

$d=0.499$) than ARMS women. However, when P -values were additionally adjusted for current cannabis use, these differences were no longer significant (BPRS Negative Symptoms: $P=0.475$; SANS Affective Flattening: $P=0.475$; SANS Alogia: $P=0.475$). No gender differences were found for other domains such as positive or affective symptoms.

Discussion: We did not find any gender differences in ARMS regarding symptom presentation at baseline. Unadjusted analyses indicated higher negative symptoms in men with medium effect sizes. However, a significantly higher proportion of cannabis consumers among male patients was observed. The gender differences in negative symptomatology disappeared when the data were corrected for cannabis use.

References:

1. Gonzalez-Rodriguez, A., *et al.*, Gender differences in the psychopathology of emerging psychosis. *Isr J Psychiatry Relat Sci*, 2014. 51(2): p. 85-92.

T54. Beat victimization! A psychomotor resilience training with elements of kickboxing for individuals with a psychotic disorder: results of a feasibility study.

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Background: Individuals with a psychotic disorder are at an increased risk of becoming victim of a crime. Victimization can have a major impact on the lives of already vulnerable patients, and ultimately entails high costs for society (Choe, Teplin, & Abram, 2008). Research has revealed several factors (e.g. impaired social cognition, aggression regulation problems, assertiveness, self-stigma, self-esteem) to be associated with victimization in patients with a psychotic disorder. To address these risk factors, we developed a psychomotor resilience training with elements of kickboxing. In preparation of a multi-centre randomized controlled trial, we performed a feasibility study which aimed to (1) explore the willingness of patients to participate in an intervention including kickboxing, (2) evaluate the training protocol, (3) explore suitable outcome measures.

Methods: Twenty-four psychotic patients were recruited from the department of psychotic disorders of GGZ-Drenthe. Twenty weekly training sessions were provided by a psychomotor therapist and an expert by experience. Following every session the training protocol was evaluated by the trainers, psychologist and a martial arts expert. Victimization was determined with the crime victimization scale (IVM; Kamperman *et al.*, 2014). Social behavior was assessed by means of a Dutch Social Functioning Inventory (IOA; Dam-Baggen & Kraaimaat, 1999), aggression regulation was assessed with a Dutch Self-expression and Control scale (ZECV; van Elderen, Verkes, Arkesteijn, & Komproe, 1996). Differences pre- and post-intervention were determined by means of repeated measures analyses. After the intervention, participants were asked about subjective experiences with the training.

Results: Patients were willing to participate in the study; within six weeks 24 participants were recruited. At baseline, 58% of the participants reported that they had been victimized in the past five years. The training showed no effect on social behavior as measured with the IOA. Results reveal a marginal effect on control over internalization of aggression. After the intervention, participants had the idea that the training resulted in a decreased chance of victimization, more self-esteem, more empowerment, setting boundaries more easily and feeling safer outside.

Discussion: Patients were enthusiastic to participate in a study including an intervention with kickboxing techniques. Baseline results showed that victimization is a serious problem for these individuals. The IOA did not seem a suitable outcome measure to determine the effect on social behavior and will be replaced with another questionnaire in the RCT. The ZECV did seem a suitable outcome measure. Participants had the idea that the training had a positive effect on the risk factors of victimization. Following, we will test the efficacy of the training by means of a multicentre randomized controlled trial.

T55. Subjective experiences in psychosis early detection – factor structure of the Frankfurt complaint questionnaire

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Background: Patients suffering from schizophrenia are not only affected by positive symptoms but are also experiencing various disturbances, often already several years before the onset of frank psychosis¹. Initially, these are often only subjectively experienced by patients themselves as deviations from their “normal” self, and were called basic symptoms. They can be assessed as a self-report with the Frankfurt Complaint Questionnaire (FCQ) which has been used in seven languages (German, English, French, Spanish, Italian, Japanese and Taiwanese). Although several studies have examined the factorial structure of the FCQ, results are still inconclusive. Besides the original four-factor-solution, one or two-factorial solutions have been suggested. Furthermore, all previous studies relied on exploratory factor analysis (EFA) and treated binary FCQ items as if they were continuous, which can severely bias the resulting factorial structure. The current study is the first to investigate the factorial structure of the FCQ using 1) confirmatory factor analysis (CFA), 2) categorical item methodology and 3) a combined sample of at-risk mental state (ARMS) for psychosis and first episode psychosis (FEP) patients.

Methods: The FCQ is a self-rating questionnaire whose items were derived from interviews with schizophrenia patients. It contains 98 items and has a yes/no answer scale. A sample of 96 ARMS and 73 FEP patients participating in the prospective FePsy (Früherkennung von Psychosen) study² in Basel, Switzerland was used to explore the factorial structure of the FCQ. The following previously proposed factorial solutions were compared using CFA: 1) the 10-factorial solution by Süllwold *et al.* 2) The EFA derived four-factorial solution of Süllwold *et al.* 3) the one factorial solution suggested by Yon *et al.* 3, 4) the three factorial solution of Mass *et al.*, and 5) the 24 item short version of Cuesta *et al.*. All models were estimated using Bayesian methods. Models that were not too complex for the weighted least square estimator (WLSMV) (i.e. not more than 4 factors) were additionally estimated with WLSMV as it provides a larger variety of fit indices. Furthermore, we tested if any factors of the FCQ were able to predict transition to psychosis in our sample of ARMS patients using survival analysis.

Results: All tested models provided an acceptable fit to the data. The short version thereby seemed to fit best. Overall, the one factor solution proved to be the best fitting model. Predictive validities could not be found for any of the factors.

Discussion: The results of the present study suggest that the covariance between FCQ items is best explained by a single underlying latent factor. Our results using a sample of ARMS and FEP patients therefore seems to be in line with previous studies³. Compared to interviews assessing basic symptoms such as SPI-A or BSABS, predictive validities seem to be lower in this self-rating questionnaire. Therefore, future studies should compare the two methods of assessment item by item.

References:

1. Schultze-Lutter F, Ruhrmann S, Fusar-Poli P, Bechdolf A, Schimmelmann BG, Klosterkötter J. Basic symptoms and the prediction of first-episode psychosis. *Curr Pharm Des*. 2012; 18: 351-7.
2. Riecher-Rössler A, Gschwandtner U, Aston J, *et al.* The Basel early-detection-of-psychosis (FePsy)-study - design and preliminary results. *Acta Psychiatr Scand*. 2007; 115: 114-25.
3. Yon V, Loas G, Monestes JL. Dimensional structure of the Frankfurt Complaint Questionnaire in a sample of French students. *Psychopathology*. 2008; 41: 85-9.