Executive Summary

Meeting Attendance:

- Attendance at the 2012 Biennial Conference increased by approximately 100 participants from the 2010 Biennial Conference. There were 1,616 attendees represented from 54 countries compared to 1,504 attendees from 54 countries in 2010.
- Student attendance at the 2012 Conference was approximately 22% of total attendance, up from 18% at the 2010 Biennial Meeting.
- There was an increase in attendees from Brazil in 2012, 29 attendees compared to 10 attendees in 2010. The Society hosted the first regional meeting in Brazil in August 2011.
- Attendees from China in 2012 increased to 41 from 13 at the 2010 Biennial Meeting.
- Saturday featured an Italian symposia session and Family Forum resulting in an increase in attendees from the country to 68 in 2012 compared to 35 in 2010.
- Attendance from Belgium, Greece, Lebanon and Spain decreased in 2012 compared to attendance from these countries at the 2010 Biennial conference.

Conference Evaluation Results

The Conference Evaluation form included 38 questions:

- 14 relating to scientific content
- 6 relating to the performance of the speakers
- 2 relating to off-label or investigational use of drugs

- 7 relating to the impact of the meeting in terms of changing the way the respondent practices.
- 9 questions relating to meeting administration and logistics

This year we had 424 respondents to the evaluation. Of the 424 completed evaluations, 82 respondents, 19% requested CME credits credits. There were 39 applications for ACCME and 43 applications for EACCME credits.

Respondents to the conference evaluation were given possible responses of a 5 point scale, 5 = strongly agree, 1 = strongly disagree. Other questions were "yes", "no" or "not applicable". We have added the two ratings together and reported these as percentages of the total responses for each item with each attendee group.

- Of the questions regarding the conference learning objectives, the items with the most favorable responses (90% responded either "strongly agree" or "agree") to two questions, "I can describe and discuss the status of genetics findings and how they can be incorporated into strategies for managing patients with schizophrenia" and "I can describe and discuss strategies for determining an approach to manage patients with schizophrenia."
- The item with the lowest rating (53% responded either "strongly agree" or "agree" to the question, "I can describe and discuss methods to advance the clinical application of genetic research in schizophrenia."
- The responses to items on speaker performance ranged from 84% - 94% with "strongly agree" or "agree."
- Of the responses, 93% stated they were informed about potential conflicts of interest of the speakers.
- The statement, "Provided information that helped me understand the topics" received a 94% response of "strongly agree" or "agree."
- The statement, "Provided a well-balanced presentation, supported by scientific information, and a fair description of all therapeutic options," was ranked the lowest of the 5 questions on speaker performance at 84%.
- 44% respondents indicated they would change the way they manage their patients or research after attending this meeting.
- 80% of respondents ranked the Schizophrenia International Research Society Conference "clearly superior" or "better than most conferences".
- Comments about the meeting content, general comments and suggestions for future topics and speakers are included in Section 2.

Session Counts

Attendance was taken during plenary sessions, symposia sessions, evening workshops and oral presentations. A summary of the average at the attendance of each symposium may be found in Section 3. Symposia sessions in the afternoon on Sunday, Monday and Tuesday were well attended. The most popular symposia sessions were:

- *Is Schizophrenia a Unique Illness of the Brain, or the More Sever Part of a Spectrum of Psychopathology?*, chaired by Michael Davidson and co-chaired by Mark Weiser
- *Progressive Changes in Brain Structure and Function in Psychosis,* chaired by Philip McGuire and co-chaired by Christos Pantelis
- *Recent Directions in the Treatment of Early-Onset Psychoses,* chaired by Celso Arango and co-chaired by Christoph Correll
- *Neural Network Changes in Schizophrenia: Evidence for Dysconnectivity in the Brain,* chaired by Hilleke Hulshoff Poll and co-chaired by Andreas Meyer-Lindenberg
- *The Effects of Psychopharmacologic Treatment on the Brain in Schizophrenia* chaired by Lynn DeLisi and co-chaired by Evan Meisenzahl.

Evening workshops were offered at the 2012 Biennial meeting for the first time. The evening workshops were well attended overall with an average of 97 attendees. The most popular workshops were:

- *Treatment Options for Refractory Positive and Negative Symptoms in Schizophrenia,* chaired by Stefan Leucht and co-chaired by Georgios Petrides
- *Relapse prevention in Schizophrenia: An Update on Preclinical Data, Pharmacological and Psychotherapeutic Options,* chaired by Stefan Leucht and co-chaired by Christoph Correll

Oral sessions were also well attended. The most popular oral session was *Treatments.*

Registration Category	2008 Registrants	2010 Registrants	2012 Registrants
Waived Speaker/Corporate	47	234	222
New Member	228	171	91
2011 and 2012 Member	n/a	n/a	150
New Student Member	222	267	51
2011 and 2012 Student Member	n/a	n/a	30
Non Member Delegate	950	818	781
Student Non Member	n/a	n/a	277
Daily Registrations	n/a	14	14
Total	***1447***	***1504***	***1616***

Biennial Conference Attendance by Geographical Distribution

Country	YR 2008	YR 2010	YR 2012
Argentina	1	3	4
Armenia	0	1	0
Australia	64	83	85
Austria	11	11	8
Azerbaijan	0	0	2
Belgium	66	66	32
Brazil	2	10	29
Bulgaria	12	9	3
Cameroon	0	0	1
Canada	47	56	56
Chile	0	1	1
China	0	13	41
Colombia	0	1	0
Croatia	0	1	1
Czech Republic	11	7	24
Denmark	33	59	49
Egypt	1	0	0
Estonia	0	2	3
Finland	5	18	28
France	52	45	32
Germany	64	66	64
Greece	81	29	3
Hong Kong	0	1	11
Hungary	7	18	19
India	1	3	6
Indonesia	0	1	1
Iran	0	0	2
Ireland	20	23	28
Israel	17	21	15
Italy	34	35	68
Japan	33	61	55
Korea, Republic Of	0	20	27
Korea, South	17	0	6
Latvia	0	0	4
Lebanon	0	16	0
Lithuania	20	8	17
Luxembourg	1	0	0
Malaysia	0	1	1
Malta	5	0	0
Mexico	1	9	14
Nepal	0	1	0
Netherlands	93	132	156
New Zealand	3	3	6
Nigeria	0	1	1

Country	YR 2008	YR 2010	YR 2012
Norway	4	18	16
Poland	2	7	19
Portugal	65	36	23
Qatar	0	1	0
Romania	4	10	0
Russian Federation	7	3	5
Scotland	1	0	0
Serbia and Montenegro	0	1	4
Singapore	4	1	4
Slovakia	8	1	6
Slovenia	0	0	3
South Africa	3	2	5
Spain	276	129	99
Sweden	4	23	48
Switzerland	15	40	65
Taiwan	5	3	5
Tunisia	0	2	0
Turkey	36	36	14
United Kingdom	132	145	168
USA	179	204	229
TOTAL:	**1447**	**1497**	**1616**
	43 Countries	**54 Countries**	**54 Countries**

2012 Room Counts

Saturday, 14 April

SPECIAL SESSIONS:

The Italian Research Experience Concerning First Episode Psychotic Patients
Count: 135 **10:00 AM – 12:30 PM**
Chair: Paul Fearon
Co-Chair: Alessandro Bertolino

Family Forum **2:00 PM – 4:30 PM**
Count: 130
Co-chairs: Lynn E. DeLisi and Alice Mulè

KEYNOTE LECTURE:

Mental Health Research: New Charity, New Strategy, New Science
Count: 450 **6:00 PM – 7:00 PM**
Philip Campbell

Sunday, 15 April

PLENARY SESSION:

Psychological and Social Treatments
Count: 610 **8:30AM - 10:30 AM**
Chair: Shitij Kapur
Co-Chair: Dawn Velligan

Neuroimaging and Cognitive Rehabilitation; A Hypothesis Based on the Evidence for Progressive Brain Changes in Schizophrenia
Christos Pantelis

Metacognitive Training in Schizophrenia Patients (MCT)
Steffen Moritz

Cognitive Behavior Therapy for Positive and Negative Symptoms
Douglas Turkington

Social Cognition Schizophrenia: Rationale and Strategies for Training Intervention
Michael Green

SYMPOSIA SESSIONS:

The Abnormal Life of the D2 Receptor in Schizophrenia
Count: 160 **2:00 PM – 4:00 PM**
Chair: Anissa Abi-Dargham
Co-Chair: Anil Malhotra

D2 and DA Release in Comorbid Dependence and Schizophrenia
Anissa Abi-Dargham

Striatal D2 Receptros regulate Dendritic Morphology of Striatal Neurons via Kir@ Channels
Christoph Kellendonck

The Association of DRD2 with Prefrontal Activity as Modulated by Pharmacologic D2 Receptor Stimulation and Genetic Variation of GSK3b
Alessandro Bertolino

Dopamine Receptor Genetic Variation and Antipsychotic Drug Response
Anil Malhotra

Discussant
Robin Murray

Immune Response in Schizophrenia: Host-Environment Interactions
Count: 116 **2:00 PM – 4:00 PM**
Chair: Nicola Cascella
Co-Chair: Akira Sawa

Is Maternal Influenza Specific to Schizophrenia among Offspring Outcomes?
Alan Brown

Antibodies to Retroviruses in Recent Onset Psychosis and Multi-Episode Schizophrenia
Faith Dickerson

DISC1 Is Involved in Innate Immune Response in the Brain
Michael Pletnikov

Microglia and the Complement Cascade: Shaping Neural Circuits in the Developing Brain
Dorothy Schafer

Increased Prevalence of Transglutaminase 6 Antibodies in Sera from Schizophrenia Patients
Nicola Cascella

Discussant
Akira Sawa

Convergent Evidence Linking Advanced Paternal Age and Neurodevelopmental Disorders
Count: 63 **2:00 PM – 4:00 PM**
Chair: John McGrath
Co-Chair: Dolores Malaspina

Advanced Paternal Age Contributes to a Specific Subtype of Schizophrenia
Dolores Malaspina

Advanced Paternal and Grandpaternal Age as a Risk Factor for Psychiatric Disorders
Christina M. Hultman

Increased De Novo Copy Number Variants in the Offspring of Older Males
John J. McGrath

Paternal Age Effect and Selfish Mutations
Anne Goriely

Discussant
Avi Reichenberg

Long Acting Injectable Antipsychotic Medications in Schizophrenia: Do Recent Studies Change our Understanding of the Role in our Treatment Armamentarium?
Count: 178 **2:00 PM – 4:00 PM**
Chair: Nina Schooler
Co-chair: John Kane

New Results Alter Balance of Evidence in Meta-analysis of Long-Acting Injectables vs. Oral Antipsychotics in Schizophrenia
Taishiro Kishimoto

An Open, Randomized, Controlled Comparison of Long-acting Injectable Risperidone vs. Oral Olanzapine in Schizophrenia & Schizoaffective Disorder
Nicholas A. Keks

Relapse Prevention with Risperidone Long-Acting Injectable vs. Oral Quetiapine. Results of an Open-label RCT
Wolfgang Gaebel

PROACTIVE: Initial results of an RCT Comparing Long-Acting Injectable Risperidone to 2nd Generation Oral Antipsychotics
Nina R. Schooler

Discussant
Donald C. Goff

Hormonal Influences in Schizophrenia: Key in the Mechanism of Illness or an Illusory Correlatio
Count: 70 **2:00 PM – 4:00 PM**
Chair: Thomas Weickert
Co-Chair: Maarten van den Buuse

Oestrogens and Schizophrenia
Anita Reocher-Rossler

The Paradox of Testosterone Signaling in Males with Schizophrenia
Cynthia S. Weickert

Sex Differences and Role of Oestrogen and Testosterone in Animal Models of Schizophrenia: Interaction with NMDA Receptors
Maarten van den Buuse

Genetic and Molecular Mechanisms of Prosocial Neuropeptides in Human Brain - Implications for Schizophrenia Treatment
Andreas Meyer-Lindenberg

Discussant
Sven Mueller

Is Schizophrenia a Unique Illness of the Brain or the more Sever Part of a Spectrum of Psychopathology?
Count: 251 **2:00 PM – 4:00 PM**
Chair: Michael Davidson
Co-Chair: Mark Weiser

Non-Specificity of Risk Factors for Schizophrenia: Population-Based Studies
Mark Weiser

