psychotic acute episodes, specific positive symptoms that could trigger suicide behaviors, and co-morbid substance use disorders are the most supported suicide risk factors.
Methods: A literature search was performed in the main electronic databases (Cochrane, PubMed, EMBASE, CINAHL, Thomson Reuters/Web of Science) using as keywords "suicide risk", "suicide ideation", "suicide attempts", "schizophrenia", "schizoaffective disorder", and "psychotic disorders". All papers published between 1998 and 2018 have been included in the primary analysis. Inclusion criteria: observational, interventional, randomized, single/double-blind or open trial, national registry analysis, retrospective chart analysis or outpatient recordings review; age between 18 and 65; patients diagnosed with schizophrenia, schizoaffective disorder, psychotic disorder not otherwise specified who presented at least one episode of suicidal ideation or at least one suicide attempt; use of structured methods for evaluation of the suicide risk. Exclusion criteria: unspecified trial design, case reports, case series, systematic reviews and meta-analyses, age under 18 and above 65, multiple somatic and psychiatric co-morbidities, lack of a specified instrument for suicide risk evaluation.
Results: A number of 82 papers were found after the primary search, but only 4 remained after inclusion and exclusion criteria filters were applied. These four papers were retrospective analyses based on hospital charts and outpatients' recordings analysis (n=3), and one prospective clinical trial. A total number of 17,582 patients diagnosed with schizophrenia and related disorders were included in these four papers. Higher Calgary Depression Scale for Schizophrenia (CDSS) score, anxiety, guilt, gender, age, number of previous hospitalizations, previous suicide attempts, financial or relationship losses, multiple psychiatric co-morbidities were the most reported risk factors for suicide in schizophrenia spectrum disorders.
Discussion: Patients diagnosed with schizophrenia spectrum disorders should be carefully evaluated and monitored for suicide risk. The use of structured interviews and/or validated scales for suicide ideation and behaviors may be very helpful in the early detection of patients at risk, especially in the context of communicational difficulties frequently observed in psychoses.

F58. Poster Withdrawn

F59. THE STRUCTURE OF THE PRODROMAL QUESTIONNAIRE-16 (PQ-16): EXPLORATORY AND CONFIRMATORY FACTOR ANALYSES IN A GENERAL NON-HELP-SEEKING POPULATION SAMPLE

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Background: The Prodromal Questionnaire-16 (PQ-16; Ising et al., 2012) is a measure used to screen for attenuated psychotic symptoms that may indicate the presence of the at-risk mental state. The PQ-16 has been validated for use in help-seeking populations and the structure of the measure in this population is categorized by three subscales. These are perceptual abnormalities/hallucinations subscale, the unusual thought content/paranoia subscale, and negative symptoms subscale. The present study aimed to examine the structure of the PQ-16 in a non-help-seeking population through exploratory factor analysis and a confirmatory factor analysis.
Methods: Participants (n=722) were recruited through Amazon's Mechanical Turk (MTurk) and completed the PQ-16 as part of a battery of questionnaires. For the exploratory factor analysis, the mean age of the sample was 27.93 years (SD=4.8), 55% of the sample were male, and 49% were single. The exploratory factor analysis, using principal axis factoring and oblique rotation, indicated a two-factor model was suitable for the PQ-16 in this population. Based on the current study and previous studies, three separate confirmatory factor models will be analyzed using SPSS Amos Version 25.
Results: The exploratory factor analysis indicated that there was a two-factor model suitable for this sample. Factor 1 appeared to represent perceptual abnormalities/hallucinations, while factor 2 was interpreted as general symptoms. Factor loadings indicated that items 2 & 14 of the PQ-16 did not fit into either factor and were excluded from the two-factor confirmatory factor model. Exploratory factor analysis has been completed, and confirmatory factor analysis of the PQ-16 in a similar non-help-seeking population is underway.
Discussion: The exploratory factor analysis indicated that a two-factor model is suitable for this sample (Factor 1 representing perceptual abnormalities/hallucinations; factor 2 representing general symptoms). The confirmatory factor analysis will allow us to explore what model is the best fit for the PQ-16 in this population.

