

interfering thoughts. Eighty-eight percent ( $n = 132$ ) were experiencing trauma associated disturbance. Answers from 78.6% ( $n = 118$ ) of the participants indicated that they should be further referred to a specialist. The findings were not affected by gender or age.

**Conclusion** We have found that most of the participants showed signs of PTSD. Our findings highlight the psychological impact of war on Syrian people. A definite diagnosis of PTSD can be made with detailed psychiatric examination, however given the amount of victims and available staff a brief screening instrument may help identify potential cases to be further evaluated. PTSD has life-long consequences and trauma can be passed through generations. International support for war victims should include psychological support and interventions.

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**EW0693**

**Program for the use of antipsychotics with metabolic monitoring in North Carolina medicaid children**

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**Introduction** Children are at greater risk than adults for weight gain and metabolic disorders including hyperlipidemia and diabetes with newer antipsychotics. A web-based safety-monitoring program using a prior documentation model required submission of patient safety data (prior documentation) for insurance coverage at the pharmacy point of sale. This program launched in April of 2011, covering all NC Medicaid and Health Choice recipients under age 18. Clinical monitoring parameters and interactive educational features were developed with pediatric psychiatric experts and key mental health stakeholder groups.

**Objectives** Using a four-year run in period and a full 9 months of post implementation claims data, evaluate the rates of antipsychotic prescribing and safety monitoring before and after the implementation of the A + KIDS program.

**Results** Implementation of this program was associated with a consistent monthly decrease in overall antipsychotic use and increases in patient monitoring of glucose and lipid (Figure. 1, Table 1).

**Conclusions** The prior documentation registry was effective in decreasing antipsychotic use and increasing safety monitoring. The impact of changing to more traditional prior authorization on the same clinical endpoints is currently under evaluation.

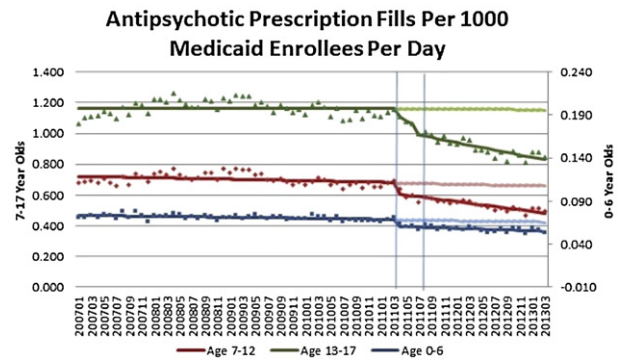


Fig. 1 A+KIDS Population Antipsychotic Prescription Fills per 1000 Medicaid Enrollees Per Day

Table 1 Percent of A+KIDS Patients on an Antipsychotic with Metabolic Monitoring Recorded in Claims.

Year Ending	Glucose Screening Percent	Cholesterol Screening Percent
June 2010	52%	27%
June 2011	55%	32%
June 2012	60%	41%

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**e-Poster Walk: Neuroimaging and neuroscience in psychiatry**

**EW0694**

**Effort-based reward task, a behavioral measure to study negative symptoms in schizophrenia**

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Negative symptoms in schizophrenia, and specifically amotivation/apathy, have been correlated with impaired general functioning. Its neurobiological basis are thought to rely on an aberrant reward system. To study the association of reward deficits and negative symptoms, 25 schizophrenia patients and 35 controls underwent a new reward behavioral task. Briefly, patients had to choose a level of effort (1 to 3), each one corresponding to a progressively increasing number of required button presses and 3 different probabilities to win an economic reward. We compared the chosen effort between groups and correlated this output with the score of the Brief negative symptoms scale in the group of patients. Patients chose less effort than controls but without reaching significance level (mean patients effort: 2.49 vs controls: 2.76,  $P = 0.064$ ). A negative correlation was found between BNSS score and effort chosen for the maximum reward corrected by sex ( $t: -0.021, P = 0.045$ ). When the group of patients was split according to negative symptoms score, patients with more negative symptoms (BNSS score > 23) chose significantly less effort than patients