*Brain Changes in Schizophrenia and Bipolar Disorder: Is there a Genetic Overlap***?**
Rene Kahn

Similarities in the Gene and Protein Expression Substrates of Schizophrenia and Bipolar Disorder
Vahram Haroutunian
Schizophrenia and Bipolar Disorder Genetics: Overlapping and Distinguishing Features
Michael O'Donovan

Discussant
Jim Van Os

Intervening in People At-Risk of Psychosis: What is the Evidence?
Count: 130 **4:15 PM – 6:15 PM**
Chair: Patrick McGorry
Co-Chair: Andreas Bechdolf

Early Detection and Intervention Evaluation for People At-Risk of Psychosis
Anthony P. Morrison

The Results of a Specific CBT Intervention in Young Help-Seeking Patients with Social Decline and an Ultra-High Risk for Developing a First Episode of Psychosis
Mark Van der Gaag

Randomized Controlled Trial of Interventions for Young People at Ultra-High Risk of Psychosis: 12-Month Outcome
Patrick D. McGorry

Rationale and Baseline Characteristics of PREVENT: A Second Generation Intervention Trial in Subjects At-Risk (prodromal) of Developing First Episode Psychosis Evaluating Cognitive Behaviour Therapy, Aripiprazole and Placebo for the Prevention of Psychosis
Andreas Bechdolf

How Effective are Omega-3 Fatty Acids for the Treatment of the Psychosis Prodrome?
Paul G. Amminger

Discussant
Jim Van Os

Progressive Changes in Brain Structure and Function in Psychosis
Count: 241 **4:15 PM – 6:15 PM**
Chair: Philip McGuire
Co-Chair: Christos Pantelis

Changes in Brain Structure Before and After the Onset of Psychosis - Evidence from Meta-Analyses and a Proposed New Multi-Centre Longitudinal Study
Matthew J. Kempton

Neurochemical Abnormalities in Schizophrenia and Progressive Changes from the Prodrome to the Onset of the First Psychotic Episode
Oliver D. Howes

Progressive Structural and Functional Brain Changes in Individuals with an At-Risk Mental State of Psychosis
Stefan J. Borgwardt

Progressive Changes in Brain Structure in Schizophrenia – Clinical Outcome, Medication and Heritability
Rene S. Kahn

Discussant
Lynn E. DeLisi

Cellular Trafficking in Schizophrenia: Is it Important?
Count: 56 **4:15 PM – 6:15 PM**
Chair: David Cotter
Co-Chair: Jim Meador-Woodruff

Plastic Modulation of Neurotransmission by Endocytic Sorting of Synaptic Vesicle Proteins
Volker Haucke

Clathrin-Mediated-Endocytosis and Clathrin-Dependent Membrane and Protein Trafficking; Core Pathophysiological Processes in Schizophrenia and Bipolar Disorder?
David R. Cotter

Altered Intracellular Trafficking of NR1 Subunit in Schizophrenia
Chang-Gyu Hahn

Decreased S-Palmitoylation of Proteins as a Potential Mechanism for Abnormal Receptor Trafficking in Frontal Cortex in Schizophrenia
James Meador-Woodruff

Discussant
William G. Honer

Understanding the Path to Better Functioning in Schizophrenia
Count: 195 **4:15 PM – 6:15 PM**
Chair: Steve Marder
Co-Chair: Elyn Saks

High Achieving Individuals with Schizophrenia: Techniques Developed to Manage Symptoms
Elyn R. Saks

"Superphrenia"? The Epidemiological, Neuropsychological and Clinical Characteristics of Schizophrenia with Superior Intellectual Functioning
James MacCabe

Maximizing Successful Return to School or Work after an Initial Episode of Schizophrenia
Keith Nuechterlein

Predictors of Good Functional Outcome in Early Psychosis
Jean Addington

Discussant
Shôn Lewis

Psychosis – From Epidemiology to Mechanisms
Count: 95 **4:15 PM – 6:15 PM**
Chair: Wim Veling
Co-Chair: Peter Jones

Neural Mechanisms Mediating Urbanicity and Migration Risk
Andreas Meyer-Lindenberg

Virtual Reality in Psychosis: Experiments with Social Risk Environments
Wim Veling

Psychotic Reactivity to Stress: A Combined PET – ESM Approach
Inez Myin-Germeys

Is the Epigenetic Machinery Involved in Mediating the Effects of Stress and Childhood Trauma on Negative Affect and Psychosis?
Bart Rutten

Discussant
John McGrath

SPECIAL SESSION:

Basic Science Special Session
Count: 105 **4:15 PM – 6:15 PM**
Chair: John Waddington

The Psychobiology of Environmental Enrichment and 'Brain Reserve' in Genetic Mouse Models of Schizophrenia
Anthony Hannan

Bridging Epidemiology and Rodent Models: Maternal Inflammation and Psychobiology of Offspring
Urs Meyer

MRI as a Translational Tool in Mouse Models of Neurodevelopmental Disorder
Grainne McAlonan

The Enduring Challenge of Modeling the Negative Symptoms of Schizophrenia in Animals
Jared Young

WORKSHOPS:

How Early and Late Social Environment Shapes Risk
Count: 49 **6:30 PM – 8:30 PM**
Chair: Marta Di Forti
Co-Chair: Helen Fisher

Effect of Childhood Abuse on Cognitive Function in First-Episode Psychosis Patients and Community Controls
Lucia Sideli

Prevalence of Bullying amongst First-Episode Psychosis Patients and Unaffected Controls
Antonella Trotta

Cannabis using First Episode Psychosis (FEP) have Normal Pre-morbid IQ
Laura Ferraro

Cannabis Use and Age of Onset in First Episode of Psychosis: a Gender Issue?
Fabio Allegri
Discussant
Ilaria Tarricone

Homicide and Schizophrenia
Count: 77 **6:30 PM – 8:30 PM**
Chair: Anthony Harris
Co-Chair: Vaughan Carr

Homicide in First Episode Psychosis
Olav B. Nielssen

Homicide in Schizophrenia and Total Homicide
Matthew M. Large

Homicide after Discharge from Psychiatric Hospitals
Seena Fazel

Homicide Recidivism in Schizophrenia
Matthew M. Large

Stranger Homicide in Schizophrenia
Olav B. Nielssen

Discussant
John McGrath

Treatment Options for Refractory Positive and Negative Symptoms in Schizophrenia
Count: 221 **6:30 PM – 8:30 PM**
Chair: Stephan Leucht
Co-Chair: Georgios Petrides

Pharmacological Augmentation Strategies for Schizophrenia Patients with Insufficient Response to Clozapine
Stefan Leucht

Cognitive Behavioural Therapy (CBTp) for Psychosis - New Developments
Elizabeth Kuipers

Possibilities and impossibilities of TMS for the treatment of hallucinations
Iris Sommer

New Approaches with Glutamatergic Agents and Folate
Don Goff

Electroconvulsive Therapy (ECT) for Medication Resistant Schizophrenia
Georgios Petrides

Discussant
Wolfgang Fleischhacker

Cannabis and Psychosis – the State of the Art
Count: 96 **6:30 PM – 8:30 PM**
Chair: Philip McGuire
Co-Chair: Jim van Os

Cannabis, CNS Rhythms & Positive Psychotic Symptoms
Paul Morrison

The Effects of Delta-9-Tetrahydrocannabinol and Cannabidiol on Brain Function in Man
Sagnik Bhattacharyya

The Paradox of Cannabis Sativa: The Plant That Can Induce Psychotic Symptoms and Also Treat Them
Jose A. Crippa

A Twin Study on Abnormalities of Endocannabinoid Functioning in Schizophrenia and Bipolar Disorder
F. Markus Leweke

Discussant
Shitij Kapur

Monday, 16 April

PLENARY SESSION:

Genetics
Count: 520 **8:30AM – 12:00 PM**
Chair: Jim van Os
Co-Chair: Lynn E. DeLisi

Genetics of Schizophrenia: Past Results and Future Approaches
William Byerley

The Genetic Architecture of Schizophrenia: New Mutations and Emerging Paradigms
Maria Karayiorgou

Gene-Environment Interaction in Psychosis
Robin Murray

Reactivity Phenotypes for Genetics Studies
Inez Myin-Germeys

SYMPOSIA SESSIONS:

Genetic and Non-Genetic Factors Underlying Sensitivity to Cannabis-Induced Psychosis
Count: 128 **2:00 PM – 4:00 PM**
Chair: Robin M. Murray
Co-Chair: Deepak Cyril D'Souza

Cannabis and Psychosis: Is the Association Moderated by Environmental Risk Factors?
Rebecca Kuepper

Genetic Moderation of the Psychotomimetic and Amnestic Effects of Delta-9-Tetrahydrocannabinol in the Laboratory
Deepak Cyril D'Souza

The AKT1 (rs2494732) Genotype Moderates the Risk of Psychotic Disorders in Cannabis Users
Marta Di Forti

Combined Effects of COMT and AKT1 Moderate Risk for Cannabis-Induced Psychotic Disorder: Evidence from Two Large, Independent Samples
Ruud van Winkel

Discussant
Paul Morrison

Neural Network Changes in Schizophrenia: Evidence for Dysconnectivity in the Brain
Count: 232 **2:00 PM – 4:00 PM**
Chair: Hilleke Hulshoff Pol
Co-Chair: Andreas Meyer-Lindenberg

The Human Connectome: A Complex Network
Olaf Sporns

Economical Network Models of the Connectome in Schizophrenia
Edward Bullmore

Imaging Connectomics and Schizophrenia
Alex Fornito

On Brain Networks and Cognition
Martijn Van den Heuvel

Recent Directions in the Treatment of Early-Onset Psychoses
Count: 229 **2:00 PM – 4:00 PM**
Chair: Celso Arango
Co-Chair: Christoph Correll

One Year Follow-Up Longitudinal Study with a Large Sample of Antipsychotic-Naïve Children and Adolescents Exposed to Antipsychotics
Celso Arango

Efficacy and Safety of Antipsychotics in Early-Onset Schizophrenia: A Meta-Analysis of Randomized Controlled Trials
Cristoph Correll

Safety and Tolerability of Different Antipsychotics and Use of Clozapine in Early Onset Schizophrenia
Sanjiv Kumra

Neuroplasticity-Based Cognitive Training in Ultra-High Risk Adolescents and Recent Onset Patients with Schizophrenia
Sophia Vinogradov

Discussant
Carmen Moreno

Risk Factors and Prevention of Psychosis: New NAPLS 2 Data
Count: 152 **2:00 PM – 4:00 PM**
Chair: Barbara Cornblatt
Co-Chair: Jean Addington

Altered Functional and Structural Brain Developmental Trajectories in Youth at Clinical Risk for Psychosis
Tyrone D. Cannon

Neurophysiological Abnormalities during Stimulus Processing in Youth at Clinical High Risk for Psychosis: An Interim Analysis of the NAPLS Data
Daniel Mathalon

Neuropsychology of the Prodrome to Psychosis in the NAPLS 2 Consortium: Relationship to Family History and Conversion to Psychosis
Larry J. Seidman

Clinical and Social Risk Factors and Conversion in Young People at Clinical High Risk for Psychosis
Jean Addington

Social and Role Functioning as Predictors of Psychosis and Disability
Barbara A. Cornblatt

Discussant
Stephan Ruhrmann

Dual Process Theory: Automatic and Controlled Processes and their Implications for Psychosocial Treatment Development
Count: 138 **2:00 PM – 4:00 PM**
Chair: Dawn Velligan
Co-Chair: Til Wykes

Automatic and Controlled Processes in Social Cognition Training
David Roberts

Integrated Neurocognitive Therapy (INT): How does the Integration of Automatic and Controlled Approaches Work?
Daniel R. Mueller

Cognitive Behavior Therapy for Positive and Negative Symptoms of Schizophrenia
Douglas Turkington

Cognitive Adaptation Training: Targeted Use of Automatic and Controlled Processes to Improve Functional Outcomes
Dawn I. Velligan

Discussant
Morris Bell

Multimodal Neuroimaging of Prodromal Psychosis
Count: 104 **2:00 PM – 4:00 PM**
Chair: Paulo Fusar-Poli
Co-Chair: Stefan Borgwardt

