Results: The patients group showed significantly lower energy consumption by the physical activity and the activity time above low-intensity compared to the healthy volunteers group. Additionally, a correlation between patients’ physical activity and clinical characteristics was computed, and statistical significances were found. Patients’ physical activity was negatively correlated with their weight, abdominal circumference, and the score of negative symptoms of PANSS. Significant correlations between blood test items, such as TG and HDL cholesterol, and the physical activity were also found.

Discussion: The patients with schizophrenia were more likely to have decreased energy consumption by physical activity than individuals without psychotic illnesses. Especially, patients with schizophrenia tend to have a short activity time above low-intensity and a long no-movement time. Our study results suggest that negative symptoms of schizophrenia are related to the low degree of physical activity. A further research would enable more effective lifestyle guidance to the patient.

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ASSOCIATIONS BETWEEN OBJECTIVE AND SELF-ADMINISTERED ASSESSMENT OF SYMPTOMS IN PSYCHOTIC PATIENTS

Jung-Sea Yi1, Yang-Whan Jeon2, Seung Hyun Kim3
1Hallym University Medical College Seoul South Korea; 2The Catholic University of Korea Inchon South Korea; 3College of Medicine Korea University Seoul South Korea

Background: To investigate whether psychotic patients assess their symptoms adequately, we aimed to examine the association between clinicians’ rating and patients’ self-assessment of symptoms.

Methods: 64 hospitalized psychotic patients who experienced prominent delusions and hallucinations within last month were recruited. We examined the correlations between positive (PANSS-P), negative (PANSS-N) and depressive (PANSS-D) domains of the Positive and Negative Syndrome Scale (PANS), and the self-administered symptom ratings for relevant domains: the Peters et al. Delusional Inventory (PDI-21), and paranoia (PAR) and psychoticism (PSY) subscales of the Symptom Checklist-90-Revised (SCL-90-R) as positive domain, the Scale for the Subjective Experience of Negative Symptoms (SENS) as negative domain, and the Beck Depression Inventory (BDI), and depression (DEP) and anxiety (ANX) subscales of the SCL-90-R as depressive domain. Insight level was measured by the Scale to Assess Unawareness of Mental Disorder (SUMD).

Results: Significant associations were found between PANSS-N and the SENS, and between PANSS-D and the self-rated depression measures. PANSS-P correlated significantly with PSY subscale of the SCL-90-R only. Mostly, these associations were not affected by the insight level.

Discussion: Psychotic patients, who had experienced delusions and hallucinations recently, were able to assess negative and depressive symptoms adequately while they reported psychotic symptoms somewhat incorrectly. Although these results support the adequacy of self-reported negative and depressive symptom in psychotic patients, further study will be needed.

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Poster 239
SOCIAL FUNCTIONING IN URBAN, PREDOMINANTLY AFRICAN AMERICAN, SOCIALLY DISADVANTAGED PATIENTS WITH FIRST-EPISODE NONAFFECTIVE PSYCHOSIS

Sandra M. Goulding, Lauren Franz, Erin Bergner, Michael T. Compton
Emory University Atlanta, Georgia, USA

Background: Limited research exists on the nature of social functioning impairments related to schizophrenia, which appear to develop and accumulate even prior to initial treatment-seeking. This study, the first to examine social functioning in low-income, urban, predominantly African American first-episode patients, was conducted to: (1) characterize in detail scores obtained using the Social Functioning Scale (SFS); (2) examine these scores in relation to gender, age, diagnosis, and a number of clinical variables, including positive, negative, general psychopathology, and depressive symptoms, as well as insight; and (3) assess changes in SFS scores in a subsample of first-episode patients re-assessed six months after initial hospitalization.

Methods: 109 participants (age, 23.1 ±4.7 years; 76.1% male; 89.9% African American) hospitalized for a first episode of nonaffective psychosis in an urban, public-sector setting were administered the SFS along with other clinical research instruments. 34 (31.2%) returned for a follow-up clinical research assessment six months after the initial evaluation.

