EAT and assessed correlations among the EAT and three other commonly used empathy tasks.
Methods: Patients (n=92) and healthy controls (n=42) matched for age and education, completed the EAT, the Interpersonal Reactivity Index, the Questionnaire of Cognitive and Affective Empathy and the Faux Pas task. Differences between groups were analyzed and correlations were calculated between empathy measurement instruments.
Results: The groups differed in EAT performance, with controls outperforming patients. A moderating effect was found for the emotional expressivity of the target: while both patients and controls scored low when judging targets with low expressivity, controls performed better than patients with more expressive targets. Though there were also group differences on the cognitive and affective empathy questionnaires (with lower scores for patients in comparison to controls), EAT performance did not correlate with questionnaire scores. Reduced empathy performance did not seem to be part of a generalized cognitive deficit, as differences between patients and controls on general cognition was not significant.
Discussion: Individuals with schizophrenia benefit less from the emotional expressivity of other people than controls, which contributes to their impaired empathic accuracy. The lack of correlation between the EAT and the questionnaires suggests a distinction between self-report empathy and actual empathy performance. To explore empathic difficulties in real life, it is important to use instruments that take the interpersonal perspective into account.

F106. STATE AND TRAIT RELATED NATURE OF INSIGHT IMPAIRMENT IN SCHIZOPHRENIA

Lebogang Phahladira*[,1], Bonginkosi Chiliza[2], Laila Asmal[1], Sanja Kilian[1], Freda Scheffler[1], Robin Emsley[1]
[1]Stellenbosch University; [2]University of KwaZulu Natal

Background: Impairment of insight is a prominent feature of schizophrenia and is associated with poor adherence and poor outcomes. While many studies have investigated the nature of insight impairment in schizophrenia, few have charted its course longitudinally. In this study we investigated changes in different components of insight during the first 12 months of antipsychotic treatment.
Methods: The sample comprised 107 never or minimally treated patients with a first episode of schizophrenia, schizophreiform or schizoaffective disorder. They were treated according to a fixed protocol with flupenthixol decanoate. Insight was assessed with the self-rating Birchwood Insight Scale and the investigator rated global insight item of the PANSS scale.Psychopathology was assessed with the PANSS and CDSS. Cognitive performance was assessed with the MATRICS. We performed evaluations at baseline, month 6 and month 12. Linear mixed effects mixed models for repeated measures were conducted to assess changes over time, adjusting for age, gender and educational status.
Results: There were no significant changes in the BIS subscales of symptom awareness, awareness of illness or total BIS score. The need for treatment subscale improved slightly (p=0.02) while the PANSS global insight improved considerably (p<0.0001). Degree of insight impairment was only weakly correlated with psychopathology and cognition
Discussion: Insight impairment is common in schizophrenia and displays trait-like rather than state-like features. These findings have important clinical implications.

F107. CSF ABNORMALITIES IN SCHIZOPHRENIA AND DEPRESSION: PRELIMINARY RESULTS FROM A LARGE SCALE COHORT

Tatiana Oviedo Salcedo*[,1], Anna Gagsteiger[1], Lot de Witte[2], Tania Kümpfel[1], René Kahn[2], Peter Falkai[1], Peter Eichhorn[1], Jurjen Luykx[2], Alkomiet Hasan[1]
[1]Ludwig Maximilian University; [2]University Medical Center Utrecht, Brain Center Rudolf Magnus

Background: CSF abnormalities and a neuroinflammatory pathophysiology have been discussed for affective and non-affective psychosis for more than 30-years. Recent studies pointed towards a specific phenotype of autoimmune-antibody mediated psychosis, but evidence is still sparse. Especially CSF data investigating autoimmune antibodies in large-scale CSF cohorts of affective and non-affective psychoses are lacking.
Methods: We analyzed a retrospective naturalistic cohort of 592 patients with A) schizophrenia-spectrum disorders (N = 330) or B) depressive disorders (N = 262) who underwent a lumbar puncture as part of the clinical routine in the Department of Psychiatry and Psychotherapy at the Ludwig-Maximilians University Munich between July 2012 and May 2017. We used a predefined systematic algorithm for the database search in the clinical documentation system and data was extracted by TO and AG. The study was approved by the local ethics committee.
Results: We identified 592 patients with standard CSF parameters. Schizophrenia spectrum patients did not differ from depressive patients with regard to the white blood cell count (cells/µl) (p = 0.774) or albumin quotient (p = 0.663). The general prevalence of oligoclonal bands did not differ between groups (schizophrenia: 37.0%, depression: 37.8%; p = 0.838). However, schizophrenia patients showed higher frequencies for intrathecal oligoclonal bands (32% of all oligoclonal bands) compared to depressive patients (19.1% of all oligoclonal bands. (p = 0.034). 124 schizophrenia-spectrum patients (54 first-episode patients) received CSF analyses for neural antibodies. None of the patients showed positive CSF results in any of the tested autoimmune-encephalitis panel (NMDA(N=119), AMPA-1(N=114), AMPA-2(N=114), CASPR(N=111), LGI-1(N=110) and GABA-B(N=112)-Antibodies) in CSF. The results for the intracellular onconeuronal and synaptic antibodies were also negative (Amphyphysin(N=93), Yo(N=58), Hu(N=94), Ri(N=94), CV2(N=93), Ma1(N=93) and Ma2(N=93)-Antibodies). Three of these patients with negative CSF titers did have low-titer neuronal antibodies in serum: CASPR-2-AB: 1:10, CASPR-2-AB: 1:50, Yo-AB: low band-intensity. 36 depression patients were also tested for autoimmune antibodies and again no positive reports could be identified in CSF.
Discussion: This is the first analyses of autoimmune antibodies in first-episode and recurrent schizophrenia and depressive mood disorder showing no positive CSF titers. However, schizophrenia patients have a higher prevalence of intrathecal oligoclonal bands compared to affective patients pointing towards more immunological disturbances in this population. The here presented analyses are exploratory and need to undergo confirmatory analyses and quality control.

F108. PSYCHOTIC EXPERIENCES IN A NORWEGIAN SAMPLE - TENTATIVE RESULTS OF A QUESTIONNAIRE VALIDATION

Isabella Kusztrits*[,1], Frank Larøi[2], Julien Laloyaux[2], Lynn Marquardt[1], Igne Sinkeviciute[3], Eirik Kjelby[4], Erik Johnsen[5], Josef Bless[6], Kristiina Kompus[6], Kenneth Hugdahl[5], Marco Hirnstein[1]
[1]University of Bergen; [2]University of Bergen, NORMENT Center for the Study of Mental Disorders, University of Liège; [3]Haukeland University Hospital, NORMENT Center for the Study of Mental Disorders; [4]University Hospital; [5]Haukeland University Hospital, University of Bergen, University of Oslo; [6]University of Bergen, NORMENT Center for the Study of Mental Disorders

Background: Auditory verbal hallucinations are a major symptom in schizophrenia but also affect patients with other diagnoses and healthy people without any pathology. This applies also to delusions and hallucinations of other sensory modalities. Since most questionnaires that assess hallucinations focus on one particular disorder, the Questionnaire for Psychotic Experiences (QPE) was created to provide an instrument that is applicable independently of clinical status.