The Relationship Between Structural, Functional and Effective Connectivity in Subjects of High Genetic Risk in Schizophrenia
Stephen Lawrie

Cortical and Subcortical Function in People at High Clinical Risk of Psychosis: Multimodal Imaging Findings
Chris Chaddock

Elucidating Multimodal Biomarkers of the At-Risk Mental State and the Prodromal Phase of Psychosis Using Pattern Recognition Methods
Nikos Koutsouleris

Thalamic Glutamate Levels as a Predictor of Cortical Response During Executive Functioning in Subjects at High Risk for Psychosis
Paolo Fusar-Poli

Different Duration of At-risk Mental State associated with Structural and Neurofunctional Abnormalities – A Multimodal Imaging Study
Stefan Borgwardt
Discussant
Philip McGuire

Schizophrenia: A Clinical Disorder being Shattered into Many Molecular Entities?
Count: 95 **4:15 PM – 6:15 PM**
Chair: Aiden Corvin
Co-Chair: David Porteous

Next Generation Sequencing of the DISC1 Locus in Major Mental Illness and Cognition
David Porteous

Investigating CNVs in Schizophrenia
Dan Rujescu

Family Studies of Cognitive Disorders
Dick McCombie

Exome Sequencing in Schizophrenia to Map Disease Variants, Genes and Networks
Shaun Purcell

Family Based Sequencing of Extended Pedigrees and Trios with Schizophrenia
Shane McCarthy

Discussant
Aiden Corvin

Do Schizophrenia and Bipolar Disorder have Opposite Associations with Intelligence?
Count: 139 **4:15 PM – 6:15 PM**
Chair: James MacCabe
Co-Chair: Avi Reichenberg

Premorbid Intellectual Functioning and Social Adjustment and Risk of Developing Schizophrenia, Psychotic or Non-Psychotic Bipolar Disorder: A Population Longitudinal Study
Avi Reichenberg

Neurocognitive Functioning in Twins Discordant for Schizophrenia and Bipolar Disorder
Rachel G. Higier

Intelligence in Bipolar Disorder: Normal, Impaired or Enhanced?
James H. MacCabe

Creativity and Psychosis
Simon Kyaga

Discussant
Mary Cannon

Integrating Social and Biological Factors to Predict the Course and Outcome of Psychosis: Evidence from Two Large Epidemiological First Episode Psychosis Cohorts (AESOP and PICOS)
Count: 140 **4:15 PM – 6:15 PM**
Chair: Paola Dazzan
Co-Chair: Mirella Ruggeri

The Impact of Cannabis Use on Age of Onset in First-Episode Psychotic Patients
Sarah Tosato

Predictors of Two-Year Outcomes in First-Episode Psychotic Patients Treated in Community Mental Health Services
Antonello Lasalvia

Biological Predictors of Clinical Outcome after the First Psychotic Episode: Initial Findings from AESOP-10
Paola Dazzan

Ethnicity and the Long-Term Course and Outcome of Psychosis: Initial Findings from AESOP-10
Craig Morgan

Discussant
Mirella Ruggeri

Role for Oxidative Stress, Inflammation, and Misfolded Protein in the Early Pathology of Schizoph
Count: 136 **4:15 PM – 6:15 PM**
Chair: Akira Sawa
Co-Chair: Carsten Korth

Oxidative Stress and Inflammation in the Pathology of Schizophrenia: Data from Patient Neuron Biology and Brain Imaging
Akira Sawa

Characterization of Molecular Changes in CSF of Patients with Recent Onset Schizophrenia
Jennifer Coughlin

N-Acetylcysteine Normalizes Neurochemical Changes in the Glutathione-Deficient Schizophrenia Mouse Model during Development
Anita Kulak

Systematic Search for Misfolded Proteins in Schizophrenia
Carsten Korth

Misfolding of Risk Factors for Schizophrenia in Frontotemporal Lobar Degeneration
Motomasa Tanaka

Discussant
Nicola Cascella

Personalizing Social and Cognitive Remediation – Is the Whole Greater than the Sum of the Parts?
Count: 148 **4:15 PM – 6:15 PM**
Chair: Anthony Harris
Co-Chair: Pamela Marsh

Bolstering Work: Potential Benefits of Cognitive and Social Cognitive Interventions to Employment Interventions for People with Early Psychosis
Kelly Allott

SoCog: A Novel Social Cognitive Training Program for People with Schizophrenia
Pamela J. Marsh

Personalized Skills-training Interventions Combined with Cognitive Remediation enhances Community Outcome
Alice Medalia

Implementing Cognitive Remediation Therapy Outside the Ivory Tower: Maintaining Momentum with a New Treatment in a Large Mental Health Service
Francis Dark

Social Cognitive Skills Training for Schizophrenia: Initial Efficacy and Ways to Augment the Effects
William Horan

Discussant
Anthony W.F. Harris

Characteristics of People At-Risk of Psychosis
Count: 90 **4:15 PM – 6:15 PM**
Chair: Andreas Bechdolf
Co-Chair: Mark Weiser

Adverse Life Events in Help-Seeking and Non-Help-Seeking UHR Individuals
Lucia Valmaggia

Basic Self-Disturbance Predicts Psychosis Onset in the Ultra High Risk for Psychosis ('Prodromal') Population
Barnaby Nelson

Axis I and II Comorbidity in People At-Risk of Psychosis in the Early Initial Prodromal State: Correlations with Symptoms, Functioning and Transition to Psychosis
Andreas Bechdolf

The Relationship between Transition to Psychosis, and Functional Outcome in a Group at Ultra High Risk for Psychotic Disorder
Barnaby Nelson

Comparison of Clinical and Sociodemographic Risk Factors between Adult and Early Onset Psychosis
Marco Armando

Discussant
Mark Weiser

Tuesday 13 April

PLENARY SESSION:

Models from Immunology and Experimental Medicine
Count: 742 **8:30AM – 12:00 PM**
Chair: Carol Tamminga
Co-Chair: René Kahn

Epidemiology
Preben Bo Mortensen

Prenatal Infection, Immune Function and Schizophrenia
Alan Brown

What Genetic Studies Tell us about the Involvement of the Immune System in Schizophrenia
Peter McGuffin

Can Affective Disorders and Schizophrenia be Differentiated on an Immunological Basis?
Barbara Sperner-Unterweger

ORAL PRESENTATIONS:

Treatment
Count: 255 **2:00 PM – 4:00 PM**
Co-chairs: Jean Addington and Robin Emsley

Multiple-treatments Meta-analysis on the Efficacy, Acceptability and Tolerability of 15 Antipsychotics Drugs in Schizophrenia
Stefan Leucht

Cognitive Remediation Therapy (CRT) Impacts on Functional and Structural Connectivity in Schizophrenia: A Multimodal Imaging Study
Rafael Penadés

Augmenting Social Skills Training with Cognitive Remediation in Schizophrenia
Matthew Kurtz

Non-steroidal Anti-inflammatory Drugs in Schizophrenia: Ready for Practice or a Good Start? A Meta-analysis
Iris E Sommer

Predictors of Cognitive Improvement and Normalization Under Cognitive Remediation in Patients with Schizophrenia
Antonio Vita

Treatment of Insight in Psychosis: A Meta-analysis
Marieke Pijnenborg

Metformin for Treatment of Atypical Antipsychotic-Induced Weight Gain and Endocrinological Side Effects in Patients with First Episode Schizophrenia: Results from Randomized, Double blind, Placebo-Controlled Study
Ren-Rong Wu

Effects of Benzodiazepine and Other Hypnotic Use on Efficacy Results in Placebo Controlled Antipsychotic Trials: Lessons Learned from the NewMeds Repository of RCT Data from AstraZeneca, Janssen, Eli Lilly, Lundbeck, and Pfizer
Jonathan Rabinowitz

Neuropathology and Electrophysiology
Count: 125 **2:00 PM – 4:00 PM**
Co-chairs: Anthony Grace and John Waddington

Aberrant Prediction Error Signalling, Salience Attribution and Presynaptic Dopamine Synthesis in the Prodrome of Psychosis
Christopher A. Chaddock

Shedding Light on the Molecular Basis for NMDAR Hypofunction in Schizophrenia
Vibeke S Catts

Dopamine and Schizophrenia. Do all Roads Lead to Dopamine or is the Start of the Journey? Evidence from Animal Models
Darryl W. Eyles

Elucidating the Role of Aggregated, Cell-invasive DISC1
Verian Bader

The Effects of Regular Long-term Cannabis Use on Auditory Mismatch Negativity (MMN)
Lisa-marie Greenwood

Processing Information from Face and Voice in Schizophrenia
Margaret A Niznikiewicz

Startle Reactivity and Prepulse Inhibition in Subjects at Ultra High Risk for Psychosis: Correlation with Striatal D2/3 Receptor Binding Following Dopamine Depletion
Mariken B De Koning

Selective Remediation of Cognitive Deficits in Pharmacological and Neurodevelopmental Animal Models of Schizophrenia by a Novel mGlu5 Positive Allosteric Modulator
Francois Gastambide

Neuroimaging
Count: 140 **2:00 PM – 4:00 PM**
Co-chairs: Paola Dazzan and Jun Soo Kwon

Repeated Observation of Abnormal Gyrification Localized to the Frontoinsular Cortex from Four Independent Samples with Schizophrenia
Lena Palaniyappan

Decreased White Matter Integrity in Psychotic Disorder: Association with Childhood Trauma?
Machteld Marcelis

Effects of Eight Weeks of Atypical Anti-psychotic Medication Treatment on Middle Frontal Thickness in Drug-Naïve First Episode Psychosis Patients
Vina M Goghari

Free-Water Imaging Reveals a Global Inflammatory Effect and Local Axonal Degeneration in First Episode Schizophrenia
Ofer Pasternak

Biological Basis of Sensitivity to the Effects of Cannabis on Psychosis: AKT1 and DAT1 Genotype Modulates the Effects of Delta-9-Tetrahydrocannabinol on Midbrain and Striatal Function
Sagnik Bhattacharyya

Alterations of the Brain Reward System in Antipsychotic Näive Schizophrenia Patients Before and After Antipsychotic Treatment
Mette Ø. Nielsen

Alterations in Magnetoencephalographic Gamma Oscillatory Patterns during Resting-State in Patients with Childhood-Onset Schizophrenia, Non-Psychotic Siblings and Healthy Controls
Nora S. Vyas

Auditory Cortical Dysfunction as a Basis for Auditory Hallucinations
Peter W Woodruff

Psychosocial and Comorbidities
Count: 163 **2:00 PM – 4:00 PM**
Co-chairs: Til Wykes and Michael Green

Cognitive Remediation and Competitive Employment: Differential Benefits for Schizophrenia Patients with Poor Community Function
Morris D Bell

Specialized Addiction Treatment Versus Treatment as Usual for Patients with Cannabis Use Disorder and Psychosis – Results from the CapOpus Randomized, Parallel-group, Observer-blinded Clinical Trial
Carsten R Hjorthøj

Computerized Functional Capacity Assessment in Schizophrenia: Evidence for Convergent Validity
Philip D Harvey

Different Sensitivity to PCP-induced Schizophrenia-like Symptoms in Adult Female Rats Pre-exposed to Δ9-Tetrahydrocannabinol During Adolescence
Erica Zamberletti

Shining Light on Sleep-wake and Cortical Gamma Oscillations in Schizophrenia: The Role of Parvalbumin GABA Neurons
Robert W McCarley

Emotion Recognition in Schizophrenia: No Evidence for an Association with Social Functioning.
Mayke Janssens

Are Patients with Schizophrenia Happy?
Ofer Agid

Violent Crimes in People with Schizophrenia
Nomi Werbeloff

Genetics and Environment
Count: 103 **2:00 PM – 4:00 PM**
Co-chairs: John McGrath and Dan Rujescu

Common Polygenic Variation Contributing to Schizophrenia Risk Explains Variation in Total Brain Volume
Afke Terwisscha van Scheltinga

Persistence of the Extended Psychosis Phenotype in Young People: Link Between Vulnerability and Clinical Need
Johanna TW Wigman

Complete Genome Sequence Based Genetic Analysis of Monozygotic Twins Discordant for Schizophrenia
Christina A. Castellani

Novel data from a Large Population Prevalence Survey: a Unique Opportunity to Inform Psychosis Research Directions and Mental Health Reform
Vera A. Morgan

