Methods literature review and additional analyses of SFBN database.
Results BD usually begins with a depressive episode. SFBN-data reveal that an earlier AoO is associated with a less favourable prospective illness course (more depression, mood instability and rapid cycling), longer delay to first treatment, past history of suicide attempts, being abused in childhood abuse, more psychiatric and medical comorbidities. Comparison of the US sample with the European sample of SFBN showed an earlier onset in US patients.
Conclusion and early AoF of BD is associated with a poorer long-term outcome, despite adequate current treatment.
Disclosure of interest The author has not supplied his declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.093

S020

Age at the onset of a first episode of psychotic mania: Does it have an impact on outcome?

P. Conus[1,*], S.M. Cotton[2], P.D. McGorry[2]
[1] *Lausanne University, Department of Psychiatry, Prilly, Switzerland*
[2] *Orygen Youth Health, Psychiatry, Melbourne, Australia*
[*] *Corresponding author.*

Purpose Studies conducted in child psychiatry suggest that patients with earlier onset of psychosis have poorer outcome. Similar findings have been published regarding onset of bipolar disorder. However, few studies have been conducted in youth mental health program where these patients may actually receive treatment. Identification of subgroups with distinct need and outcome among first episode mania patients would facilitate the development of specific treatment strategies better suited to the actual needs of patients.
Methods Sixty-seven patients with a first episode of psychotic mania were followed up over 12 months after recovery from this initial episode. Syndromic and symptomatic outcome were determined with the brief psychiatric rating scale, functional outcome with the quality of life scale and premorbid adjustment scale sub items.
Results While 90% of patients achieved syndromic recovery (disappearance of manic syndrome) at 6 and 12 months, 40% had not recovered symptomatically, still presenting with depression and anxiety. Return to previous level of functioning was achieved only by 34% of patients at 6 months and 39% at 12 months. Age at the time of first manic episode with psychotic features was a significant predictor of recovery of functional level.
Conclusions While manic symptoms reduce quickly in most patients after a first episode of psychotic mania, an important number of patients still display symptoms of depression and anxiety after 12 months and 2/3 do not reach functional recovery. Younger age at first episode predicts risk of poorer functional outcome.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.094

Symposium: Negative symptoms: phenomenology, clinical aspects and neuroimaging

S021

Clinical psychopathology of negative symptoms: A phenomenological perspective

A. Raballo
University of Oslo, Norwegian Centre for Mental Disorder Research NORMENT, Oslo, Norway

Negative symptoms encompass a broad constellation of psychobehavioral phenomena, including affective flattening, poverty of speech, alogia, avolition, social withdrawal, apathy and anhedonia. These phenomena obviously exert a substantial impact on personal autonomy, quality of life and broad functional outcomes, ultimately being an important challenge for clinical decision-making and therapeutic support. In recent years, the attention to negative symptoms in schizophrenia has revamped, boosting the development of new rating tools as well as a broader conceptualization of derivative constructs (e.g. apathy, amotivation, anhedonia). However, despite its behavioral expressivity, the in-depth phenotypic characterization of negative symptoms remains partly unaddressed. Similarly, their clinical intertwining with other non-productive clinical features (e.g. anomalous subjective experiences, cognitive-perceptual basic symptoms and schizotypal features) is generally overlooked. Therefore, the current presentation specifically offers a stratified overview of the phenomenology of negative symptoms filtered through lens of clinical psychopathology.
Disclosure of interest The author has not supplied his declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.095

S022

The Evolution of negative symptom constructs

A. Mucci[*], S. Galderisi
University of Campania "Luigi Vanvitelli", Department of Psychiatry, Naples, Italy
[*] *Corresponding author.*

Introduction Negative symptoms represent a separate dimension of schizophrenia psychopathology, distinct from positive symptoms, disorganization and cognitive impairment. It is increasingly acknowledged that negative symptoms are associated with poor functional outcome and represent an unmet need in schizophrenia treatment. Improvement in definition of their phenomenology, assessment instruments and experimental models are needed in order to improve schizophrenia prognosis.
Aims The presentation will review key aspects of the evolution of negative symptom constructs. In particular, findings concerning phenomenology, clinical assessment, association with functional outcome and brain imaging correlates will be presented.
Methods We searched PubMed for English full-text publications with the keywords
Schizophrenia AND "negative symptoms"/"primary negative symptoms"/"deficit schizophrenia"/"persistent negative symptoms"/"affective flattening"/alogia/"expressive deficit"/apathy/asociality/"social withdrawal"/anhedonia/"anticipatory anhedonia"/avolition/neuroimaging.
Results The distinction between secondary negative symptoms (i.e., those due to identifiable factors, such as drug effects, psychotic symptoms or depression), and primary or persistent negative symptoms (i.e., those etiologically related to the core pathophysiology of schizophrenia) is grounded on solid research evidence and might have major implications for both treatment development and clinical care. The evidence that negative symptoms cluster in motivation- and expressive-related domains is founded on large consensus and empirical evidence and will foster pathophysiological modeling. The motivation-related domain is a stronger predictor of functional outcome than the expressive one.
Conclusions An improved definition and assessment of negative symptoms needs to translate in large-scale studies to advance knowledge. In the short-term, the improved identification of treatable causes of secondary negative symptoms can translate into better care for people with schizophrenia.