Results: More prominent associations were observed between social functioning domains and negative symptoms and depressive symptoms (and other general psychopathology symptoms) than between social functioning and positive symptoms. There were no significant differences in SFS subscale scores between baseline and follow-up at six months, though numerically lower scores were evident in four of the seven subscales.

Discussion: Deficits in social functioning are meaningfully related to several domains of symptoms, and such deficits may be relatively stable in the early course of psychotic disorders. Such findings may inform development of psychosocial interventions targeting social functioning in first-episode patients.

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NATURAL CONTACT AND PSYCHOPHYSIOLOGICAL REACTIONS TOWARDS SCHIZOPHRENICS: CHALLENGE OR THREAT?

Ruth Elaine Graves1, Shona T. Chandon1, Jeffrey E. Cassisi2
1Howard University Washington, DC, USA; 2University Central Florida Daytona Beach, Florida, USA

Background: Many authors have suggested that African Americans endorse high levels of stigmatizing attitudes towards those with mental illness. Whaley (1997) found that regardless of their level of contact, on average African Americans rated people with mental illness as dangerous; and they associated mental illness with a higher risk for violence. Recently Anglin, Link, and Phelan (2006) conducted a survey and concluded that African Americans were more stigmatizing than European Americans towards those with mental illness. They also found that African Americans were also more likely to believe those with schizophrenia or depression would commit violent acts against others. Findings from previous research by our lab (Graves, Chandon, & Cassisi, 2008) indicate that high levels of contact...
were associated with lower levels of negative affect and less social distance toward the mentally ill. Nonetheless, we also found that high levels of contact were associated with higher levels of perceived dangerousness in the severely mentally ill. Thus, contact was associated with reductions in some dimensions of stigma, but it appeared to enhance the perceived dangerousness dimension. Cardiovascular markers have been used to assess individuals’ reactions to interactions in a wide variety of social contexts (Weisbuch, Seery, Ambady, & Blascovich, 2009). Of particular interest is the use of cardiovascular patterns as markers of internal states of challenge and threat (Blascovich 2008; Blascovich & Tomaka 1996). Cardiovascular responses associated with challenge states are associated with increases in ventricular contractility, cardiac output, and decreases in peripheral resistance. Threat states in contrast are associated with less efficient cardiac output and greater peripheral resistance. The purpose of this study is to examine whether healthy young African American adults’ reaction to imagined interactions with schizophrenics are characterized as a “challenge” or “threat” when using these cardiovascular markers and whether naturally occurring contact mediates this pattern of responding.

**Methods:** 65 African American participants were divided into two groups with a median split. Those participants who endorsed 3 or fewer regular contacts with the mentally ill were assigned to the Low Familiarity group and those participants who had 4 or more regular contacts were assigned to the High Familiarity group. This resulted in 38 participants being assigned to the Low Familiarity group and 27 participants being assigned to the High Familiarity group. Participants imagined interacting with individuals labeled or unlabeled as having schizophrenia using the protocol reported by Graves, Cassisi & Penn (2005), while their cardiovascular activity was monitored with an HIC-3000 and the COP-WIN/HRV data acquisition software both produced by Bio-Impedance Technology, Chapel Hill, NC.

**Results:** Our results indicated that participants with high levels of naturally occurring contact with the mentally ill exhibited significantly less peripheral resistance when they imagined interacting with a schizophrenic individual as compared to when they imagined interacting with an unlabeled person. This pattern of cardiovascular responding is associated with a “challenge” reaction in the social psychology literature. We did not find the “threat” reaction that one might expect if dangerousness were the underlying cause of social distance and stigma.

**Discussion:** Our findings suggest that African Americans with high levels of contact may not perceive interactions with the severely mentally ill as more dangerous but rather as more difficult and complex.