Absolute Risk of Suicide Following First Hospital Contact with Mental Disorder
Merete Nordentoft

Maternal Antibodies to Infectious Agents and Risk for Non-affective Psychoses in the Offspring – a Case-control Study Using Archived Blood Samples from Neonatal Life
Åsa Blomström

Structural Elucidation of DISC1 Pathway Proteins Using Electron Microscopy, Chemical Cross-linking and Mass Spectroscopy
Nicholas J. Bradshaw

Expression and Function of CHRNA7 and Its Partial Duplication, CHRFAM7A, in Schizophrenia
Sherry Leonard

Neuropsychology and Development
Count: 120 **2:00 PM – 4:00 PM**
Co-chairs: Eileen Joyce and Richard Keefe

Neurocognition in the Extended Psychosis Phenotype: Performance of a Community Sample of Adolescents with Psychotic Experiences on the MATRICS Neurocognitive Battery
Ian Kelleher

Ontogeny of Cognitive Impairment Following Prenatal Infection.
Juliet Richetto

Interaction Between Childhood Adverse Events, BDNF Val66Met and Impaired Cognition in Patients with Schizophrenia and Affective Psychoses
Monica Aas

Identifying Neurocognitive Impairments Prior to Psychosis: New Meta-Analyses of Neurocognition in the Psychosis Risk Syndrome and in Youth at Familial Risk for Schizophrenia
Larry J Seidman

The Relationship of Subclinical Psychotic Experiences to Internalising and Externalising Psychopathology in Childhood
Kristin R. Laurens

Prospective Investigation of Cognitive and Affective Pathways from Childhood Trauma to Psychosis-like Experiences in a UK Birth Cohort
Helen L Fisher

Childhood and Adolescence Symptoms Predicting First Episode Psychosis in the General Population based Northern Finland 1986 Birth Cohort
Pirjo H Mäki

Hearing and Speech Impairment at Age 4 and Risk of Later Non-affective Psychosis
Annica Fors

SYMPOSIA SESSIONS:

Physical Exercise in Schizophrenia: Subjective, Symptomatic, Cardiometabolic and Neurobiological Effects
Count: 105 **4:15 PM – 6:15 PM**
Chair: Douglas Noordsy
Co-Chair: Frank Pajonk

Effects of Exercise Therapy on Cardiovascular Fitness and the Metabolic Syndrome in Schizophrenia: A Randomized Clinical Trial
Thomas W. Scheewe

International Organization of Physical Therapy in Mental Health-Consensus on Physical Activity within Multidisciplinary Rehabilitation Programmes for Minimising Cardio-Metabolic Risk in Patients with Schizophrenia
Davy Vancampfort

Voluntary Wheel Running Rescues Cellular and Behavioral Schizophrenic-like Phenotype in Mice
Susanne A. Wolf

The Effects of Physical Exercise on Neural Plasticity and Clinical Symptoms in Schizophrenia
Frank G. Pajonk

Discussant
Douglas L. Noordsy

What Explains the Schizophrenia Epidemic among Immigrants to Europe?
Count: 128 **4:15 PM – 6:15 PM**
Chair: Jean-Paul Selten
Co-Chair: Wim Veling

Age at Migration and Psychotic-Like Experiences: Clues in Childhood to Explain the Increased Risk for Psychosis among Ethnic Minorities
Wim Veling

Psychotic Experiences in the General Population and Ethnicity: Findings from the SELCoH Study
Craig Morgan

Does a Recently Occurring Vitamin D Deficit Explain the Increased Risk for Schizophrenia and Other Psychoses in First-Generation Black Immigrants?
Marie-Jose Dealberto

The Epidemic is Explained in part by Selective Migration
Carsten Pedersen

Testing the Social Defeat Hypothesis in Another Minority: Are Psychotic Symptoms more Prevalent in the Non-Heterosexual Population?
Jean-Paul Selten

Discussant
John McGrath

A Bright Future for Blood Biomarkers in Schizophrenia
Count: 132 **4:15 PM – 6:15 PM**
Chair: Cynthia Shannon Weicker

Brain Derived Neurotrophic Factor: Illustrative of a Putative Biomarker for Schizophrenia
Peter F. Buckley

Disease Biomarkers for Schizophrenia - From Laboratory to Patient Bedside
Sabine Bahn

Transcriptional Signatures from Blood and Brain
Marquis P. Vawter

MicroRNA Biomarkers of Schizophrenia in Blood
Murray Cairns

Discussant
Cynthia Shannon Weickert

The Effects of Psychopharmacologic Treatment on the Brain in Schizophrenia
Count: 251 **4:15 PM – 6:15 PM**
Chair: Lynn DeLisi
Co-chair: Eva Meisenzahl

Effects of Antipsychotics on Functional and Structural Plasticity in the Human Brain
Andreas Meyer-Lindenberg

Effects of Relapse Duration and Antipsychotic Treatment on Brain Tissue in Schizophrenia
Nancy C. Andreasen

Why Antipsychotics Are Good for the Brain
Rene S. Kahn

Differential Effects of Neuroleptic Treatment and Clinical Improvement in First-Episode Schizophrenia
Eva M. Meisenzahl

Discussant
Robert McCarley

ICOSR Symposia: Systems Neuroscience Underlying Schizophrenia Models
Count: 83 **4:15 PM – 6:15 PM**
Chair: Carol Tamminga
Co-Chair: Tony Grace

New Insights into the Pathophysiology, Treatment and Prevention of Schizophrenia Gleaned from Animal Models
Anthony Grace

Alterations in Brain Structure, Function and Chemistry Prior to the Onset of Psychosis
Philip McGuire

Analysis of CNVs Points to Specific Abnormalities of Synaptic Function in Schizophrenia
Michael O'Donovan

The Role of the Hippocampal Subfield System in Schizophrenia Psychosis
Carol Tamminga

Discussant
Charles Schulz

The NMDA Deficiency Hypothesis of Schizophrenia: Emerging from preclinical Concepts to Clinical Evidence
Count: 123 **4:15 PM – 6:15 PM**
Chair: Marc Laruelle
Co-Chair: Shitij Kapur

Loss of Prefrontal Cortical Excitation-Inhibition Balance in a Developmental Animal Model of Schizophrenia
Patricio O'Donnell

Glutamate Receptor Subtypes Mediating Synaptic Activation of Prefrontal Cortex Neurons
Guillermo Gonzalez-Burgos

Abnormal Neural Synchrony in Schizophrenia: A Translational Perspective
Peter J. Uhlhaas

A Translational Success Story: Facilitating NMDA Receptor Signaling with the Glycine Reuptake Inhibitor RG1678
Daniela Alberati

Glutamate-dopamine Interactions in Schizophrenia: Insight from Molecular Imaging Studies
Marc Laruelle

Discussant
Shitij Kapur

WORKSHOPS:

Aerobic Exercise in Schizophrenia: Clinical Consequences and Neurobiological Effects of a Novel Treatment Strategy
Count: 78 **6:30 PM – 8:30 PM**
Chair: Peter Falkai
Co-Chair: William Honer

Effects of Indoor Cycling on Hippocampal Structure, Metabolism and Clinical Features of Schizophrenia
Peter G. Falkai

The Impacts of Yoga and Aerobic Exercise on Neuro-Cognition and Brain Structure in Early Psychosis - A Preliminary analysis of the Randomized Controlled Clinical Trial
J. X. Lin

Effects of Physical Exercise on Psychotic Symptoms, Cognition and Brain Structure: Results of a Randomized Clinical Trial in Chronic Schizophrenia
René Kahn

Does Exercise alter the Metabolic Effects of Olanzapine in an Animal Model
Alasdair M. Barr

Discussant
William G. Honer

Cardiovascular Risk in Schizophrenia – The Problem and some Solutions
Count: 54 **6:30 PM – 8:30 PM**
Chair: Fiona Gaughran
Co-Chair: Shubulade Smith

Systematic Evaluation of Guidelines for Monitoring Cardio-metabolic Risk in **Schizophrenia**
Marc De Hert

IMPaCT– Motivating a Change in Health Behaviour
Shubulade Smith

Shared Genetic Risks for Schizophrenia and Cardiovascular Disease
Urban Osby

The Role of Medication in Increasing and Managing Cardiovascular Risk in Psychosis
David Taylor

Discussant
Robin M. Murray

Relapse Prevention in Schizophrenia: An Update on Preclinical Data, Pharmacological and Psychotherapeutic Options
Count: 104 **6:30 PM – 8:30 PM**
Chair: Stefan Leucht
Co-Chair: Christoph Correll

Preclinical Data on Relapse Prevention with Antipsychotic Drugs
Shitij Kapur

Meta-analysis on Relapse Prevention with Antipsychotic Drugs compared to Placebo in Schizophrenia
Stefan Leucht

Relapse Prevention in Schizophrenia: A Systematic Review and Meta-analysis of Second-generation Antipsychotics versus First-generation Antipsychotics
Christoph Correll

Relapse Prevention in Schizophrenia: Meta-analysis of Depot Antipsychotics versus Oral Antipsychotics
Taishiro Kishimoto

The Role of CBT in Relapse Prevention of Schizophrenia
Elizabeth Kuipers

Discussant
John Kane

Wednesday, 14 April

PLENARY SESSION:

New Treatments
Count: 558 **8:30AM – 12:00 PM**
Chair: Wolfgang Fleischhacker
Co-Chair: Don Goff

Difficulties with Translational Research
Don Goff

Methodologic Challenges in Clinical Trials in Schizophrenia
John Kane

Updates:
Anjona Bose, Forest Pharmaceuticals and Gedeon Richter
Robert Conley, Eli Lilly & Company
Gerhard Grose, Abbott
David Hosford, Targacept
Ron Marcus, Bristol Myers-Squibb
Daniel Umbricht, Roche
Kim Vanover, Intracellular Therapies

SYMPOSIA SESSIONS:

Nature and Nurture in Schizophrenia: Are there Common Underlying Mechanisms?
Count: 240 **1:30 PM – 3:30 PM**
Chair: Oliver Howes
Co-Chair: Jean Paul Selten

Developmental Disruption and Stress: What Animal Models Tell Us about Schizophrenia
Anthony Grace

An Experimental Social Defeat Paradigm to Study Environmental Effects in Psychosis
Jim Van Os

The Link between Cannabis and Schizophrenia: Dopaminergic or Cannabinoid System?
Oliver D. Howes

Neural Mechanisms of Urbanicity and Migration: Social Risk Factors for Schizophrenia?
Andreas Meyer-Lindenberg

Discussant
Shitij Kapur

Emerging Clinical Evidence on Oxytocin in Schizophrenia
Count: 75 **1:30 PM – 3:30 PM**
Chair: Deanna Kelly
Co-Chair: David Feifel

Oxytocin Improves Emotion Recognition in Patients with Schizophrenia
Bruno Averbeck

Intranasal Oxytocin Reduces Core Symptoms of Schizophrenia
David Feifel

Oxytocin Treatment Improves Social Cognition, PANSS Social Item Scores and Verbal Learning in Schizophrenia
Cort Pedersen

Sex-specific Associations Between Peripheral Oxytocin, Symptoms, and Emotion Perception in Schizophrenia
Leah Rubin

Adjunctive Intranasal Oxytocin To Improve Social Cognition and Functioning in Schizophrenia
Heidi Wehring

Discussant
Deanna Kelly

Affective Dysfunction and Associated Developmental Vulnerabilities across the Extended Psychosis Continuum
Count: 21 **1:30 PM – 3:30 PM**
Chair: Max Birchwood
Co-Chair: Maria Michail

Subclinical Psychotic Experiences and Affective Dysregulation in Adolescents and Young Adults
Ashleigh Lin

Developmental Vulnerabilities and Affective Dysregulation in Psychosis Continuum
Ruchika Gajwani

An Investigation of Social Anxiety Disorder in People with First-Episode Psychosis and those at Ultra High Risk
Maria Michail

Prevalence of Psychotic-Like Experiences in Young Adults with Social Anxiety Disorder and Correlations with Affective Dysregulation
Marco Armando

Discussant
Max Birchwood

Is the Psychosis Continuum for Real? The Cognitive, Environmental, and Neural Correlates of 'Real' Psychotic Experiences in the General Population
Count: 98 **1:30 PM – 3:30 PM**
Chair: Emmanuelle Peters
Co-Chair: Iris Sommer

