

**Conclusions:** The LAT-EIP showed promising results in improved employment status over standard treatment in short term.

**Conflict of interest:** No

**Keywords:** First Episode Psychosis; schizophrenia; Early intervention; Employment

### EPP1028

#### Latvian early intervention program (LAT-EIP)- first results of treatment efficacy in psychopathological symptoms among patients with first episode psychosis

L. Berze<sup>1\*</sup>, S. Civcisa<sup>1</sup>, K. Bezina<sup>1</sup>, S. Kikuste<sup>2</sup>, I. Sapele<sup>2</sup> and E. Rancans<sup>1</sup>

<sup>1</sup>Riga Stradins University, Psychiatry and Addiction Disorders, Riga, Latvia and <sup>2</sup>Daugavpils Psychoneurological Hospital, Psychiatry, Daugavpils, Latvia

\*Corresponding author.

**Introduction:** There have been wide discussions during the last years about early intervention efficacy over standard treatment in different domains of the early course of psychotic disorders.

**Objectives:** The first Latvian early intervention program (LAT-EIP) was established in 2018. Now, in 2019 we aimed to explore the remission status of the first treated patients.

**Methods:** All consecutive patients with first-time schizophrenia spectrum psychosis (FEP) after being discharged from acute psychosis ward, were offered to participate in LAT-EIP. The assessments of psychopathology included: Scale of the Assessment of Positive Symptoms (SAPS), Scale of the Assessment of Negative Symptoms (SANS). Full remission is defined as a stable remission of both negative and positive symptoms (evaluated as 2 point or less in the SAPS and SANS global items).

**Results:** From all consecutive patients with first time schizophrenia spectrum psychosis, 35 patients met the inclusion criteria, 2 refused to enroll in LAT-EIP, 33 started the LAT-EIP, 4 were drop-outs, 2 were excluded because of rehospitalization during the first 6 months, 27 finished the program. The median age was 29 years (IQR=24-32.5). At the end of the program, 65.3% of FEP reached full remission. The SAPS and SANS has significantly changed during intervention treatment with effect size of  $d=0.68$  ( $p=0.004$ ) for SAPS, and  $d=0.52$  ( $p=0.003$ ) for SANS.

**Conclusions:** The Latvian Early intervention program showed high patient interest to be involved in early intervention treatment and there are promising results for treatment efficacy both in positive and negative symptoms.

**Conflict of interest:** No

**Keywords:** Early intervention; schizophrenia; positive and negative symptoms; First Episode Psychosis

### EPP1033

#### Short-term reliability and validity of retrospective childhood trauma reports in schizophrenia spectrum psychosis

S. Chatziioannidis\*, S. Kaprinis, A. Agorastos, V. Amanatiadis and V.P. Bozikas

Aristotle University of Thessaloniki, 2nd Department of Psychiatry, Thessaloniki, Greece

\*Corresponding author.

**Introduction:** Among the environmental factors recognized to convey an increased risk for psychosis, childhood trauma (CT) holds a prominent position. CT is a generic term encompassing experiences of sexual, physical and emotional abuse, and neglect during childhood and adolescence. Due to the fact that CT in adult patients with psychosis has been mainly assessed through retrospective reports, concerns have been raised about the reliability and validity of these data.

**Objectives:** We sought to explore the short-term reliability of retrospective CT reports in a group of patients with schizophrenia-spectrum psychosis (SSP).

**Methods:** We assessed 63 SSP patients on two different early adversity self-report measures to establish concurrent validity by confirming the similarity of CT ratings; and on two separate occasions ( $T_1$ : inpatient status;  $T_2$ : outpatient status, three months after initial testing) to establish test-retest reliability by confirming the temporal stability of abuse and neglect reporting. Early adversity was measured with the Childhood Experience of Care and Abuse Questionnaire (CECA.Q), and the Parental Bonding Instrument (PBI).

**Results:** High concurrent validity was detected between CECA.Q antipathy scales and PBI care and protection scales; and between CECA.Q neglect scales and PBI care scales. High test-retest reliability was confirmed for all CECA.Q and PBI scales.

**Conclusions:** Our findings indicate that retrospective CT reports are a reasonably reliable and valid means of assessing early experiences of abuse and neglect in SSP patients. However, additional provisions are required for corroborating these reports through other sources and removing the effect of confounding variables, such as caveats of autobiographical memory, desirability bias and psychopathology.

**Conflict of interest:** No

**Keywords:** schizophrenia; childhood trauma; retrospective reports; reliability

### EPP1034

#### Maternal antipathy and neglect moderate personalizing bias in schizophrenia spectrum psychosis

S. Chatziioannidis\*, A. Agorastos, S. Kaprinis, I. Charatsidou and V.P. Bozikas

Aristotle University of Thessaloniki, 2nd Department of Psychiatry, Thessaloniki, Greece

\*Corresponding author.

**Introduction:** Childhood trauma (CT) has been recognized as a risk factor for psychosis. Among the pathways implicated in the CT-psychosis association, attributional biases (ABs) hold a prominent position. ABs disrupt reality testing, thus laying a conducive ground for the emergence of paranoid symptoms. Paranoid patients have been theorized to externalize the causality of negative life events (externalizing bias; EB), mainly by blaming other people (personalizing bias; PB), in an attempt to maintain their self-esteem.

**Objectives:** We sought to investigate the presence and intercorrelations of CT and ABs in a group of patients with schizophrenia-spectrum psychosis (SSP).

**Methods:** We compared 63 SSP inpatients to a healthy control group (HC) on measures of CT and attributional style. CT was assessed with the Childhood Experience of Care and Abuse Questionnaire (CECA.Q), and attributional style with the Internal, Personal and Situational Attributions Questionnaire (IPSAQ).