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SU127. Negative Symptoms in Youth at Clinical High Risk of Psychosis

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Results: Thirteen participants were interviewed at follow-up (87%). System usage was high, with a total 270 logins (avg. 18/user), 749 posts (avg. 58/user), 170 therapy modules completed (avg. 12/user), and 67% of users being actively engaged with the online system over the 2-month duration of the trial. All participants reported a positive experience using Momentum and would recommend it to others. Ninety-three percentage considered Momentum to be helpful. There were no incidents during the pilot study and all participants reported feeling safe using Momentum. Analysis revealed a significant increase in social functioning ($P < .001$; $d = 2.39$) and satisfaction with life ($P = .03$; $d = 0.48$) at follow-up. There was a statistically significant increase in therapy mechanisms directly targeted by Momentum including strengths usage ($P = .03$; $d = 0.46$), mindfulness skills ($P = .04$; $d = 0.36$), and components of social support. Finally, there were significant correlations between system usage and improvements in social functioning ($r = 0.63$, $P = .02$), social support ($r = 0.62$, $P = .02$), and strengths usage ($r = 0.51$, $P = .06$).
Conclusion: Momentum is the first online intervention designed to improve functional outcomes in UHR patients. Momentum is engaging, safe, and may improve social functioning and satisfaction with life in UHR patients. Momentum appeared to specifically improve therapeutic mechanisms directly targeted by the online intervention.

SU126. THE BURDEN OF CAREGIVING IN A BRAZILIAN SAMPLE OF OUTPATIENTS WITH SCHIZOPHRENIA

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Background: The care of patients with schizophrenia imposes a significant objective e subjective burden for caregivers (Caqueo-Urízar *et al*, 2014). This study aims to evaluate the burden in a sample of Brazilian outpatients with schizophrenia.
Methods: Cross-sectional observational study. Patients with diagnosis of schizophrenia (DSM-5), 18–50 years, both sexes, and a relative/caregiver, both sexes, aged 18–70 years, living in contact with the patient at least 30 h/wk. Family burden was evaluated using the Brazilian version of the Family Burden Interview Schedule (FBIS-BR), a semistructured interview, considering objective and/or subjective burden, distributed in 5 subscales (assistance to the patient in daily life [objective and subjective burden]; supervision of patients' problematic behaviors [objective and subjective burden]; financial burden [objective and subjective]; impact on family routine [objective]; worries about the patients' present and future life [subjective]). The objective burden is assessed in a Likert scale (1 = never to 5 = every day) and subjective burden, in Likert scale (1 = not at all to 4 = very much).
Results: Patients: $n = 23$, mean age: 34.5 ± 8.2 years, 78.3% male, 95.7% single, 56.6% with elementary or middle school, age at onset of disease: 19.4 ± 5.3 years, number of hospitalizations: 1.91 ± 2.02, duration of disease: 16.48 ± 7.97 years, 73.9% without social security. Caregivers: $n = 23$, mean age: 59.22 ± 11.0 years, 69.6% female, 60.9% mothers, 39.1% married, 69.6% with elementary or middle school, 56.5% without social security, most of them live with patients. The mean total score of the objective burden was 2.80 ± 1.26 and the subjective burden was 2.21 ± 0.54. The assistance to the patient in daily life (objective) was 3.32 ± 0.77 and its subjective aspect was 1.96 ± 0.95; supervision of patients' problematic behaviors (objective) was 1.86 ± 0.53 and it subjective aspect was 0.97 ± 0.59. The financial burden was 2.78 ± 1.47; the impact on family routine (objective) was 1.89 ± 0.81 and worries about the patients' present and future life (subjective) 3.72 ± 0.61.
Conclusion: In our sample, most of the patients were single and taken care by their mothers. Our scores were high in both objective and subjective burden, with similar results compared to a Brazilian sample of relatives of patients with severe mental disorders (Bandeira *et al*, 2005). Worries about the patients' future impose the highest burden for mothers as the patients are single, without any other caregiver.

References

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SU127. NEGATIVE SYMPTOMS IN YOUTH AT CLINICAL HIGH RISK OF PSYCHOSIS

Daniel Devoe*,, Kristen Cadenhead[2], Tyrone Cannon[3], Barbara Cornblatt[4], Tom McGlashan[3], Diana Perkins[5], Larry J. Seidman[6], Ming Tsuang[2], Elaine Walker[7], Scott Woods[3], Carrie Bearden[8], Daniel Mathalon[9], and Jean Addington[1]
[1]University of Calgary; [2]University of California, San Diego; [3]Yale University; [4]Zuker Hillside Hospital; [5]University of North Carolina; [6]Harvard Medical School; [7]Emory; [8]University of California, Los Angeles; [9]University of California, San Francisco