The Route to Psychosis: What Differentiates Individuals with Psychotic Experiences with and without a 'Need-For-Care'?
Emmanuelle Peters

Childhood Trauma and Auditory Verbal Hallucinations
Kirstin Daalman

What Makes Voices Distressing? A Comparison of Patients Who Hear Voices and Non-Psychiatric Voice Hearers
Mike Jackson

Auditory Hallucinations Elicit Similar Brain Activation in Psychotic and Non-Psychotic Individuals
Iris Sommer

Dopaminergic Function in the Psychosis Spectrum: An [18F]-DOPA Imaging Study in Healthy Individuals with Auditory Hallucinations
Oliver D. Howes

Subclinical Psychotic Experiences – Time to Move beyond Counting, Advancing Clinical Research into Risk Factors, Associated Psychopathology and Outcomes
Count: 52 **1:30 PM – 3:30 PM**
Chair: Mary Cannon
Co-Chair: James Scott

A Systematic Review and Meta-Analysis of the Psychosis Continuum: Epidemiological Evidence on the Pathway from Proneness to Persistence to Disorder
Richard Linscott

Exposure to Child Maltreatment and Hallucinations during Adolescence: A Prospective Study
James Scott

Childhood Trauma and Subclinical Psychotic Experiences in Young Adulthood: 20-year Longitudinal Analyses of Two Cohort Studies
Cherrie Galletly

Psychotic Symptoms in Adolescence Index Risk for Self Harm and Suicidal Behaviour: Findings from Two Population-Based Case-Control Clinical Interview Studies
Mary Cannon

The Association between Self-reported Attenuated Psychotic Symptoms and Suicidal Behavior, and Hospitalization for Non-psychotic Psychiatric Disorders
M. Weiser

Discussant
Peter Jones

Role of Glia in Schizophrenia
Count: 36 **1:30 PM – 3:30 PM**
Chair: Natalya Uranova
Co-Chair: Mikhail Pletnikov

Proteome Analyses of Post-Mortem Brain Tissue from Patients with Schizophrenia Suggest Dysfunction of Oligodendrocytes and Astrocytes and Potential Biomarker Candidates
Daniel Martins-de-Souza

Reduced Oligodendroglial Density in Neocortex and Lack of Insight in Schizophrenia
Natalya A. Uranova

Protective Effects of Haloperidol and Clozapine on Energy-Deprived OLN-93 Oligodendrocytes
Johann Steiner

DISC1 Interacts with Serine Racemase to Modulate D-Serine Production in Astrocytes
Mikhail V. Pletnikov

Discussant
Vahram Haroutunian

3rd Biennial Schizophrenia International Research Society Conference

A total of 424 evaluations were completed this year. Attendees were asked to rand the following statement with strongly agree, agree, neutral, disagree and strongly disagree. We believe the Society should strive to receive ratings of strongly agree or agree on every item. Below is the percentages of evaluations with a score of strongly agree or agree.

Learning Objectives	% Strongly Agree or Agree
1. I can describe and discuss approaches to develop novel treatments for schizophrenia.	73%
2. Participating in this educational activity improved my understanding of approaches to develop novel treatments for schizophrenia.	76%
3. I can describe and discuss strategies for translating basic neuroscience into knowledge that can be used in clinical practice.	69%
4. Participating in this educational activity improved my understanding of the strategies for translating basic neuroscience into knowledge that can be used in clinical practice.	69%
5. I can describe and discuss differences in schizophrenia research across diverse cultures and geographic areas.	61%
6. Participating in this educational activity improved my understanding of differences in schizophrenia research across diverse cultures and geographic areas.	60%
7. I can describe and discuss novel intervention studies that will promote the development of advanced knowledge about schizophrenia.	76%
8. Participating in this educational activity improved my understanding of novel intervention studies that will promote the development of advanced knowledge about schizophrenia.	80%
9. I can describe and discuss methods to advance the clinical application of genetic research in schizophrenia.	53%

10. Participating in this educational activity improved my understanding of methods to advance the clinical application of genetic research in schizophrenia.	62%
11. I can describe and discuss strategies for determining an approach to manage patients with schizophrenia.	90%
12. Participating in this educational activity improved my understanding of strategies for determining an approach to manage patients with schizophrenia.	91%
13. I can describe and discuss the status of genetics findings and how they can be incorporated into strategies for managing patients with schizophrenia.	90%
14. Participating in this educational activity improved my understanding of the status of genetics findings and how they can be incorporated into strategies for managing patients with schizophrenia.	91%
15. I can describe and discuss the use of brain imaging data about pathophysiology and disease progression to revise or continue a strategy for managing patients with schizophrenia.	59%
16. Participating in this educational activity improved my understanding of the use of brain imaging data about pathophysiology and disease progression to revise or continue a strategy for managing patients with schizophrenia.	65%
17. I can describe and discuss the implications of basic neuroscience findings for managing patients with schizophrenia.	65%
18. Participating in this educational activity improved my understanding of the implications of basic neuroscience findings for managing patients with schizophrenia.	69%

Speaker Performance	% Strongly Agree or Agree
1. Provided information that helped me understand the topic.	94%
2. Organized the presentation in a way that helped me understand the topic.	92%
3. Provided content that was relevant to my practice or research circumstances.	87%
4. Provided an opportunity for questions and discussions.	86%
5. Provided a well-balanced presentation, supported by scientific information, and a fair description of all therapeutic options.	84%

Investigational/Off-Label Uses of Drugs or Medical Devices/Conflict Disclosure	Response % Yes/No
1. Did speakers mention an off-label or investigational use of a drug in their presentation?	Yes - 49%, No-51%
1a. Did the speaker inform the audience that they were discussing an off-label or investigational use?	Yes - 96%, No - 4%
2. Were you informed about potential conflicts of interest of the speakers? Examples include: honorarium, research grants, stock ownership.	Yes - 93%, No - 7%

Changes in Practice	% Yes/No/NA
1. Do you think that you will change the way you manage patients or conduct research when you return to work?	Yes - 44%, No - 34%, NA - 22%
2. If you are planning to make a change, are you planning to change because of something you heard at this educational activity?	Yes - 40%, No - 22%, NA - 38%
3. In your setting, do you think it will be easy to make the change you want to make?	Yes - 51%, No - 49%
4. Were you made aware that the CME course received support from commercial firms that produce health care products?	Yes - 59%, No - 41%

Statements about administration, logistics and location	Yes/No
1. Prior to the meeting, did you receive the information you needed in order to adequately make plans for participating in the meeting?	Yes - 94%, No - 6%
2. Prior to the meeting, did you get the information you needed to adequately make plans for social and non-meeting activities during your visit to Florence, Italy?	Yes - 85%, No - 15%

On the questions below, attendees were asked to rank the following statements on a 1 - 5 scale, 5 meaning excellent. Below are percentages with a 4 or 5 ranking.	% Strongly Agree or Agree
1. Please rate Florence, Italy as a location for the conference.	91%
2. Please rate the registration process for the conference.	92%

3. Please rate the conference program book.	86%
4. Please rate the services of the meetings agency who handled registration and housing accommodations (NewTours).	80%
5. Please rate the audio-visual services.	91%
6. How would you rate the Schizophrenia International Research Conference in relation to other meetings you attend?	80% ranked it clearly superior or better than most meetings.

3rd Biennial Schizophrenia International Research Society Conference

Survey – All Comments

What changes are you planning?

Increase research emphasis on patients early in the illness and improve measurement of some illness course parameters.

I will create new ways to evaluate patients about symptoms of schizophrenia.

More planning for treatment.

Research building on greater neuroscience knowledge.

More attention to managing patients' limited resources for engaging in therapy.

Not so much a change in practice, but a better theoretical understanding of particular techniques I use in practice.

Apply more structured psychological treatment in FEP.

To re-arrange the order of planned studies as one seem more urgent considering the discussion on the conference.

Tighter cardiometabolic monitoring.

ESM, epigenetics/Gx interactions.

Shift from genome to epigenome. Shift from cognition to affection. Shift from diagnostic categories to symptoms.

More therapy, low intensity therapeutic interventions physical health - monitoring and intervention exercise

Doses of antipsychotics.

Take into account new information.

I was very interested in pursuing CRT and social cognition therapies with a view to implementing one of these at our service.

To have a more rigorous approach to research design of new cognitive and social interventions.

More attention to relapse prevention and emphasis on abuse and drug use factors in schizophrenia. Also emphasize CBT approaches for psychosis

Expand my research into empathy and social cognition.

Cognitive behavior therapy and cognitive remediation therapy.

To make more work of breaking through apathy.

Works on recovery.

Take into account traumatic history.

Research direction!

To ammend our research strategy on cannabis and psychosis and to apply novel methods in the area of cannabidinol.

Add some new components and measures in research plan.

What changes are you planning?

More focus on research about therapeutic applications of my studies.

Doing clinical research that are more collaborative, more relevant to patients' need, and that can better improve patients' life.

I want to motivate and organize social cognition rehabilitation groups.

The possibility of recruiting the patient's family into the therapeutic situation.

Some new interests to explore for my research.

Even more emphasis on employment, interventions and outcomes. Greater consideration of patients' social cognition and skills. Different approach to dealing with stigma based on population prevalence of psychotic symptoms.

Search for cooperation to include data I cannot obtain myself.

Study the efficacy of combining pharmacological and social cognition interventions.

New approaches in psychosocial intervention.

Conduct research in negative symptoms, and cognitive features.

Research and prescribe exercise for my patients with psychosis. Also I may use mess differently, based on Stefan Leucht's meta-analysis.

Longitudinal evaluation of client groups. Improve research in dissemination.

Integrating services in my practice, modifying prescription of AP in SCZ Integrating SST in pt's in preparation to work.

To implement cognitive remediation for psychotic symptoms.

Implement new methods.

More cognitive therapies.

More concentration on outcome of symptom severity/improvement, rather than outcome of transition to schizophrenia diagnosis in my study of high risk patients--at the urging of the presenter Jim van Os.

Integrate more CBT into practice.

Cognitive training.

Greater use of depots in FE patients.

Other CGT groups.

More emphasis on early life events as possible risk indicators of illness (not necessarily specific to psychosis).

There is no new information with regard to therapy which makes a change necessary.

ECT for clozapine-resistant patients.

More focus on functional outcome.

Prescribe new antipsychotics with more confidence. Assess patients for heart problems.

New information on social cognition.

What changes are you planning?

Prescribe depot antipsychotics earlier. Investigate the possibilities of MCT in our patient group.

Cognitive therapy.

More physical activity.

ECT for treatment resistance.

Consider ECT in clozapine non responders.

To read the anti-psychotic meta-analysis and look at my treatment options again.

Consider ECT in clozapine non-responders.

I came away with a potential collaboration that will assist my research. Also, I developed an idea for a future planned presentation - how to frame a finding.

Revise investigational markers in animal models of schizophrenia.

I'll think about adding psychosocial interventions to my next clinical trial.

CBT for patients.

Importance of social psychiatry, psycho-education.

Changes to the approach I intended to take in investigating oxytocin in relation to schizophrenia.

CBD cannabidiol data was very positive. Data is still too preliminary to change clinical practice.

Early intervention in psychosis using psychological approach and medication.

Look into more variables.

Prescribe more oral contraception for female patients, more metphormin for obese patients.

Further develop psychosocial interventions Review place of genetics in my research.

Add tests to my battery.

Start research.

I'll be more aware of obstacles in recruiting patients for clinical trials.

Social cognition and remediation.

Medication regime.

Cognitive remediation in combination with social skill training.

Try Clozapine earlier.

Stop addition of various antidepressants or mood stabilizers to anti-psychotic therapies as there is very little evidence to support it.

Discuss feasibility of implementing some form of cognitive remediation treatment - stress need of finding psychologist - reduce overmedication more vigorously - be more actively involved in development of individual treatment plans.

More cognitive training, early in the illness. Try to use more clozapine.

What changes are you planning?

Increased use of biological parameters associated with drug response.

Physical interventions, screening for patients at the clinic.

Information about migration, cognition, use of cannabis and so on.

Include brain neuroimaging techniques, important cognitive evaluations and community intervention, possibilities of the last research in atypical neuroleptics.

Role for oxidative stress, inflammation in early pathology.