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**THE RELATIONSHIP BETWEEN INSECURE ATTACHMENT AND SPECIFIC PSYCHOTIC SYMPTOMS: PRELIMINARY RESULTS**

*Nikie Korver, Carin Meijer, Lieuwe de Haan*

*Academic Medical Centre Amsterdam, Noord Holland, Netherlands*

**Background:** The aims of this study are to examine whether patients with psychosis differ from their siblings and healthy controls in their attachment styles and whether insecure attachment styles are associated with specific psychotic symptoms and schizotypal phenomena.

**Methods:** Participants: 280 patients, 265 siblings and 130 healthy controls are participating in the GROUP project in the Netherlands, www.group-project.nl. Inclusion criteria for the patient group: Age 16-50, clinical diagnosis of a non-organic, not affective psychotic disorder according to the DSM-IV. For the present study, so far 32 patients, 38 siblings, and 15 healthy control participants have been seen.


**Results:** Correlations were found between attachment anxiety and negative and general symptoms in the patients group. Avoidant attachment correlated significantly with positive schizotypal symptoms in the sibling group and positive schizotypal symptoms correlated significantly with anxiety attachment in the control group.

**Discussion:** The preliminary results suggest that patients with psychosis differ significantly from their siblings and a healthy control group in both avoidant and anxiety attachment styles. The insecure types of attachment are associated with psychotic symptomatology in the clinical group and with schizotypal phenomena in the non clinical group.

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**Poster 242**

**REMEDICATION OF FACIAL EMOTION RECOGNITION IN SCHIZOPHRENIA: FUNCTIONAL PREDICTORS, GENERALISABILITY, AND CONCOMITANT VISUAL SCANNING OF NOVEL FACE STIMULI**

*Pamela J. Marsh1, Melissa J. Green2,3,4, Tamara Russell2,5, Jonathan McGuire1, Gemma Luckett1, Anthony Harris6, Max Coltheart1*

1Macquarie Centre for Cognitive Science, Macquarie University Sydney, NSW, Australia; 2Schizophrenia Research Institute (SRI) Sydney, NSW, Australia; 3School of Psychiatry University of New South Wales & Black Dog Institute Prince of Wales Hospital Sydney, NSW, Australia; 4National Alliance for Research on Schizophrenia and Depression (NARSAD) The Mental Health Research Association Sydney, NSW, Australia; 5Affective Neuroscience Group, Institute of Psychiatry London, SE 5, United Kingdom; 6Discipline of Psychological Medicine University of Sydney & Brain Dynamics Centre, Westmead Millennium Institute Sydney, NSW, Australia

**Background:** Impaired recognition of facial emotion is associated with poor social functioning in schizophrenia. Evidence shows targeted emotion recognition training (ERT) can improve perception of facial emotions in schizophrenia for up to one week after training. This study investigated whether (a) improved recognition generalizes to novel faces, (b) baseline functioning levels predict the extent of improvement; and (c) improved emotion recognition to novel faces was associated with concomitant changes in visual scanning of facial expressions.

**Methods:** Thirty-nine participants with schizophrenia received ERT using Ekman’s Micro-Expression Training Tool (METT; 2003). Emotion recognition was assessed using METT face stimuli and other face stimuli not used in training (static faces shown at 100% and 50% intensity and dynamic stimuli). Baseline ratings of interpersonal and cognitive functioning were collected.

**Results:** Post-METT training, participants showed improved perception of METT faces and full-intensity novel faces. Baseline measures of interpersonal and social functioning as well as general face processing and working memory abilities (50% intensity expressions only) predicted improvement in facial affect recognition immediately following METT training. Visual scanpath data to novel faces will also be presented.

**Discussion:** These findings suggest that the effectiveness of ERT in schizophrenia is influenced by pre-training levels of social functioning and that general face processing abilities and working memory may affect the ability to accurately process subtle facial expressions.