prevention program focusing not only stress and symptom management, but also social cognitive domains.
Disclosure of interest Consultant to Boehringer Ingelheim lecture fees by Boehringer Ingelheim, Otsuka travel grant by Servier.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.140

S067

Intervention in early psychosis - Current status and future perspectives

S. Galderisi*, D. Pietrafesa, D. Palumbo
University of Campania "Luigi Vanvitelli", department of psychiatry, Naples, Italy
* *Corresponding author.*

Introduction The delay between psychosis onset and initiation of treatment (duration of untreated psychosis, DUP) is associated with a poorer treatment response and overall functional outcome. In Europe several early detection and intervention programs have been developed to reduce the DUP and promote Phase-specific Treatments (PsTs).
Aims To review the evidence of a) the effectiveness of European Early Interventions (EEIs) in reducing DUP; b) an impact of PsTs on clinical and social outcomes; and c) EEIs cost-effectiveness.
Methods A literature search in PubMed, PsychInfo, Cochrane and individual journals through cross-referencing was performed. All European Randomized Controlled Trials (RCTs) designed to reduce DUP and/or to implement PsTs for people with first-episode psychosis were included in the review.
Results Studies examining early detection programs compared with Standard Care (SC) reported discrepant findings as to their impact on the DUP. PsTs generally reduce hospitalizations and improve service engagement when compared with SC; their impact on other clinical variables, e.g. symptomatology and social functioning, is unclear. Studies assessing EEIs cost-effectiveness in comparison with SC consistently report an advantage for EEIs in the long run.
Conclusions EEIs, as compared to SC, show several advantages that seem to result in an overall reduction in the cost of care. Therefore, the development of EEI is recommended.
On the other hand, some inconsistencies in the reported results suggest that EEIs should include psychosocial interventions targeting unmet needs of schizophrenia patients, such as cognitive dysfunction and negative symptoms.
Disclosure of interest SG received honoraria or Advisory board/consulting fees from the following companies: Lundbeck, Janssen Pharmaceuticals, Hoffman-La Roche, Angelini-Acraf, Otsuka, Pierre Fabre and Gedeon-Richter. All other authors have declared.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.141

Symposium: Childhood trauma across psychopathology: mediators and outcome in clinical samples and molecular mechanistic correlates

S068

Childhood trauma in bipolar disorders: Familial and individual mediators for predicting occurrence and outcome

B. Etain
University Paris Diderot, psychiatry and addictology, Paris, France

Childhood trauma is highly prevalent in patients with bipolar disorder (BD) and has been associated to a more severe/complex expression of the disorder. Little is known about the familial and individual factors that can mediate the occurrence of trauma within families but also influence the outcomes of BD. We will present data from two independent samples of patients with BD in order to identify the potential mediators for occurrence and severity/complexity. In a first sample of 371 patients with BD, 256 relatives and 157 healthy controls, we will show that there is a familial resemblance for emotional and physical abuses. Patients' level of physical abuse was associated with their parental levels of physical abuse, but also with their father's history of alcohol misuse ($p < 0.05$). Second, in a sub-sample of 270 normothymic patients, we have performed a path-analysis to demonstrate that emotional and physical abuses interacted with cannabis misuse to increase the frequency of psychotic features and delusional beliefs. Finally, in an independent sample of 485 euthymic patients from the FACE-BD cohort we used path-analytic models to show that emotional abuse increased all the assessed affective/impulsive dimensions ($p < 0.001$). In turn, affect intensity and attitudinal hostility were associated with high risk for suicide attempts ($p < 0.001$), whereas impulsivity was associated with a higher risk for presence of substance misuse ($p < 0.001$). These results illustrate that childhood trauma might derive from parental characteristics (own childhood trauma and psychopathology) and increase the severity/complexity of BD through individual dimensions of psychopathology.
Disclosure of interest The author has not supplied his declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.142

S069

Childhood trauma and structural and functional brain mechanisms linked to psychopathology

M. Aas
Oslo university hospital, Norment- KG Jebsen center for psychosis research- division of mental health and addiction, Oslo, Norway

Background Childhood trauma increases the risk of a range of mental disorders including psychosis. Whereas the mechanisms are unclear, previous evidence has implicated atypical processing of emotions among the core cognitive models, in particular suggesting altered attentional allocation towards negative stimuli and an increased negativity bias. Here we tested if childhood trauma was associated with differentiation in brain responses to negative and positive stimuli. We also tested if trauma was associated with emotional ratings of negative and positive faces.
Methods We included 101 patients with a DSM schizophrenia spectrum or bipolar spectrum diagnosis. History of childhood trauma was obtained using the Childhood Trauma Questionnaire (CTQ). Brain activation was measured with functional MRI during presentation of faces with negative or positive emotional expressions. After the scanner session, patients performed emotional ratings of the same faces. Structural MRI was also measured.
Results Higher levels of childhood trauma were associated with stronger differentiation in brain responses to negative compared to positive faces in clusters comprising the right angular gyrus, supramarginal gyrus, middle temporal gyrus, and the lateral occipital cortex (Cohen's d = 0.72-0.77). In patients with schizophrenia, childhood trauma was associated with reporting negative faces as more negative, and positive faces as less positive (Cohen's d > 0.8).
Conclusions Along with the observed negativity bias in the assessment of emotional valence of faces, our data suggest stronger differentiation in brain responses between negative and positive faces in patients with childhood trauma.