Management of cloz resistant pt's cognitive enhancement.

The need for CBT is questionable. I will focus more on prevention strategies.

I want to change/diminish the medicines patients get and focus more systematically on psychosocial interventions.

Stop combining neuroleptics and benzos in treatment resistant schizophrenia from the start.

Treatment of first-episode in adolescents.

Impact of cognitive remediation and will consider incorporating in clinical work. Use of a new group therapy.

Change concerning methodological aspects of the poly ic model.

Schizotypy research methods- change in assessments.

Incorporate new analysis techniques.

Probably to quit the job and change my research field.

To be more motivated and read wider.

Initiate clozapine earlier.

My teaching.

I work on high risk and healthy populations focusing on cognitive functions that are not necessarily based on pre-defined batteries. Little of these topics have been covered.

Include automatically social cognition when introducing cognitive remediation.

Less routine use of olanzapine in early onset psychosis.

I will consider new ideas and methodological recommendations that I learned in the conference.

I'll think about adding psychosocial interventions to my next clinical trial.

Research building on greater neuroscience knowledge.

Less routine use of olanzapine in early onset psychosis.

My teaching.

There is no new information with regard to therapy which makes a change necessary.

CBT for patients.

What changes are you planning?

More importance to social psychiatry, psycho-education.

More depot medication.

Changes to the approach I intended to take in investigating oxytocin in relation to schizophrenia.

Management of cloz resistant pt's cognitive enhancement.

ECT for clozapine-resistant patients.

Add some new components and measures in research plan.

More focus on research about therapeutic applications of my studies.

Take into account new information.

Longitudinal evaluation of client group. Improved research into dissemination.

To have a more rigorous approach to research design of new cognitive and social interventions.

More attention to managing patients' limited resources for engaging in therapy.

Early intervention in psychosis using psychological approach and medication.

More concentration on outcome of symptom severity/improvement rather than outcome of transition to schizophrenia diagnosis in my study of high risk patients--at the urging of the presenter Jim van Os.

Integrate more CBT into practice.

Change concerning methodological aspects of the polycic model.

To read the anti-psychotic meta-analysis and look at my treatment options again.

More attention to relapse prevention and emphasis on abuse and drug use factors in schizophrenia. Also emphasize CBT approaches for psychosis.

Cognitive training.

Some new interests to explore for my research.

Expand my research into empathy and social cognition.

I work on high risk and healthy populations focusing on cognitive functions that are not necessarily based on pre-defined batteries. Little of these topics have been covered.

Doing clinical research that are more collaborative, more relevant to patients' need, and that can better improve patients' life.

The need for CBT is questionable. I will focus more on prevention strategies.

Not so much a change in practice, but a better theoretical understanding of particular techniques I use in practice.

To use clozapine and psychotherapeutic methods more often.

New information on social cognition.

Cognitive behavior therapy and cognitive remediation therapy.

What changes are you planning?

Applying more structured psychological treatment in FEP.

Increase research emphasis on patients early in the illness and improve measurement of some illness course parameters.

Further develop psychosocial interventions, Review place of genetics in my research.

Adding tests to my battery.

To prescribe depot antipsychotics earlier, to investigate the possibilities of MCT in our patient group.

To make more work of breaking through apathy.

More cognitive therapy.

Social cognition and remediation

Treatment of first-episode in adolescents.

Greater use of depots in FE patients.

I want to change/diminish the medicines patients get and focus more systematically on psychosocial interventions.

Medication regime.

Cognitive therapy.

Integrating services in my practice, modifying prescription of AP in SCZ Integrating SST in pt's in preparation to work.

Incorporating new analysis techniques.

Even more emphasis on employment interventions and outcomes. Greater consideration of patients' social cognition and skills. Different approach to dealing with stigma based on population prevalence of psychotic symptoms.

Cognitive remediation in combination with social skill training.

Other CGT groups.

Use of a new group therapy.

Works on recovery.

Search for cooperation to include data I cannot obtain myself, treatment specifics.

More physical activity.

Stop addition of various antidepressants or mood stabilizers to anti-psychotic therapy as there is very little evidence to support it.

More emphasis on early life events as possible risk indicators of illness (not necessarily specific to psychosis).

Take into account traumatic history.

Discuss feasibility of implementing some form of cognitive remediation treatment - stress need of finding psychologist - reduce overmedication more vigorously - be more actively involved in development of individual treatment plans.

More cognitive training early in the illness. Try to use more clozapine.

To implement cognitive remediation for psychotic symptoms.

What changes are you planning?

Stop combining neuroleptics and benzos in treatment resistant schizophrenia from the start.

Include automatically social cognition when introducing cognitive remediation.

To re-arrange the order of planned studies as one seem more urgent considering the discussion on the conference.

Schiotypy research methods- change in assessments.

Role for oxidative stress, inflammation in early pathology.

Implement new methods.

Tighter cardiometabolic monitoring.

Study the efficacy of combining pharmacological and social cognition interventions.

Increased use of biological parameters associated with drug response.

Ect for treatment resistance.

Revise investigational markers in animal models of schizophrenia.

Research direction!

ESM, epigenetics/GxEinteractions.

To amend our research strategy on cannabis and psychosis and to apply novel methods in the area of cannabidinol.

Considering ECT in clozapine non-responders.

New approaches in psychosocial intervention.

Physical interventions/screening for patients at the clinic.

Information about inmigration, cognition, use of cannabis and so on.

Include brain neuroimaging techniques, important cognitive evaluations and community intervention, possibilities of the last research in atypical neuroleptics.

What did you learn at this meeting that helped you make the decision to change?

The diversity of approaches used to sustain a hypothesis.

Treatment and process in regard to further research.

Psycho-education intervention and telepsychiatric follow up.

Information on above areas from speakers.

The summatory of genetic and environment is the key to understand the pathology of schizophrenia.

No change, reinforced current practice.

Important evidence showing that this is a very important outcome variable that can be investigated.

Patients with schizophrenia have high risk of developing heart problems.

Role of therapy - session on Sunday was excellent.

Effects on the brain with the use of antipsychotics.

Lots of different symptom domains.

More support.

That other drugs' efficacy are equivalent to olanzapine as first line with fewer side effects.

Epidemiology.

The effectiveness of CBT in adolescents.

New vision of the use of substance abuse.

Less relapses.

The significant impact of exercise on cardiorespiratory health and mental symptoms.

What other people are doing and some of the difficulties they have faced.

Advancement of CBT tx resist seminar.

The results of an open trial of ECT in this specific group of patients.

Some new findings in high risk, prodromol and related topics.

Strong emphasis on pharmacotherapy.

Talk at Tamminga ICOSR panel.

There is evidence supporting the use of ECT in clozapine non responders.

About pharmaceutical actual problems related to the collect of data in new drugs trials for schizophrenia.

The conference widened my view on how to research new interventions.

Evidence basis for taking this approach.

Jim van Os' presentation on this topic.

What did you learn at this meeting that helped you make the decision to change?

Varying approaches that do fit into my practice.

That injection in GD9 is better for my purpose than GD17.

The meta-anaylsis from Stephen Leucht.

Significant evidence to emphasize the above factors.

Different stage of schizophrenia needs another kind of cognitive training.

I am exploring the possibilities at this point. No major changes, but some influences certainly.

I learned that in social psychiatry and psychiatric epidemiology the field did not advance at all. Everything I heard is written in every common review published 10 years ago!

Consolidation of new research.

Dr. John Kane and Dr. Elyn Saks' talks in the Family forum session, talking about the importance of sharing decision making and team work, and the importance of family for schizophrenia patients. Philip Campbell's talk about launching a new charity to help with schizophrenia and other mental disorders.

Long effect of CBT is debated.

Role of estrogens in schizophrenia and positive findings on supplementation potential of metpormin to reduce weight and restore menstrual cycle.

The symposium on dual-process theory was excellent.

Discussion matters coming up between the sessions with colleagues.

Multiple new sources of information.

These therapies seem to enhance the memory retention and attention span, problem-solving skills and social cognitive function.

That there are treatment programs out there that you can download for free!

Information at sessions on high risk studies, information from the Psychosocial plenary, and session on long acting injectables.

Further information about the need to treat different aspects of disorder individually. Clear evidence of the broad range of genetic input for development of disorder.

Importance of social cognition.

Meeting other researchers.

The symposium on Dual Process Therapy.

Advice about different medical and psychotherapeutic strategies.

Effectiveness.

Data of several studies that support a different approach in pharmacological treatment.

The session on FE helped me crystallize this opinion.

Very interesting symposium of psychosocial interventions, posters and workshops about antipsychotics and other drugs, whether they work or not etc.

What did you learn at this meeting that helped you make the decision to change?

More psychological treatments.

Relative efficacy, tolerability of AP Efficacy of SST in work integration.

Observing others' results with those techniques.

Growing evidence of effectiveness of employment interventions, evidence of need to address social deficits, population prevalence of psychotic symptoms.

Convincing research.

It depends on the phase of the illness what someone need.

The results that were presented and the quality of the group therapy computerized program.

All the meeting.

The diversity of approaches used to sustain a hypothesis.

Stop addition of various anti-depressants or mood stabilizers to anti-psychotic therapy as there is very little evidence to support it.

Numerous posters regarding the above and numerous references to the social environment.

Psychotrauma as an environmental gene-interactor.

Evidence for efficacy/benefits of cognitive remediation and CBT - possible long term side-effects/harms of medication - attending the meeting gave me an opportunity to evaluate the way I work and the organization I work in.

Effectiveness and feasibility in different cultural setting.

I need to be reading a lot more.

Acute administration is good, long-term is of no use.

Include automatically social cognition when introducing cognitive remediation.

Discussing with fellow researchers and the poster sessions.

The experience on patients with first episode of psychosis.

Tighter cardiometabolic monitoring.

This was the first meeting I've attended that was devoted exclusively to schizophrenia. I was struck by how much emphasis there is on cognitive (neuro cog and social cog) remediation to improve domains of functioning that are not improved by currently approved medications.

The importance of genetic polymorphisms in population stratification, diagnosis and therapeutic response to antipsychotics.

Saw trial data.

The value and impact of Poly I-Poly C.

More valid measures (ESM) Context of environment and importance of epigenetics Out of box thinking.

The standard of the research in this area is excellent and at a much better level than previously expected.

Clozapine non-responders may respond to ECT.

What did you learn at this meeting that helped you make the decision to change?

New approaches in psychosocial intervention.

Rates of physical health problems and strategies for dealing with them.

"Equipotent model of Schizophrenia". "Better characterize trauma". "Measure day-by-day reaction to stressors"

New citys structures and how to find the optimum structure.

Data offered.

What will have to be done in your setting to accomplish the change you want to make?

Genotype pats in cognitive remediation.

All the team members have to motivated.

I already did but now I am more confident.

I have to see alternatively my patient and his family or persons caring about him.

Speak to co-clinicians and administration regarding areas.

Discuss with colleagues and adapt ROM.

Ask the team around me to do annual health checks.

Education, team building.

Optimizer, antipsychotics doses.

Create a new scale.

I will have to collaborate with someone doing the psychosocial training.

Link with the researcher.

We are already setting up an exercise clinic for those at high risk of CVS disease.

Improve the rationality for psychological treatments.

Raise awareness of effect of cannabis in schizophrenia.

Increased resources.

Promote the increased availability of ECTP.

Discuss with psychiatrists in charge of ECT.

Reorganization of work unit and plan day to delegate change responsibilities.

Better team work with less competition and interpersonal conflict in the clinical ward.

We will run some educational workshops in the area and at our next conference day we will have a speaker on the topic.

Change in my conceptualization and interaction style.

Just change the focus of our outcome as stated above.

Get organizational approval.

Change in the day of injection.

Increased CBT or Cognitive Remediation resources.

Set up new training group.

Nothing will change in the coming years, because there are too many clinicians that have too high estimations of their research ability, and everyone wants to publish a few useless papers.

What will have to be done in your setting to accomplish the change you want to make?

Institutional thinking will need to be influenced.

Go to meet and talk with experts who have the same goals and interests, and try to set up collaborations.

The use of fMRI 3 Tzla. for schizophrenia research (now time fo rMRI for research is employed in Parkinson and other neurological disorders). The advice and help from a technical researchers (engineers)in our research.

Presentation of results from SIRS.

