

free, secure video conference application, makes this technology available literally and virtually everywhere, anywhere, in the world at any time.

**Results** Medical History clearly supports the value of the “house call” as a means of getting to “see the entire picture”. Chronically ill patients are frequently visited by home health nurses and or “in home” medical monitoring programs. Psychiatrically ill patients may now receive their medication management and behavioral intervention and assessment right in the privacy of their own home. Psychiatrists and psychologists merely schedule “in home” appointments with their patients in the same manner as they would if the patient were being seen in their office.

**Conclusion** Chronically ill patients favored treatment rendered in “their private space” as well as providers tended to learn much more about their patients when the provider is the “guest” in the patients home versus the patient as the “customer” in the providers office. The convenience and cost savings for both provider and patient is significant. Availability of spouses, parents etc. was a valuable addition to the Tele-Home-Behavioral Medicine model.

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## Social cognition in schizophrenia: Relationship with neurocognition, functional capacity and functional outcome

W36

### Relationships between neurocognition, social cognition and functional outcome in schizophrenia

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**Introduction** The inter-relationships of neurocognition, social cognition, residual psychopathology and real-life functioning are poorly understood. A large multicenter study was carried out by the Italian Network for Research on Psychoses to model relationships between neurocognitive deficits, psychopathology and real-life functioning, taking into account the role of functional capacity and social cognition.

**Methods** A structural equation model was used to investigate direct and indirect effects of neurocognition and psychopathology on real-life functioning. Social cognition and functional capacity were modeled as mediators.

**Results** In 921 patients with schizophrenia, neurocognition had both direct and indirect effects, through functional capacity and social cognition, on real-life functioning. Neurocognition predicted to a large extent social cognition on which depression and disorganization had a modest effect. Social cognition showed a significant direct impact on real-life functioning.

**Conclusion** Our results support a strong link between neurocognition and functional outcome, independent of psychopathology. Social cognition accounted for unique incremental variance in real-life functioning.

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W37

### Social cognition, functional capacity and symptoms in the longitudinal prediction of outcome in subjects with first-episode schizophrenia

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**Background** Several national guidelines recommend continuous use of antipsychotic medication after a psychotic episode in order to minimize the risk of relapse. However some studies have identified a subgroup of patients who can obtain remission of psychotic symptoms while not being on antipsychotic medication for a long period of time. This study investigated the long-term outcome and characteristics of patients in remission of psychotic symptoms with no use of antipsychotic medication at the 10-year follow-up.

**Methods** The study was a cohort study including 496 patients diagnosed with schizophrenia spectrum disorders (ICD 10: F20 and F22–29). Patients were included in the Danish OPUS Trial and followed up 10 years after inclusion, where patient data was collected on socio-demographic factors, psychopathology, level of functioning and medication.

**Findings** Among the patients, 30% had remission of psychotic symptoms at the time of the 10-year follow up with no current use of antipsychotic medication. This favorable outcome was associated with female gender, high GAF-F score, participation in the labor market and absence of substance abuse.

**Interpretation** Results from several RCTs advise against discontinuation of antipsychotic medication, but our results from the 10-year follow-up indicate that a subgroup do obtain long-term remission while not being on antipsychotic medication. Hence, guidelines on antipsychotic medication do not pay sufficient attention to patients who discontinue antipsychotic medication and are still able to obtain remission of psychotic symptoms.

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W38

### The impact of the different dimensions of social cognition on functional outcome in schizophrenia

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Social cognition (SC) refers broadly to the domains of cognitive functions that are employed in socially relevant situations. These include three primary domains (i.e., emotion perception, Theory of Mind-TOM-, and attributional style), as well as more complex and developing concepts such as social metacognition.

Patients with schizophrenia demonstrate significant deficits across multiple dimensions of SC and throughout all phases of the illness. The correlation between SC and real-life functioning ranged from small to large, mainly depending on the examined aspect of SC, with largest effects observed for TOM. Indeed, it has been suggested that TOM difficulties may lead to social misperceptions that influence how an individual reacts to others, which in turn may lead to maladaptive social patterns and/or social withdrawal, which both may influence real-life vocational outcome more than neurocognition (NC) abilities. Moreover, SC appears to act as a mediator between nonsocial basic NC and community functioning.