F60. ADDICTIVE EFFECT OF CHILDHOOD TRAUMA AND RECENT STRESSFUL EVENTS AS PREDICTORS FOR CURRENT SUICIDE IDEATION IN SCHIZOPHRENIA

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Background: Suicide is serious health issue and frequently one of the leading causes of death around the world. Suicidal behavior has three stages—ideation, attempt and completion. Since suicide ideation (SI) predicts attempt, it is an important indicator that has been extensively investigated. Studies have found childhood trauma and various forms of stress as robust risk factors for suicide ideation and behavior. However, to our knowledge, there has not been a direct comparison of childhood trauma and stress that would determine if one has a greater effect on current SI than the other. For our study, the goal is to identify whether childhood trauma affects current ideation in people that are presently experiencing stress.
Methods: A total of 163 participants were selected from an existing schizophrenia database. All were previously interviewed and completed the Childhood Trauma Questionnaire (CTQ), the Columbia-Suicide Severity Rating Scale (CSSRS), and the Holmes and Rahe Stress Scale (HR) during a one-time cross-sectional assessment. The CSSRS was administered for scoring suicidal ideation in the last month. The CTQ was administered to assess the history of childhood trauma and HR was used to assess stressful life events in the last three months. Data analysis was performed to assess whether the presence of traumatic experiences in childhood and current stress interact in conferring risk for current suicidal ideation.
Results: There was no significant interaction (p>0.05) between childhood trauma and recent stress in conferring risk for current suicidal ideation.
Discussion: Even though, we could not prove any additive effect of childhood trauma and recent stressful events in conferring risk for current suicidal ideation in our sample, the development of predictive algorithms that combine proximal and distal stressful events can improve the assessment of psychotic patients at risk of suicide.

F61. TRIVIAL TRANSITIONS? SIPS-DEFINED CONVERSIONS TO PSYCHOSIS: ONE YEAR OUTCOME

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Background: Although the clinical high risk (CHR) for psychosis paradigm has become well-established over the past two decades, one key component has received surprisingly little direct investigative attention: the validity of the conversion to psychosis or transition criteria. This lack of evidence is surprising because many CHR treatment and prediction studies rely on the conversion measure as an outcome. In the absence of such evidence, some observers have raised the possibility that conversions from CHR may be trivial.
The aim of this study is to evaluate the predictive validity of the transition to psychosis as measured by the Structured Interview for Psychosis-Risk Syndromes (SIPS) in CHR individuals. To our knowledge, this is the first study to examine the CHR conversion to psychosis at one-year follow-up. It is hypothesized that CHR participants whose conversion to frank psychosis was ascertained by SIPS (SIPS CV) will show similar diagnostic stability and severity of illness compared to the FEP sample and will differ significantly from SIPS Non-Converters (NCV) on clinical severity.
Methods: Participants included 33 SIPS Converters (CV) (met criteria for conversion to frank psychosis (COPS) on SIPS) and 399 CHR NCV both from the North American Prodromal Longitudinal Study (NAPLS 2), as well as a sample of 67 separately-ascertained first-episode psychosis (FEP) patients from the STEP Coordinated Specialty Care (CSC) program in New Haven, CT. Comparisons using Chi-square and ANOVA were made at baseline and one-year follow-up on variables from demographic, diagnostic stability (SCID) and available measurement domains relating to severity of illness (psychotropic medication and resource utilization).
Results: The principal findings of the present study are: 1) large majority of cases in both SIPS CV (n=27/33, 81.8%) and FEP (n=57/67, 85.1%) samples continued to have current psychosis diagnoses at one year follow up, 2) exposure to antipsychotic medication was higher in SIPS CVs (n=17/32, 53.1%) compared to SIPS NCVs (n=81/397, 20.4%), and similar as compared to FEP cases (n=39/65, 60%), 3) at follow up, SIPS CV had higher rates of resource utilization (any psychiatric hospitalizations, day hospital admissions, and ER visits) than SIPS-NCV and were similar to FEP in most categories.
Discussion: The results suggest that the SIPS definition of psychosis onset carries substantial validity in that those with SIPS-defined psychosis demonstrate similar diagnostic stability and severity of illness at one-year follow as a first episode sample and greater severity of illness as compared to a SIPS-defined CHR con-converting sample. Limitations include the lack of functional assessments at follow-up in the SIPS-CV. Additional studies are needed to further validate the CHR vs transition to psychosis distinction. Since many patients who come to baseline evaluation for CHR are discovered to have previously unrecognized frank psychosis, future studies should aim to obtain additional evidence by following this important group.