Psychiatrist need to be in charg,e not managers.

More psychiatrists and more psychotherapists are needed.

Wonder to know how to do it, I know the cognitive behavior therapy, but do not know the cognitive remediation therapy.

Get the team of nurses interested.

Translate the information heard into protocol and assessment decisions.

Convince peers and management.

Review team skills and commitment.

Collect data.

Nothing. We can go on with the same therapists.

Provide more education for the nurses.

Change minds of clinicians who used another therapeutic approach for several years.

I can change my own prescription pattern and make the other workers in my ward enthusiastic about psychosocial interventions.

Integration of resources, IPS to clinical team, systematic review of medication for treatment resistant patients.

Culture change - ongoing. Improved knowledge and attitudes. Money!

Get the manuals and software, instruct staff etc.

Develop a new CGT course.

Grant availability, profound changes in bureaucracy to import drugs and reagents, and the establishment (which is necessarily time-dependent) of a cooperation culture among research groups.

Convince my colleagues.

A properly funded community service; better liaison with other voluntary agencies (housing, social services etc).

Reorganize the way I work within my team - discuss what I learned with my team and my superiors/managers -more budget for psychosocial interventions.

Action changes.

Local conference, psychiatric training.

Put aside time to do the reading.

What will have to be done in your setting to accomplish the change you want to make?

Change our minds about this issue.

Include automatically social cognition when introducing cognitive remediation.

Assessment tool change.

To inform and stimulate workers to stop other activities.

Rearrange clinic routines.

Submit grant(s) with collaborators at my institution.

Due to the economic crisis, cannot increase the use of biomarkers.

Discuss with colleagues.

Redesign protocols.

Redirection of research focus.

Write a new protocol, discuss it with the group. Explain advantages clearly, and potential disadvantages.

There may be legislative barriers.

Organizational changes.

Re-route resources. Convince funding agencies. Convince bosses.

Institutional integration.

Include brain neuroimaging techniques, important cognitive evaluations and community intervention. Data analysis. Cognitive measure. Physical evaluations.

General Comments

Great!

Too many repeated presentations of the same topic. Too many marginal findings in Posters. Poster's need to be reduced in numbers.

It is good for the clinician.

There should be a rule... the main study being discussed in a talk should either not yet be published or have only been published with 2 years of the conference date. In SIRS 2012 the session on depots was old and out-of-date and had 3 speakers all talking about old studies without sufficiently new secondary analysis. A second rule should be... nobody should be on stage more than a total 3 times, as a speaker or a chairperson... and no matter whether it is in the formal conference program or a pre-event.

I was really impressed about the competence and preparation of all the speakers and about the subjects of the conference.

The Congress venue was not very good. Except for the auditorium, the audio-visual and seating arrangements were not very good in rest of the rooms.

Excellently run and balanced content Posters could have been organized better i.e broken into categories although I can see how the current format works also to broaden ones exposure.

Poster boards should be bigger, very hard to read some of the posters and the space was too tight. Not enough basic science this year. Last plenary on new treatments was fantastic. Should a session like that every year.

Excellent! All the topics were good.

The conference dates do not account for observant Jewish speakers even key speakers.

In general I enjoyed a lot the conference, I think that the organizers did a great a job. Most of the speakers were recognized researchers. Extremely interesting and hot topics were included in the conference.

Need better gender balance for awards and plenary talks. The many young women in our field benefit from having role models. The discussant role does not work with 25 min talks with questions afterwards. So, consider 20 min talk with 5 min questions that will give the discussant time to make some overall comments at the end of the symposium. Otherwise, consider cutting the discussant. I think we should take a member survey about where the meeting should be held after 2014.

More new advances in human and animal electrophysiology.

Would be extremely useful to have the conference in a different city which is more easily accessible. Perhaps more useful to have someone provide an introductory context to symposium rather than an overview as the end.

Lousy coffee, No possibilities to sit outside the conference rooms eat standing up.

A small number of people appeared again and again.

Too far from routine clinical practice.

An excellent organization and interesting topics.

Generally very good but too many people had two or more talks which were basically the same. Phil McGuire and Jim van Os chaired or discussed too many sessions. At two or three sessions almost all the speakers were from the Institute of Psychiatry in the UK. There were few speakers outside the UK, Holland or Germany.

The fire doors in Palazzo Affari make too much noise.

The plenary talks were great, but some of the regular talks were too general and included no data. Also some of the paper sessions had no integrating theme. The AV guys were excellent.

General Comments

Good

The meeting continues to improve since it first started. I thoroughly enjoyed the meeting and the opportunity to link with colleagues in my field. Great meeting.

In general, the scientific level of the talks were below the standards of other conferences I attended (I.e.OHBM). Some of the neuroimaging techniques and analysis presented were obsolete. Several studies were more data driven that hypothesis driven. I did not see any novel original research (I.e. the most striking findings presented were already published in journals). I did not like the fact that many authors were not standing beside their posters during the poster session and I did not have the chance to ask them questions.

Too many similar sessions ran in parallel. The final session contained at least three very similar sessions simultaneously, including the co-chair at one being the discussant in another. This was not the only such example.

There were topics that were focused on other therapies in schizophrenia, which was excellent.

The conference needs a platform to meet people outside/after the session; either a social event or we were discussing posters together with wine tasting in the evening or something similar.

Many speakers tend to skip over their conflict of interest slide and don't read it out loud before the audience has time to read it. The common practice of photographing slides with cell phone cameras during oral presentations is highly disruptive and distracting. More emphasis is needed to prevent this. It would help if speakers were REQUIRED to make their slides available for viewing online before and after the conference so to as to eliminate the need for individuals to take photos.

I should say first that this was my first conference so I have nothing to compare it too. However I really enjoyed the whole event and I found it extremely interesting and rewarding throughout. I would say a few things though: 1) i agree with the comment of the grad student in the closing remarks, that some designated student / young researcher sessions would be beneficial - both in terms of social events and mini symposia. 2) I don't know if this was just me and my interests, but I felt that two of the symposia on the Wednesday in particular were catering for a very similar audience (subclinical and community psychotic symptoms), so it was a great shame that they clashed. I would have liked to have seen one of them moved to a different day. 3) The debate on DSM-5 was really vital to include and it is a shame it had been initially overlooked, but all credit for fitting it into the schedule. However I feel that with more forethought it could have had a little more time allocated to it, and also more care in ensuring that both sides were represented, as it all felt a bit too conclusive. 4) Finally, I think the venue was great, however I have quite a serious concern about the poster area on the final day, where some of my colleagues arrived to collect their posters just before 4pm (over an hour before they had to be taken down) and found the place already locked, and posters already torn down and damaged. These posters represent a lot of work, particularly for young researchers at their first conference, and the way this work was treated was incredibly disrespectful.

In this meeting I found especially interesting session on social (or epidemiological) factors related to schizophrenia. I think that data presented were the most impressive and promising. I hope that in the future there will be more of them.

Good to have some clinically relevant topics.

Selection of topics: too much basic science, genetics and imaging. Quality of speakers: most of the basic scientists were (very) poor speakers and/or wanted to present the too much material and/or presented to the general public as if to their own research group.

As an international meeting, it will be idea to have a location with direct international flight. Most participants from Asia or even USA have to make several connections or take a few extra hours transferring from Rome to the meeting city. The name tag could be printed better and include degree and country to help participants initiating some communication better.

The idea to sort of mix areas inter-disciplinarily was a stroke of genius, as it has allowed me to hear about a range of areas I normally would not have time to go to.

The topics were not organized well; the first days clinical were opposite clinical, and the last days basic were opposite basic talks, making it impossible to attend what was in our interests.

Too many scientific meetings in the afternoon which made the choice very difficult.

General Comments

Excellent conference.

1. To say "this is my disclosure" and quickly move to the next slide is not really disclosing potential conflicts of interest. Lecturers should state more clearly what part of their disclosure that is a potential problem for the talk they are about to have. 2. It would be helpful to be provided with the key references for each talk, maybe connected to the abstracts (which by the way were an excellent complement to increase understanding, particularly when the speaker lacked language and presenting skills...) 3. I would have liked to get the meeting catalouge and the abstracts catalouge in digital format. I tried to copy them to have them offline, but were not able to... 4. I particularly liked: -Poster sessions with included lunch -Abstracts to everything -The online schedule and the free WiFi.

The organization of the meeting was fantastic.

The registration process was messy, particularly submission of the abstracts. The poster sessions could be divided (e.g. 1 hour even and 1 hour odd numbers), so that the people presenting the posters would have a chance to see other posters and have some food. It would be also very nice if after the evening session we would be given some food, at least some sandwiches. It would give a feeling of being more welcome. Moreover, the people serving the lunch were polite most of the time, but there were some situations when they behaved rude towards the participants.

I would appreciate it to invite some innovative young researchers.

Website was poorly organized (why separate symposia, oral sessions etc.?) - rooms often too cold - please make sure there is also something to eat during the break in the afternoon (e.g. no fruit for lunch, but in the afternoon).

There is still an enormous amount of repetitions across symposia, with the same groups presenting similar data in more than one, the same people talking and chairing.

More interaction in small workshops, e.g. about research results implemented in guidelines.

Very satisfactory.

The venue is poor - the halls/poster sessions were too far apart.

The organization of topics was very helpful. The poster sessions were centralized and very accessible.

I thought the conference itself was very good, however the gathering of many smokers at the doors of the conference centers caused smoke to enter the conference rooms (especially those on the ground level and the posters room), and made the environment unpleasant for those who are sensitive to or who seek to avoid cigarette smoking.

Great meeting, very well organized, great presences. However the sessions that most interested me were all concurrent and made me choose only one. They could be more spread throughout the program. More time for questions and discussions and debates (the debate on DSM-V was really great). - And there is a clear need for coffee break with some food in the afternoon (too hard to stay until 8:30pm without eating since lunch).

Very good and scientific meeting.

I really appreciated the somewhat informal atmosphere. I felt that most people, including senior investigators, were very approachable and had time and interest for in depth conversation which for me was the highlight of the meeting.

To have to pay for the cpd form in addition to the conference fees is not something I have ever come across when attending a conference before.

I am impressed by the range of research topics and the passion held by researchers. The range of posters was also excellent and complemented the sessions well

A generally well-run and informative conference. It is very relevant to my research area and has spurred me to look into other related fields of research.

General Comments

Good combination of research en clinical practice.

Perhaps have diversity in location of conference.

Would appreciate more social events, or time to interact with other researchers.

Small comment. It's a long day from 8.30am until 8.30pm, lunch was lovely at 12-2pm but maybe provide some small nibbles/biscuits next time with the coffee around 4 as it's a long stretch to dinner after lunch! Especially hard to keep attention with hunger!!

I was particularly disappointed and angry about the symposium "Subclinical psychotic experiences; Time to move beyond counting", guided and discussed by Mary Cannon. The best about this symposium was the title, because it did not move beyond counting at all. In fact, every presentation contained solely simple counting. There were no new findings at all and everything that had been presented was already examined and discussed by Jim van Os back in 2000. So, if in over 10 years the field is not able to present more than simple prevalence rates and well-known risk factors such as childhood adversity, than this field is just a shame for schizophrenia research. But that was not only a problem in this symposium, other symposia were also boring. Psychiatry would really benefit if most researchers would not just conduct a theoretical research. The field could really learn a lot from psychological research, where people work hypothesis-driven. Probably there is also just too much money available for research, so that nobody minds if the field replicates findings, that are well-known since decades, over and over again.

A number of symposia speakers made presentations without any recent or new data. I suggest that the submission process for new symposia require speakers to specify new or recent data that will be presented.

Would like to see the focus on what has changes in the field since last meeting - several presentations were a repeat from previous meetings.

Often not enough time for questions and debates - several times the same presenters and topics - often similar views.

I was very excited by the quality and range of the science. I especially appreciated the attention given to non-pharmacological interventions.

The speakers were excellent, in particular the well-known one, but it felt as if some people are having it under their control. The same speakers again and again. Most findings always positive, as if all the studies in schizophrenia research are always a success, which we know is not the case. Having come for the first time, I felt it to be a closed circle of groups that cover most aspects of the conference. I found this a bit disappointing. This includes feeling cheated, because content of the pre-conference meeting (e.g. prodromal meeting) was again presented during the conference. Being not a clinician (i.e. having less money available), I felt the Saturday was money badly spent. If I would not have enjoyed meeting the various people I wanted to meet, I would have been very disappointed. Yet, the personal aspects of the conference made it a worthwhile experience, why I would consider coming again.