The goals of this study are to analyze the pattern of SC variables in schizophrenia using cluster analysis, to examine the relationship of real-life functioning with cluster membership, and to identify cut-offs that best discriminate among clusters in a large sample of patients with schizophrenia recruited to the Italian Network for Research on Psychoses (NIRP). A full assessment of different aspects of SC was carried out, including emotional intelligence, recognition and theory of mind (TOM).

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### W39

#### The effects of integrated treatment with atypical antipsychotics and social cognition training on functional outcome

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Social cognition is impaired in patients with schizophrenia [1]. This impairment is one of the core features of the illness and has a clear impact on functional outcome.

While conventional antipsychotics might have a worsening effect on social cognition, e.g. on amygdala attenuation in fMRI studies on facial recognition [2], atypical antipsychotics might not show this effect [3].

Social cognitive training [4] – such as the training of affect recognition [5] – is a promising approach in the treatment of schizophrenia.

Holistic strategies including both treatment with atypical antipsychotics and social cognitive training can improve functional outcome in patients with schizophrenia [6].

**Disclosure of interest** The author has not supplied his declaration of competing interest.

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### Suicide risk evaluation: From research to clinical practice

#### w40

#### Future direction of suicidal risk assessment

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**Objective** to explore future directions on the assessment of the risk of suicidal behavior (SB).

**Methods** narrative review of current and future methods to improving the assessment of the risk of suicidal behavior (SB).

**Results** Predicting future SB is a long-standing goal. Currently, the identification of individuals at risk of SB is based on clinician's subjective reports. Unfortunately, most individuals at risk of SB often

do not disclose their suicidal thoughts. In the near future, predicting the risk of SB will be enhanced by: (1) introducing objective, reliable measures – i.e. biomarkers – of suicide risk; (2) selecting the most discriminant variables, and developing more accurate measures – i.e. questionnaires – and models for suicide prediction; (3) incorporating new sources of information – i.e. facebook, online monitoring; (4) applying novel methodological instruments such as data mining, or computer adaptive testing; and, (5) most importantly, combining predictors from different domains (clinical, neurobiological and cognitive).

**Conclusions** Given the multi-determined nature of SB, a combination of clinical, neuropsychological, biological, and neuroimaging factors, among other might help overcome current limitations in the prediction of SB. Furthermore, given the complexity of prediction of future SB, currently our efforts should be focused on the prevention of SB.

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#### W41

#### New technologies for detecting suicidal risk of psychiatric patients

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Suicide is a major health issue with considerable human and economic costs. There have been many attempts to develop techniques capable of predicting future suicidal behavior, but known risk factors are insufficiently specific. However, during the last decades, technical developments have made possible the use of new technologies to assess potential clinical markers for psychiatric patients. In many cases the technologies are affordable, wearable and interconnected, multiplying the wealth of data resulting from their use. Quite logically, psychiatrists from all over the world are investing in recently developed devices for their research projects and have consequently started to collaborate with engineering and pattern recognition groups in the study of potential clinical markers. These groups provide the expertise and computational methods required to process this wealth of data, and can improve the classification accuracy to predict a certain condition using data mining techniques. In the field of suicidal behavior, new devices that capture promising predictors such as electrodermal response activity, some facial expressions or speech properties have been developed and are being tested. In view of these facts, during the workshop we will review some of the new methodologies that can be used for the assessment of suicidal risk and how can multidisciplinary and complementary approaches be implemented.

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#### W42

#### Electrodermal hyporeactivity evaluation for detecting suicidal propensity in depressed patients

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**Introduction** Since 1987 several publications have focused on electrodermal reactivity in groups with different suicidal behaviors, but with varying results. However, using an untraditional statistical approach with clinical application in focus revealed between themselves confirming results of a strong relationship between electrodermal hyporeactivity and suicide.