

Conclusions: The slower RT for right hand in schizophrenics possibly reflects a general delay of the left cerebral hemisphere in visuo-motor RT. Moreover, the enhanced RTE suggests an impairment of interhemispheric integration in schizophrenia.

P0076

A study of relationship between psychopathology, insight and compliance in schizophrenia

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A four week longitudinal study was conducted to assess the relationship between insight, psychopathology and treatment compliance in schizophrenia using Insight and Treatment Attitude Questionnaire (ITAQ), Positive and Negative Syndrome Scale (PANSS) and Medication Adherence Rating Scale (MARS). Study sample consisted of 50 patients with schizophrenia diagnosed as per diagnostic criteria of research of WHO with a mean period of illness being 5.32 years. There was substantial psychopathology at intake which improved significantly after 4 weeks. Similar changes were found with the scores of insight and compliance over 4 weeks. Insight and compliance were positively correlated to each other at intake and at the end of 4 weeks. Both of these were negatively correlated with psychopathology scores on both the occasions. Stepwise logistic regression was applied with compliance as dependent variable and psychopathology and insight as independent variables on both the visits and it was found that most powerful predictor of compliance on first visit is insight on first visit [$R = .636$] and most powerful predictor of compliance on second visit is compliance on first visit [$R = .838$].

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The expression of positive and negative schizotypy in daily life: An experience sampling study

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Psychometrically identified positive and negative schizotypy are differentially related to psychopathology, personality, and social functioning. However, little is known about the experience and expression of schizotypy in daily life. The present study employed the experience sampling method (ESM) to assess positive and negative schizotypy in daily life in a nonclinical sample of 412 young adults. ESM is a structured diary technique in which participants are prompted at random times during the day to complete an assessment of their current experiences. As hypothesized, positive schizotypy was associated with increased negative affect, thought impairment, suspiciousness, negative beliefs about current activities, and feelings of rejection, but not with social disinterest or decreased positive affect. Negative schizotypy, on the other hand, was associated with decreased positive affect and pleasure in daily life, increased negative affect, and marked decreases in social contact and interest. Both positive and negative schizotypy were associated with the desire to be alone when with others. However, this desire appeared to be moderated by anxiety in positive schizotypy and by diminished positive affect in negative schizotypy. The findings support the construct validity of a multidimensional model of schizotypy and

the use of psychometric inventories for assessing these dimensions. ESM appears to be a promising method for examining the daily life experiences of schizotypic individuals.

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Psychopathology, social adjustment, and personality correlates of schizotypy clusters in a large non-clinical sample

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Background and Aims: Correlational methods, unlike cluster analyses, cannot take into account the possibility that individuals score highly on more than one symptom dimension simultaneously. This may account for the inconsistency found in the correlates of schizotypy dimensions. This study explored the clustering of positive and negative schizotypy dimensions in nonclinical subjects and whether schizotypy clusters have meaningful patterns of adjustment in terms of psychopathology, social functioning, and personality.

Methods: Positive and negative schizotypy dimensional scores were derived from the Wisconsin Schizotypy Scales for 6,137 college students and submitted to cluster analysis. Of these, 780 completed the NEO-PI-R and Social Adjustment Scale-self report version, and further 430 were interviewed for schizophrenia-spectrum, mood, and substance use psychopathology.

Results: Four clusters were yielded: low, high positive, high negative, and mixed (high positive and negative) schizotypy. The positive-schizotypy cluster presented more psychotic-like experiences and schizotypal, paranoid symptoms, had more affective and substance abuse pathology, and were more open and extraverted. The negative-schizotypy cluster had more negative and schizoid symptoms, worse social adjustment, high conscientiousness and low agreeableness. The mixed cluster was the most deviant on almost all aspects.

Conclusions: Our cluster solution is consistent with few previous reports in schizotypy and schizophrenia, indicating that meaningful profiles of schizotypy features can be detected in nonclinical populations. The clusters displayed a distinct and meaningful pattern of correlates at across different domains, thus providing construct validity to the schizotypy types defined.

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The dimensional structure of the Wisconsin schizotypy scales: Factor identification and construct validity

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The present study examined the factor structure underlying the Wisconsin Schizotypy Scales and the validity of these dimensions. Confirmatory factor analysis with 6,137 nonclinical young adults supported a two-factor model with positive and negative schizotypy dimensions. As predicted, the schizotypy dimensions were differentially related to psychopathology, personality, and social impairment. Both dimensions were related to schizotypal and paranoid symptoms. Positive schizotypy was uniquely related to psychotic-like experiences, substance abuse, mood disorders, and mental health treatment; whereas negative schizotypy was associated with negative and