S1. THE ASSOCIATION BETWEEN WAR-RELATED STRESS, PTSD SYMPTOMS, AND SUB-CLINICAL PSYCHOSIS: A CROSS-CULTURAL POPULATION-BASED STUDY AMONG PALESTINIAN AND ISRAELI YOUNG ADULTS

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Background: Sub-clinical or attenuated psychosis symptoms (APS) in the general population has become a focus of considerable research interest over the past two decades, as they appear to index an increased risk for psychotic outcomes. Recent data from several community-based studies around the world provide convincing support for an association of APS with traumatic stress that is likely moderated by familial genetic risk and gender. However, relatively little is known about the degree to which APS are associated with terror/war-related stress. Moreover, relatively little is known about the degree to which cultural/religious factors moderate this association. Hence, the overarching goal of this study was to address this lacuna in the literature by examining the relationship between exposure to terror/war-related events, PTSD symptoms and familial genetic risk among Palestinian and Israeli youth.

Methods: Exposure to terror/war-related trauma, presence and severity of PTSD symptoms, perceived ability to cope with trauma, familial genetic-risk, and APS were assessed in a representative sample of 530 Israeli and 1100 Palestinian (451 from Israel, 264 from the West Bank, and 385 from the Gaza Strip) young adults with a mean age of 36.7 (SD=8.4). PTSD symptoms were assessed with the Post-traumatic Disorder Scale (PDS), perceived ability to cope with trauma with the Perceived Ability To Cope With Trauma Scale (PACT), and APS with the Community Assessments of Psychiatric Experiences (CAPE).

Results: As hypothesized, there was a significant three-way interaction effect of exposure to terror-war-related trauma, religion, and familial genetic-risk on APS. The highest level of APS was among Palestinians who live in the Gaza strip, with no significant differences between Jews and Palestinians who live in Israel or in the West Bank. Also, consistent with our hypotheses, the three-way association between exposure to trauma, familial genetic risk and religion was mediated by PTSD symptoms and perceived ability to cope with trauma.

Discussion: These findings provide further support for the link between exposure to trauma, familial genetic-risk, and APS. Also, it provides further support for the mediating role that PTSD symptoms play in this link. Finally, it suggests that religious background moderates the link between exposure to trauma and APS.

S2. CHILDHOOD TRAUMA IS ASSOCIATED WITH SEVERITY OF AT-RISK MENTAL STATE AND PSYCHOSIS IN UHR INDIVIDUALS AND PATIENTS WITH SCHIZOPHRENIA

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Background: Experiences of abuse during childhood are highly prevalent in psychiatric populations and are associated with a higher risk of developing psychosis during adolescence and young adulthood. This study explored the association between childhood trauma, psychotic symptoms and comorbid symptomatology in Ultra-High Risk individuals and schizophrenia patients.

Methods: 59 patients diagnosed with schizophrenia (mean age= 33), 164 individuals at Ultra-High Risk for psychosis (UHR) (mean age= 22) and 60 healthy individuals (mean age= 28) were recruited from the clinic and the community and assessed using the Structured Clinical Interview for DSM-IV (SCID), Comprehensive Assessment of At-Risk Mental State (CAARMS), Global Assessment of Functioning (GAF) and Childhood Trauma Questionnaire. Patients and UHR were also assessed on the Positive and Negative Syndrome Scale (PANSS) and Beck Anxiety Inventory (BAI). A Kruskal-Wallis one-way analysis was performed to detect significant differences in the severity of reported trauma across groups. Multiple regression analyses were computed on Blom-ranked, normalized scores to measure the association between reported trauma and symptomatology in the UHR participants and patients.

Results: Significant differences in severity of reported childhood traumatic experiences were found across the three groups for emotional abuse (p= .000), emotional neglect (p= .000), physical neglect (p= .000), physical abuse (p= .001) and sexual abuse (p= .007). The severity of traumatic experiences reported by patients and UHR individuals was consistently higher compared with controls, with effect sizes ranging from a minimum of Cohen’s d= 0.54 (sexual abuse) to a maximum of Cohen’s d= 0.97 (emotional abuse).

