

*Discussion:* While adjunctive taurine did not improve cognition, it appears to improve psychopathology in patients early in the course of a first-episode psychosis who are also receiving low-dose antipsychotic treatment. The use of taurine warrants further investigation in larger randomised studies, particularly early in the course of psychosis.

#### **T49. The effect of virtual reality exposure therapy on social participation in people with a psychotic disorder: a multi-site randomized controlled trial**

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*Background:* Many patients with a psychotic disorder live a life of limited participation in society, even if their psychotic symptoms have been treated successfully. An important factor in sustaining social isolation is that social situations reactivate experiences of social anxiety, ideas of reference and paranoid thoughts. The patient has learned to escape these situations, resulting in a short-term reduction in distress, which in turn strengthens the safety behavior and enhances avoidance. Exposure exercises may break this vicious circle. Virtual Reality Exposure Therapy (VRET) is an evidence based treatment for several anxiety disorders. It has the potential to be an affordable and accessible form of treatment to enhance social participation and wellbeing for patients with a psychotic disorder and social withdrawal.

*Methods:* The study design is a single blind randomized clinical trial with three-months follow-up. VRET is compared to treatment as usual (<http://www.controlled-trials.com/ISRCTN12929657>). The VRET.P treatment consists of sixteen treatment sessions of sixty minutes each, within an eight-week timeframe. Social participation is measured with Ecological Momentary Assessments (EMA), before and at end of treatment, and at three months follow-up. Primary outcome is objective and subjective social participation. Objective measures include the time spent in the company of other people and the type of people spent time with. Subjective social participation is measured as momentary paranoia, perceived social threat and event stress as experienced in situations with other people.

*Results:* We finished the inclusion period of the study. One hundred and sixteen participants were included in the study. Follow-up is completed in December 2015. We will be able to present the main results of the study in April 2016 on the conference. Preliminary case reports suggest that many patients are able to reduce their safety behavior and participate more fully in daily life after VRET.P treatment.

*Discussion:* VRET.P may be effective for improvement of social participation in patients with psychotic disorder.

#### **T50. Correlation between functionality and symptom control in acute schizophrenia patients**

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*Background:* The treatment goals for patients with schizophrenia include not only eliminating symptoms, but also maximizing quality of life and adaptive functionality.<sup>1</sup> PANSS (Positive and Negative Syndrome Scale) and PSP (Personal and Social Performance scale) were reliable tools for the evaluation of symptoms and functionality in the acute and stable stage of schizophrenia. In the previous studies, there was significant correlation between functionality and symptom in maintenance phase,<sup>2,3</sup> while few studies focused on the correlation in acute phase. We aimed to investigate the correlation between function and symptom, and explore the factors which are associated with functionality in acute phase of schizophrenia.

*Methods:* An 8-week, open-labelled, single-arm and multi-center study was conducted to evaluate the effects of flexible-dose paliperidone extended release (ER) tablets in treating acutely patients with schizophrenia in China. A total of 608 patients with schizophrenia were enrolled, and 602 subjects were included in the Full Analysis Set

(FAS), and the PANSS total score of each patient was  $\geq 70$  at baseline. Subjects would be required to be hospitalized within the first 7 days after the study initiation. Follow-up visits were scheduled at Weeks 2, 4, and 8 (endpoint). PANSS, PSP, CGI-S (Clinical Global Impression - Severity Scale), treatment satisfaction, sleep quality and daytime drowsiness were assessed at every visit point. This is a post hoc analysis of the study, focused on the correlation between functionality and symptom management in acute schizophrenia patients, and the factors associated with functionality. Logistic regression analysis and Pearson correlation analysis were applied.

*Results:* There were 602 subjects (FAS) included in the analysis. PSP total scores increased and PANSS total scores decreased gradually during the study, PSP and PANSS total scores were negatively correlated at all visits ( $P < 0.0001$ ).

In the 495 subjects with PANSS reduction  $\geq 30\%$  at endpoint, the percentage of subjects with PSP change from baseline  $\geq 10$  increased gradually (from 39.19% at Week 1 to 92.12% at Week 8). In the 103 subjects with PANSS reduction  $< 30\%$  at endpoint, most of them had PSP score change from baseline  $< 10$  (from 81.55% at week 1 to 76.7% at week 8). In the subjects with PSP total scores change  $\geq 10$  at endpoint compared with baseline, the percentage of subjects with PANSS reduction  $\geq 30\%$  increase gradually (from 38.3% at week 1 to 95% at week 2). In the 118 subjects with change in PSP total scores  $< 10$  at endpoint compared with baseline, most of them have PANSS reduction  $< 30\%$  (66.95% at endpoint). At week 1, subjects with PSP total score change  $\geq 10$  has higher possibility to get better symptom control in the endpoint, compare with those subjects with PSP total scores  $< 10$  (OR=2.85, 95%CI=1.68-4.84). The association is more remarkable at endpoint (OR=38.48, 95%CI=21.84-67.49). The factors which influenced the changes of PSP total score at endpoint included disease duration, PANSS total scores at baseline and endpoint, all the PANSS subscale scores, treatment satisfaction, sleep quality and daytime drowsiness at endpoint.

*Discussion:* PSP total scores and PANSS total scores were significantly correlated in acute phase.

#### **References:**

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3. Rabinowitz J, Berardo CG, Bugarski-Kirola D, et al. *Schizophr Res*. 2013, 150(2-3): 339-42.

#### **T51. Associations of negative symptoms and psychosocial functioning in patients at risk for psychosis**

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*Background:* Impairment of psychosocial functioning in patients with psychosis is common and related to various factors such as symptoms and neurocognition. Recent research suggests that these impairments precede the onset of frank psychosis and are already present in patients with an at risk mental state (ARMS) for psychosis. Furthermore, they seem to persist independent of later transition to psychosis and despite of preventive treatments. Identifying relevant factors that impact psychosocial functioning is crucial to a broader understanding of ARMS and the development of suitable intervention strategies. In patients with psychotic disorders, mainly negative symptoms seem to affect psychosocial functioning. Negative symptoms are also experienced by ARMS patients and have been repeatedly associated with impaired psychosocial functioning. However, recent research suggests that this may partly be due to an overlap of measures of negative symptoms and psychosocial functioning.

Aim of the present study was to assess the association between negative symptoms and psychosocial functioning, disentangling this conceptual overlap. Based on the few studies available so far, it was