

**Conclusions** Negative symptoms can be observed outside the schizophrenia diagnosis. However, in order to fully explore the continuity of negative symptoms, measurement instruments need to be designed to cover the full range of symptomatology starting at a subclinical level. We propose the newly developed Zurich Negative Symptom Scale as a useful tool in this respect.

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#### W46

### The second-generation assessment scales: Brief negative symptom scale and clinical assessment interview for negative symptoms

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The construct of negative symptoms has undergone significant changes since the introduction of first generation assessment scales, such as the Scale for the Assessment of Negative Symptoms or the Positive and Negative Syndrome Scale. Blunted affect, Alogia, Asociality, Anhedonia and Avolition are largely recognized as valid domains of the negative symptoms construct.

Among the new assessment instruments, both the Brief Negative Symptom Scale (BNSS) and the Clinical Assessment Interview for Negative Symptoms (CAINS) are considered adequate in their coverage of the negative symptoms domains. They include the assessment of both behavior and internal experience for Anhedonia, Asociality and Avolition to avoid overlap with functional outcome measures, as well as consummatory and anticipatory components of anhedonia with an emphasis on the internal experience of pleasure.

Strengths and limitations of these new assessment instruments will be reviewed in the light of some existing challenges, such as the distinction between primary and secondary negative symptoms and development of innovative treatments.

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### The impact of societal forces on the mental health of LGBT populations across cultures

#### W47

### LGBT adolescents in America: Depression, discrimination and suicide

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**Introduction** The mental health of Adolescents in America is a major concern for the field of psychiatry. In particular, Lesbian, Gay, Bisexual and Transgender (LGBT) adolescents are at higher risk of adverse mental health outcomes. This is largely attributed to "minority stress" and from outright bullying and discrimination. In this presentation, this link between bullying and depression will be explored.

**Objectives** By the end of this presentation, the audience will be able to better understand the link between anti-LGBT bullying and mental illness and identify the ways to help their patients.

**Methods** This presentation is informed by a literature search from PubMed In addition, it is informed by a symposium previously done at the American Psychiatric Association (APA) annual meeting in 2014.

**Results** There is clear evidence in the literature that bullying of LGBT adolescents is pervasive. In addition, LGBT people are more likely to be depressed than their heterosexual counterparts. This combination has led to 4-5 times higher rates of attempted suicide by LGBT adolescents. Having Gay-Straight Alliances in schools, supportive teachers and school administrators, and broader anti-discrimination legislation has a protective effect on this.

**Conclusion** LGBT adolescents are exposed to more stress by being a minority in society and by being explicitly bullied and discriminated against. This can lead to depression in some of these adolescents, and can also lead to suicide in the most vulnerable among them. There are proven ways to reduce these risks, and psychiatrists have a role to play in advocating for these reforms.

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#### W48

### Cultural variations in LGBT issues

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Culturally determined gender roles influence relationships between different-sex partners, and cultural values affect attitudes towards sexual variation. LGBT patients face stigma, discrimination and prejudice and have specific issues related to a number of factors, in addition to the nature of sexuality. These factors affect help-seeking and also cause delays in pathways to care. In specific instances, gay, lesbian and transgender individuals show higher than expected levels of psychopathology. The clinician's attitudes affect therapeutic adherence and therapeutic alliance. LGBT patients may also have specific issues related to "coming out" and this may influence their relationships directly and indirectly. Furthermore, they may experience a reluctance to share their sexual orientation. Matching of therapists may offer one way forward but this is not always possible, and may not work due to a number of reasons.

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#### W49

### HIV pre-exposure prophylaxis (PrEP) and treatment as prevention (TasP): What mental health providers should know

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Pharmacologic methods of treating and preventing HIV have advanced tremendously in recent years. Understandings of HIV risk and recommendations for risk-reduction strategies have also changed substantially. A majority of new cases of HIV in many developed countries are now acquired through sex with long-term partners who are unaware of their HIV-positive status, rather than from casual or anonymous sexual encounters. Persons with bipolar disorder and substance use disorders are at particularly high risk. Mental health providers who work with LGBT persons and other populations at higher risk for HIV need to understand strategies their patients are using for HIV risk reduction, and to refer appropriate patients for consideration for pre-exposure prophylaxis (PrEP). PrEP is the daily use of an antiretroviral (ARV) medication for

prevention of HIV infection in higher-risk individuals. The United States approved tenofovir + emtricitabine for PrEP in 2012; this is under review in several European countries, Canada, and Australia, and is already prescribed off-label in many. Additionally, studies have shown that treatment with ARV medications to an “undetectable viral load” greatly reduces the risk of further transmission by persons already infected with HIV, called “treatment as prevention” (TasP). As of September 2015, WHO recommends early ARV treatment for all persons with HIV, and consideration of PrEP for men who have sex with men. This paper reviews findings from the PrEP studies (especially iPrEx, iPrEx Ole, IPERGAY, and PROUD) and TasP, and looks at their impact on LGBT and HIV+ communities, with relevance for mental health providers.

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## W50

### The association of bullying with suicide ideation and attempt among adolescents with different dimensions of sexual orientation

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*Introduction* Sexual minority youth are at increased risk for bullying and suicide, but they are heterogeneous in their sexual orientation dimensions (attraction, behavior and identity).

*Objective* To compare the association of bullying and suicide parameters between (1) heterosexually identified students without same-sex attractions or behaviors (2) heterosexually identified students with same-sex attractions or behaviors and (3) non-heterosexually identified students.

*Methods* The Quebec Youth Risk Behavior Survey was a self-report questionnaire given to 1852 students 14–18 years old.

*Results* The heterosexually identified students without same-sex attraction or behavior, and no bullying, was our reference group. When these students had bullying, the likelihood of suicidal ideation was double, but their likelihood of suicide attempts was the same. For non-heterosexually identified students, those with no bullying were twice as likely, and those with bullying were four times as likely to have suicidal ideation. When these students had no bullying, they were not more likely to have suicide attempts, but they were almost three times as likely when they had bullying. Heterosexually identified students with same-sex attraction or behavior were never more likely on any of the suicide measures.

*Conclusion* This study was the first to show that adolescents with a non-heterosexual identity will have a disproportionately greater likelihood in their suicide parameters when subject to bullying, than heterosexually identified students with or without same-sex attraction or behavior, suggesting that these latter two dimensions were non-contributory to suicide risk. The significance of identity as a predictor of suicidal ideation and behavior will be discussed.

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