measures and guide instrument choice.

Methods: Three validated measures were evaluated in Dutch patients with a psychotic disorder (N=52). We compared the Recovery Assessment Scale [RAS], the Mental Health Recovery Measure [MHRM] and the Netherlands Empowerment List [NEL]. The measures were assessed on six criteria: content validity (based on CHIME), convergent validity with a social support measure, internal consistency, floor and ceiling effects, item interpretability and ease of administration.

Results: The MHRM scored high on content validity with a balanced distribution of items covering the CHIME framework. The MHRM and NEL showed moderate convergent validity with social support. In all three measures internal consistency was moderate and floor and ceiling effects were absent. The NEL scores demonstrated a high degree of item interpretability. Ease of administration was moderate for all three measures. Finally, the CHIME framework demonstrated good utility as a framework in guiding instrument choice and evaluation of personal recovery measures.

Discussion: The MHRM showed the best overall result. However, differences between measures were minimal. Generalization of the results is limited by cultural and linguistic factors in the assessment for the subjective measures (i.e. content validity and item interpretability). The broad and multi-dimensional construct of personal recovery might lead to ambiguous interpretations. Scientific consensus on a well-defined personal recovery construct is needed.

T235. THE SIMPLIFIED INTERVENTION TO MODIFY PHYSICAL ACTIVITY, LIFESTYLE, AND EATING BEHAVIOR (SIMPLE): A PILOT COMMUNITY STUDY TO MITIGATE HEALTH RISK FACTORS IN SCHIZOPHRENIA

Abstract not included.

T236. A PROGRAM TO INCREASE THE APPROPRIATE USE OF LONG-ACTING ANTIPSYCHOTIC MEDICATIONS IN COMMUNITY SETTINGS

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Background: Antipsychotic medications are evidence-based treatments for schizophrenia that improve health outcomes and reduce costs. However, rates of non-adherence to oral antipsychotic medications can exceed 60%. We examined whether a simple checklist to identify individuals not receiving optimum benefit from current oral antipsychotic treatment (NOB Checklist) and The Multi-level Facilitation of Long-acting Antipsychotic Medication Program (MAP) could increase the appropriate use of long-acting injectable antipsychotic medication (LAI) in community clinics.

Methods: Two clinics in Texas and two in Ohio changed clinical procedures in one of two ways 1) NOB only clinics—providers used a five-item checklist to identify individuals with schizophrenia on oral antipsychotics who were not receiving Optimum Benefit from current treatment and may therefore benefit from a switch to LAI. 2) MAP providers used the NOB checklist AND received MAP; MAP is a novel behavior change intervention designed to improve the identification of individuals who could benefit from LAI, improve their outcomes and reduce inappropriate use of resources associated with poor adherence. MAP targets 3 stakeholder groups 1) the consumer for whom peer specialists showed a video describing shared decision making and how to make a choice between tablets and injections, and provided a balanced shared-decision making tool to assist them in choosing medication route. 2) the provider who received academic detailing describing various LAI options, how to make good offers as part of a shared decision making dialogue, and important benefits of LAI including the ability to disentangle efficacy versus poor adherence and to help individuals with cognitive and practical problems that lead to poor adherence, and 3) the administrators who received information on how LAI could improve outcomes for individuals and clinic processes, how to encourage the use of LAI among providers and how to provide regular feedback to providers about prescribing practices. The primary outcome was the percentage of LAI versus oral antipsychotic medication prescribed to individuals with schizophrenia.

Results: Higher NOB checklist scores were associated with an increased provider likelihood of LAI offers and increased consumer acceptance of LAI. All clinics increased use of LAI over time. In Texas, where MAP was fully implemented, the MAP clinic had greater use of LAI over time (eventually reaching about 50% of all antipsychotic use) vs. the NOB only clinic. In Cleveland, the patient stakeholder curriculum was not delivered and there was no significant difference in LAI use between MAP and NOB clinics.

Discussion: The NOB checklist appears to be a useful tool to help identify patients who might be appropriate candidates for LAI and the full MAP program may help clinicians and consumers to work together to optimize the appropriate use of LAI in outpatient settings. Implementation must