Background: Longitudinal studies examining youth at clinical high risk (CHR) of psychosis have predominantly focused on positive symptoms. However, youth at CHR often demonstrate persistent and significant negative symptoms, which have been reported to be predictive of conversion to psychosis. The goal of this study was to examine negative symptoms over time in youth at CHR of psychosis and compare baseline negative symptoms in those who convert to psychosis with those who did not convert.
Methods: Youth at CHR ($N = 764$) were recruited for the North American Prodrome Longitudinal Study (NAPLS 2) at 8 sites across North America. Negative symptoms were rated on the Scale of Prodromal Symptoms (SOPS) at baseline, 6, 12, 18, and 24 months. Difference in prevalence of negative symptoms was assessed using Z test and change in negative symptom severity over time was assessed using repeated measures analysis of variance ANOVA. Wilcoxon rank sum test and 2-sample t test were utilized to compare baseline negative symptoms in converters vs nonconverters.
Results: The mean total negative symptom score at baseline was 11.90 (SD = 9.80). A majority of participants (84.57%) had at least one negative symptom rated ≥3 at baseline. Negative symptom severity significantly decreased over time compared to baseline measures. Eighty-six participants converted in total. In participants with at least one negative symptom of moderate severity or above ($N \geq 3$), nonconverters had lower severity ratings on expression of emotion (M = 1.49, SD = 1.47 vs M = 1.94, SD = 1.64, $P = .02$) and ideational richness (M = 1.23, SD = 1.37 vs M = 1.60, SD = 1.35, $P = .04$) compared to converters at baseline. In participants who completed 24 months of assessment and had negative symptom severity of moderate severity or above ($N \geq 3$), nonconverters had significantly better expression of emotion (M = 1.40, SD = 1.51) compared to converters (M = 1.79, SD = 1.63, $P = .03$).
Conclusion: First, this study demonstrated that the majority of youth at CHR have moderate to severe negative symptoms at baseline. Second, both decreased expression of emotion and decreased ideational richness was significantly more severe in participants who converted and may be indicative of later conversion to psychosis. Thus, early and persistent higher negative symptom scores may represent subsequent risk of conversion to psychosis.

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SU128. PSYCHOMETRIC PROPERTIES OF THE IMPACT OF WEIGHT ON QUALITY OF LIFE-LITE (IWQOL-LITE) QUESTIONNAIRE IN A CLINICAL TRIAL SAMPLE IN SCHIZOPHRENIA

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Background: The IWQOL-Lite has been widely used to assess the impact of weight on quality of life in obese persons. There is evidence demonstrating that IWQOL-Lite is a reliable and valid measure for assessing weight-related quality of life in individuals with schizophrenia or bipolar disorder.
Methods: We evaluated the psychometric properties of the IWQOL-Lite using item responses, subscales, and total scores assessed in a randomized, olanzapine-controlled, 12-week, dose-ranging study of ALKS 3831 (olanzapine + samidorphan, a novel mu-opioid antagonist) in subjects with stable schizophrenia (Clinicaltrials.gov, NCT01903837).
Results: Of 309 subjects who were randomized in this clinical trial, mean age was 38.8 (SD = 8.4) years, 73.5% were male, and 61.2% were African American. Mean body weight was 77.0 (SD = 13.1) kg and mean body mass index (BMI) was 25.4 (SD = 3.4). At baseline, mean Total score (TS) of IWQOL-Lite was 92.9 (SD = 12.7, range = 26.6–100 with 42.1% at ceiling). Mean subscales for "Physical Function" (PF), "Self-esteem" (SE), "Sexual Life" (SL), "Public Distress" (PD), and "Work" (WK) were 91.8 (SD = 13.7), 91.2 (SD = 18.0), 93.1 (SD = 17.5), 95.6 (SD = 12.2), and 94.9 (SD = 13.8), respectively. The Cronbach's internal consistency coefficients, α, were0.97 for TS, 0.93 for PF, and 0.92–0.96 for other subscales. TSs were 95.0 (SD = 9.3), 91.6 (SD = 14.6), and 88.1 (SD = 14.8) in baseline BMI groups "<25," "25–30," and ">30," respectively. After controlling for age and gender, statistically significant lower mean TSs were observed for higher BMI groups ($F = 3.83$, $P = .0228$) with partial $\eta^2 = 0.0247$. PF and SE showed similar results. Mean changes in TS from baseline at week 12 were −0.1 (SD = 7.3), −2.2 (SD = 14.2), and −6.4 (SD = 11.2) for subjects with less than 5% increase (including decrease and no change), 5%–10% increase, and >10% increase in BMI, respectively. The standard error of measurement (SEM) was 2.19 for TS, 3.58 for PF, and 3.60 for SE, respectively.
Conclusion: The IWQOL-Lite demonstrated excellent internal consistency reliability for weight-related quality of life assessment in schizophrenia within a clinical trial setting. Relationship between IWQOL-Lite scores and BMI was statistically significant, supporting the known-group validity.

SU129. TRANSCULTURAL COMPARISON OF THE IMPACT OF SYMPTOMATIC REMISSION AND RESILIENCE ON HEALTH-RELATED QUALITY OF LIFE IN PATIENTS SUFFERING FROM SERIOUS MENTAL ILLNESS

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Background: Health-related quality of life (HRQOL) refers to physical, social, well-being, and functional domains and is an increasingly important outcome measure of serious mental illness (SMI).
Methods: Focusing on transcultural differences, the current study used the WHOQOL-BREF to (1) compare HRQOL of clinically stable patients suffering from schizophrenia ($N = 112$) or bipolar I disorder (BD-I) ($N = 120$) with healthy control subjects ($N = 137$) from Western (Austria) and Eastern cultures (Japan) and (2) investigate whether symptomatic remission and resilience are relevant in this context.
Results: We detected a significant country effect with markedly lower HRQOL among Japanese subjects in general and a significantly higher degree of resilience in Austrian schizophrenia patients and healthy control subjects. Both Austrian patient groups and the Japanese schizophrenia group indicated significantly lower HRQOL and resilience compared to healthy control subjects. On the contrary, Japanese patients suffering from BD-I were comparable with control subjects in this regard. In both countries, nonremitted patients indicated significantly lower HRQOL than those who were symptomatically remitted. However, being free of mental illness/symptomatically remitted did not account for the observed cross-cultural and between-group differences in HRQOL. In addition, resilience was found to be a highly significant predictor of HRQOL in both countries and in all 3 groups and to be largely responsible for between-group differences in HRQOL.
Conclusion: Our findings demonstrate that even during periods of clinical stability HRQOL is significantly affected in individuals suffering from SMI and that individuals from Western European and Japanese cultures may have different needs in this regard. It remains to be studied whether interventions targeting the improvement of resilience might have a positive