Objectives The objectives were to investigate how this research tool can be implemented for detecting suicide risk in depressed patients.
Aims The aims were to find a base for the objective test of electrodermal reactivity to be used as support in suicidal risk assessments in depressed patients.
Methods More than ten published studies on electrodermal hyporeactivity and suicide were reviewed subsequent to the application of an untraditional statistical approach. Gender, age, subdiagnoses and depressive depth were considered. All subjects were tested in a habituation experiment of the electrodermal response to a moderately strong tone stimulus.
Results The percentage of electrodermally hyporeactive depressed patients who later committed suicide was 86–97%. The percentage of electrodermally reactive patients that did not commit suicide was 96–98%. Hyporeactivity seems to be stable in at least 1–2 years in remission.
Conclusions It was considered favorable to test for hyporeactivity as early as possible, i.e. already in the primary care. That enables right treatment of right patients very early. The number of referrals to psychiatric specialists could be expected to decrease. Possible causes of hyporeactivity begin to be revealed, giving ideas of several treatment approaches.
Disclosure of interest The author has not supplied his declaration of competing interest.

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The assessment of negative symptoms: Achievements and perspectives

W43

Self-assessment instruments: Development and validation

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Introduction Negative symptoms are found in many patients with schizophrenia, but their assessment remains delicate. Standardized assessments are therefore needed to facilitate their identification. Many tools have been developed but most of them are assessments based on observer rating. Nevertheless, patient subjective evaluation can provide an additional outcome measure and allow patients to be more engaged in their treatment. Therefore, the aim of this study is to present past and recent tools assessing the subjective experience of negative symptoms; we will particularly focus on a novel tool, the Self-evaluation of Negative Symptoms (SNS).
Methods Forty-nine patients with schizophrenia and schizoaffective disorders (DSMIV) were evaluated in order to demonstrate three components of the scale's validity: face and content validities and reliability.
Results Cronbach's coefficient showed good internal consistency. Factor analysis extracted 2 factors (apathy and emotional). SNS was significantly correlated with the Scale of Assessment of Negative Symptoms and the Clinician Global Impression on severity of negative symptoms supporting good convergent validity. SNS scores were not correlated with level of insight, Parkinsonism, or with BPRS positive sub-scores in favor of good discriminant validity. Intra-subject reliability of SNS revealed excellent intraclass correlation coefficients.
Conclusion This study shows good psychometric properties of SNS as well as quite satisfactory acceptance by patients. It also demonstrates the ability of patients with schizophrenia to accurately report their own experience. Self-assessments of negative symptoms should be used more in clinical practice since they might allow patients with schizophrenia to develop appropriate coping strategies.
Disclosure of interest The author has not supplied his declaration of competing interest.

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W44

Evolution of negative symptom assessment instruments

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In this talk we will review the psychometric evolution of available instruments for assessing the negative syndrome of schizophrenia, describing their strengths and weaknesses.
Current instruments were classified into two categories according to their content validity and assessment approach as first- or second-generation instruments. The BPRS, SANS, the SENS and the PANSS belong to the first generation while the BNSS, the CAINS and the MAP-SR belong to the second generation. The NSA can be considered a transitional instrument between the two. First-generation instruments have more content validity problems than second-generation instruments do, as they do not accurately reflect the currently accepted negative syndrome (they do not include all negative symptoms and signs or they include symptoms from other dimensions). They also have more problems relative to the use of behavioral referents instead of internal experiences of deficits when assessing symptoms, which may lead to measuring functioning instead of negative symptoms.
Further research needs to be done in this area in order to ensure the evaluation of primary negative symptoms and internal experiences involved in negative symptoms rather than external behaviors.
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W45

Assessment of negative symptoms beyond schizophrenia

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Introduction Negative symptoms have long been recognized as a hallmark of schizophrenia. Newer evidence suggests that negative symptoms can be observed in persons with other disorders or even in non-clinical populations. However, most negative symptom scales are designed to identify clinically relevant symptoms, which might lead to underappreciation of subclinical symptom expression.
Objectives The aim of the present study was to establish distributional properties of well-established negative symptom scales in comparison with the newly developed Zurich Negative Symptom Scale, which employs a fully dimensional and continuous approach.
Methods We included participants with established schizophrenia ($n = 65$), first-episode psychosis ($n = 25$), schizotypal personality traits ($n = 29$) and remitted bipolar disorder ($n = 20$). Assessment of negative symptoms was conducted with the Zurich Negative Symptom Scale and compared to establish rating scales.
Results In this broad sample, measurement of negative symptoms with established negative symptom scales lead to a highly skewed distribution. In other words, established negative symptom scales were able to identify negative symptoms in some participants in the non-schizophrenia spectrum, but a differentiation of negative symptom severity in the subclinical range was not possible. In contrast, the distribution of negative symptoms measured with the Zurich Negative Symptom scale approached normality.