In UHR, higher CTQ total scores, reflecting more severe overall abuse, were associated with more severe prodromal psychotic symptoms (β= .259, p= .001). Also, more severe anxiety symptoms were associated with more severe emotional (β= .365, p= .000), physical (β= .283, p= .000), and sexual abuse (β= .214, p= .006). In UHR and patients, higher PANSS negative sub-scale scores were associated with higher levels of emotional (β= .196, p= .012) and physical neglect (β= .175, p= .026).

Discussion: Our findings support previous evidence on the higher prevalence of different types of abuse experienced during childhood by schizophrenia patients and individuals at risk for psychosis. Among the different types of abuse investigated, severe emotional abuse is most strongly associated with severe prodromal symptomatology and anxiety experienced during young adulthood by UHR individuals.

S3. CHILDHOOD TRAUMA AND COGNITIVE FUNCTIONING IN SCHIZOPHRENIA SPECTRUM DISORDERS: EFFECT OF FREQUENCY AND TYPE OF CHILDHOOD TRAUMA

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Background: Cognitive impairment is a core feature of schizophrenia spectrum disorders (SSDs). Exposure to childhood trauma (CT), defined as physical, sexual and emotional abuse, and physical and emotional neglect, has been associated with SSDs across study designs and populations. Possibly, there is a relationship between exposure to CT and cognitive impairment in individuals with SSDs. Research has shown that a history of CT may be related to decline in cognitive performance in the general population, as well as in SSDs, whereas other studies have failed to find evidence for an association between CT and cognitive impairments in patients with SSDs. Findings on the relation between CT and cognitive impairment in individuals with SSDs is not conclusive, and a minority of the studies to date have examined the effects of frequency and severity of CT subtypes in SSDs and the relation to cognitive abilities. We hypothesize that there will be a negative relationship between the frequency and severity of CT and cognitive functioning, possibly in a dose dependent manner. CT subtypes may influence this relationship.

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Methods: The present study is part of the Bergen Psychosis project 2 (BP2), Haukeland University Hospital, Norway. Patients were recruited at the Medical University in Innsbruck, Innsbruck, Austria; Stavanger University Hospital, Stavanger, Norway; and Haukeland University Hospital, Bergen, Norway, and gave informed consent to participate. To be included, patients had to meet ICD-10 criteria for SSDs (F20-F29), be > 16 years of age, and score ≥ 4 on at least one of the psychosis items on the Positive and Negative Syndrome Scale (PANSS). Childhood trauma (physical, emotional, sexual abuse, and physical, emotional neglect) was measured by the Childhood Trauma Questionnaire Short-Form (CTQ-SF). Cognitive functioning was examined by means of a comprehensive neuropsychological test battery. The following cognitive domains were assessed: verbal and visuospatial abilities, learning, memory, attention and working memory, executive functioning, and processing speed. The assessments were completed within three months of inclusion to the study.

Results: The relationship between the frequency and severity of CT and cognition will be examined, in addition to the possible influence of CT subtypes. Preliminary findings will be reported.

Discussion: The clinical implications of our findings will be discussed.

S4. ASYMMETRIC DRUG-INDUCED PARKINSONISM IS RELATED TO PSYCHOPATHOLOGY

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Background: Drug-Induced Parkinsonism (DIP) is the most common movement disorder induced by antipsychotics. The prevalence of DIP in chronic psychiatric populations ranges between 17 and 72% (1–3). Although, DIP is mostly symmetric, asymmetric DIP is reported in 18 to 54% of the patients. (4). There are no studies to the clinical relevance of asymmetric DIP. We investigated the prevalence of motor asymmetry in DIP and its relationship to the severity of psychopathology in a prospective study.

Methods: In a cohort study of 207 long-stay psychiatric inpatients the prevalence of DIP was assessed at least two times (mean follow-up 1.1 year) in each patient (5). DIP was assessed with the Unified Parkinson Disease Rating Scale (UPDRS) and the prevalence of persistent DIP was 56.2%. Patients with at least one time parkinsonism in the upper/lower limb(s) were included for analyses. Asymmetry of parkinsonism was calculated with the symmetry index (Figure 1). A cut-off value of ≥ 0.20 was used for the definition of asymmetric DIP. Multilevel mixed models were built to explore the relationship between asymmetry in DIP and the severity of psychopathology, measured on the Clinical Global Impression-Schizophrenia scale severity index (CGI-SCH SI).

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