F62. EVOLUTION OF ANTI-NMDA RECEPTOR ENCEPHALITIS CLINICAL FEATURES IN ADULTS

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Background: Autoimmune encephalitis is a recently discovered illness caused by antibodies against neuronal cell-surface or synaptic proteins. Of the 11 immunologically distinct varieties currently known, anti-NMDA receptor (NMDAr) encephalitis is second in frequency only to acute disseminated encephalomyelitis, which primarily affects children. Early symptoms of NMDAr encephalitis can mimic psychiatric disorders, including schizophrenia, and most patients are initially referred to a psychiatrist and misdiagnosed, further delaying treatment. Autoimmune encephalitis can develop rapidly over days or weeks, sometimes beginning with a prodrome of headache, mild hyperthermia or symptoms of a viral illness. Observed mortality rates range from 4–10%, and the recovery course is often protracted with substantial disability, but a full recovery can be achieved in 50% or more of patients with prompt and effective treatment. This study focuses on the frequency and chronological sequencing of signs and symptoms in adults with anti-NMDAr encephalitis who are likely to be evaluated first by a psychiatrist, with the aim of identifying patterns of clinical features that should prompt active consideration of this diagnosis early in the illness course.
Methods: PubMed and EMBASE databases were searched systematically to identify published reports of anti-NMDAr encephalitis that were associated with prominent behavioral or psychiatric symptoms. This search strategy was designed to any identify report in which the clinical presentation was likely to have resulted in a psychiatric evaluation, rather than those with more typical neurological presentations such as delirium. The search yielded 354 PubMed citations and 78 EMBASE citations, and additional reports were found by manually searching bibliographies of the computerized search results; 385 distinct citations remained after eliminating duplicates. The frequencies of clinical features in 7 major symptom domains were tabulated, and temporal ranks were assigned to these features based on their order of first appearance relative to one another in each patient. Median ranks were used to sequence the clinical symptom domains.
Results: A total of 230 unique cases (185 female) met inclusion criteria, which included age 19 years or older. The most frequent features were seizures (60.4%), disorientation/confusion (42.6%), orofacial dyskinesias (39.1%), mutism or staring (37.4%), dyskinesias involving other body parts (36.1%), and memory disturbance (34.8%). Auditory hallucinations were common but often atypical for psychiatric disorders. Median temporal ranks for symptom domains indicated the following temporal sequence: behavioral/psychiatric, fever, seizures, catatonic features, cognitive dysfunction, motor dysfunction (including dyskinesias), and autonomic dysfunction.
Discussion: Anti-NMDAr encephalitis is uncommon, but every psychiatrist is likely to encounter these patients in clinical practice. Prompt and effective treatment is associated with much better outcomes, so early recognition is crucial. The best strategy for recognizing this disorder is to have a high index of suspicion when an individual develops new psychiatric symptoms in the context of a recent viral prodrome (malaise, headache, loss of appetite), when accompanied by seizures or unexplained fever, or when the quality of the psychiatric symptoms is unusual (e.g., non-verbal auditory hallucinations). Orofacial dyskinesias are distinctive for this disorder, but this feature often emerges relatively late, so relying on its presence to make a diagnosis may lead to unnecessary treatment delays.

F63. INHIBITED TEMPERAMENT IS A TRANSDIAGNOSTIC FACTOR ACROSS SCHIZOPHRENIA, PSYCHOTIC BIPOLAR DISORDER, AND MAJOR DEPRESSIVE DISORDER

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Background: Diagnostic categories are a fundamental piece of psychiatric disorders; however, a patient's symptoms and behaviors seldom fit under

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