AV Support often disrupted presentations.

1. There were too many duplicate sessions. Given the size of the conference it is unreasonable to have a small set of speakers or institutions monopolize the conference. I saw the same slides repeated across different sessions by the same speaker and his collaborators. Next time, please reduce the number of carbon copy sessions and the number of talks given on the similar topic by the same speaker. 2. Symposium participants get small funds to come to the conference. The rest of us have to pay in full. There is a perception that those of us who present posters are subsidizing large labs with greater resources because they get to present symposia and often the same person spoke in multiple symposia. People outside of London, Utrecht and Melbourne might also have important data. 3. Very poor attendance from North America: this may be due to the cost but also the impression that ICSOR offers much better science and a better distribution of topics and symposia

It's more expensive than most conferences I attended, because researchers in Italy are fewer than those in other countries, so most people have to travel and apply for the visa to get to the meeting.

The format of having a major session in the morning followed by smaller ones in the afternoon and evening was good. Also the format indicating the time remaining for each speaker both inside and outside the lectures hall was quite useful.

General Comments

I think the 'discussant' section can be omitted from the talks. I am of the opinion that if they are not going to add anything new to the discussion, we certainly don't need a recap of what we just heard from 3-4 speakers.

Most of the speakers were the same one as previous SIRS congress. It would be nice if other interesting research group would have the chance to be selected. Has SIRS a complete international data bank of research groups in schizophrenia so that SIRS would invite them for participation? Florence and Venice are nice. Next SIRS in another Italian or Spanish city.

Overall, very well organized, I think the organizers should support young scientists - encourage that rising stars present their work on this platform.

This year there was a very good mix basis research and clinical oriented themes. That is very good.

Plenaries were excellent-- particularly on the final day.

I would like to see more efficient communication interface for abstract submission/status/updates. Relying only on e-mails is not sufficient.

I was not informed on the status of my proposed symposium, which later turned out to be a workshop. The names and titles of the speakers of this workshop were mixed up in the program book. The chair and discussant (John Kane) was available and willing to be at the symposium, yet the organizers contacted me that he was not. When I arranged another discussant it turned out that we had 2 discussants at the workshop. Audio files were uploaded and tested yet could not be played at the session.

It would be nice to have more controversial scientific discussions.

Very professionally organized and to be admired. One thing that could be improved is to try to not schedule symposia/sessions on the same topic at the same time. For example, on the Wednesday afternoon there were two rival symposia on psychotic symptoms/the psychosis continuum, when most attenders would have liked to go to both.

The poster session could have been categorized more clearly. I did not have a copy of the abstracts - this would have been useful.

Nice conference.

Good congress.

Please consider the idea of having speakers for symposia submit exactly what new data they will present.

Good mix of basic and clinical research.

Indicating that the SIRS conference is comparable to other meetings I attend is high praise. The other meetings I attend are ACNP, NCDEU and a small specialized meeting ISCTM.

It'd be nice to see more bridging between research and clinic.

1) Some speakers who gave two talks gave nearly the same talks at both occasions. 2) Very good researchers were invited on Monday and Tuesday afternoon sessions. Yet one had to make a choice to see only one in contrast to be able to see more than one speaker. 3) Similar topics of sessions were arranged for the same time so one could only go to one session.

- Very interesting topics this year! Especially the focus on non-pharmacological interventions: the choice of psychosocial interventions for the keynote lectures was excellent. I liked the two sessions about physical exercise, as they can result in a direct increase of the quality of life. All the speakers I have seen spoke very clear and were well prepared. - The abstract book was good, except that there was no structure in topics of the poster. Thus it was very difficult to screen all hundreds of posters for relevance to my topic. - It was a deception that this year only those posters received an award which were very elaborate, including the full abstract but few illustrations. While simple posters that do not cover all information may invite you more to ask questions.

Some of the lecture rooms had very poor lines of sight so if you were more than 2 rows back it was very hard to see the screen.

General Comments

Fruit and cakes for the afternoon please! Abstract books, please. Umbrellas in the bags

You had run out of program books by the time I registered. This was poor - you should have more than enough for those who've paid the registration fees.

Florence is over rated and over expensive; please change to a less expensive city. I gather Florence is popular because of its reputation I was not impressed.

I should be interested in late onset schizophrenia.

I work both in clinical and research fields.

It's a great meeting. I loved visiting Florence, too.

I love this conference and its location. It has over the last three conferences become one of my top two must attend conferences.

More clinical.

More focus on treatment

Good atmosphere, inspiring symposia. Very good with a conference focusing exclusively on schizophrenia!

It was the best conference I've been to. I was afraid, that for me as a clinician, information would be too detailed/difficult to understand and not much relevant for clinical practice. Instead I found it very inspiring to be there, I felt like being "updated". It was great that all the presentations had to do with schizophrenia and that all the people who were there are working in the same field.

There was very poor coordination between different companies – e.g. new tours, travel award coordinator and new tours -There was huge overlap in similar themed talks - some days I found nothing of interest, other days there were three concurrent sessions I wanted to attend. -I didn't find the keynote or plenaries to be very exciting.

Good congress very interesting.

High quality conference overall.

It was a very balanced mixture of both research and evidence based psychiatry suitable for implementation.

It was good to see the committee took on suggestions from 2010 conference and included more social cognitive and social functioning content.

The pre-congress should be more integrated in the program. for example the registration could be done together.

I would like to see speakers limited to one oral/symposium/plenary lecture, so as to avoid repetition of speakers and messages. Symposia should be encouraged (forced) to include international diversity and career-stage diversity. Thanks for a good coverage of topics relevant to the SIRS community. Please could we stop holding these conferences in Florence - it is bothersome to get to/from, and the conference facility is not very good (too many different buildings and too spread out, and quality of lunches not great). Thanks.

More options before lunch.

If talks are going to be held into the evening e.g. 8.30pm then snack food should be provided at the 6pm break!

More basic research, especially focused on animal modeling, would be useful.

Decreasing number of new study results more time for industrial lectures.

General Comments

It seemed that this time more than ever, the meeting was dominated by a few groups and has become a closed shop. Also, the atmosphere was different for a while when the American colleagues rather attended the ICOSR (not saying that this is good or bad).

Excellent

In the whole worth coming again.

The program book did not come with the abstracts book which made it difficult to decide on which talks to attend. A number of posters were missing from the program - not allocated a board nor in the program book. This was very disappointing for registered participants who had been excluded. Overall, it was a very good conference. Congratulations.

There was insufficient focus on basic science and too much focus on poorly researched interventions. Although a genetics update was appropriate, I got very little new info out of it. A few more female plenary speakers would be desirable.

Excellent coverage of the hottest topic in the field.

I found very little information on movement disorders.

I would strongly recommend not repeating the same topic or even a presentation over several sessions. I would strongly recommend going away from an exclusive focus on one topic only, i.e., here prodromal stage and allow a representation of what actually is happening in schizophrenia research rather than a very narrow focus that seems to express an interest of a few members.

Like Florence venue, and close by hotels and historical district....would like to see the meeting continue there.

It was a very nice, interesting and inspiring conference! It was great to meet other researchers and discuss our work. Some practical planning problems were clear, however: it was a shame that the three sessions on subclinical psychotic experiences in the general population (PLE's) were all scheduled at the same time. Apart from this, I really enjoyed it. Thanks for organizing this!!

Superb meeting. As a junior researcher it would be useful to have a social organized with other young scientists / junior researchers - or perhaps a special session for junior scientists.

Very informative and stimulating, very nice setting and good food.

The emphasis on clinical stuff was too strong or the long plenary sessions should be balanced with more basic research. For example, plenaries did not feature postmortem brain research. The Symposiums were generally poorly run, the Discussant rarely had time to perform his/her intended role as speakers went over time in individual talks. I think there were too many Symposiums at the expense of many good posters which could have made it to an oral presentation session. On occasion Symposium speakers mainly presented stuff I had seen at previous conferences, such as ICOSR last year. I believe all award recipients were male - not sure for the reason why female researchers were overlooked. I will make sure to make an effort to nominate worthy female candidates next time. The venue, with a long transit from the auditoriums to the poster session was not very good. There were several errors in the conference booklet. The staff behind the conference desk were poorly equipped to answer general questions, e.g. about access to computers/wi-fi when asked. Not impressed with the organizers at all.

It would have been nice to have a booklet or listing of attendees' names and contact information.

Very interesting and relevant for my daily workshops. A lot to choose between in the afternoons, which was difficult sometimes.

More involvement of family members and patients as discussants.

There needs to be a greater number of women represented as keynote speakers/plenary speakers at the conference. It was unfairly weighted towards men. Also whilst Florence is a great location, the conference should be held at a different city each time, to encourage people who have been to a SIRS conference before to return.

The organization should check the hotels before recommending. The hotel was not up to the mark.

This is a meeting you have to attend as a schizophrenia researcher.

General Comments

Not enough diversity and not enough neuroscience that year; too many posters, and poor diversity in the speakers; always the same speaker, chairmen symposium...

Student meeting/activities.

The website for registration was not very clear. I realized after a week that I had not completed my registration and that the payment had not yet taken place.

Excellent conference in the most beautiful city in the world.

This conference was one of the best I ever participated.

As a newcomer to schizophrenia research, this meeting was very helpful in helping me understand the major foci of research in schizophrenia especially concerning efforts to improve patient functioning.

Not too much industry-advertisement/involvement.

In light of the limited number of oral presentations, it is hard to perceive why orals were selected in a way that the same contents were presented twice

1. Too many parallel sessions of similar interest. Frustratingly unable to attend great talks. 2. conference lacks a central social / academic location 3. Suggest move to other interesting capital with more centralized facilities and social meeting point (the ICSOR in Colorado works well as an example)

Innovative, i.e. new paradigms like ESM and virtual reality. Out of the box thinking!

Shorter plenary talks. Incorporate some parallel sessions into the morning and fewer parallel sessions in the afternoons. I felt I missed many interesting session because of overlap.
For me it was a good synopsis of recent research activities. Time will show what will lead to further consequences in treatment.

Everything is wonderful and professional, only if the sites for different symposia are close enough for us to change.

Everything worked well and started (and finished) in time. Lunch was nicely together with poster sessions. Generally, nothing to complain.

Often sessions with similar content were scheduled at the same time.

I would like to know more about methods to track epigenetic rearrangements. I would like to know more about retrospective and prospective methods to track reaction to stressors.

Well organized and catering was excellent - plenty of food so people did not have to rush, was great having lunch right where the poster session was held i.e. the same room.

This is not a well-designed questionnaire. It is non-specific in the questions regarding speakers and has an emphasis on legal defensive and bureaucratic issues relative to research. Surely this detail is not necessary. With respect to the meeting itself I thought there were some really excellent symposia. For example the sessions on Progression organized by McGuire and Pantelis and that on Meta-analyses of drug treatment by Stefan Leucht and colleagues were really excellent. Informative, well-presented, with expert chairmanship encouraging extensive audience participation. Equally the sessions on Paternal Age and development chaired by J McGrath and D Malaspina, and by Borgwardt and Fusar-Poli on multimodal imaging, and by McCabe and Reichenberg on associations with intelligence were each full of interest, stimulated discussion and were exemplars of what individuals can achieve at such international meetings. The two plenary sessions that I attended (Genetics and

General Comments

Infection/Immunology) were less satisfactory and I thought did not justify the blocking out of parallel activity as such sessions entail. I thought the session on Genetics did not address the serious conflicts of evidence and interpretation in the field. Hearers of the first two talks would have drawn the conclusion that genes that contribute to predisposition have been reliably identified by linkage, and that copy number variants are an established component of etiology respectively. Both these conclusions are disputed. These disputes and alternative interpretations, of which there are several, of the evidence were not addressed. The latter two speakers were pedestrian, and not actively engaged in the endeavor to identify the genetic predisposition. The immunology session had somewhat similar faults. The findings hardly justified a plenary session, although McGuffin gave a good historical account of the HLA system in relation to the psychoses. One forceful speaker (Alan Brown) promoted theory.

The posters should be hanged for 2-4 days, not only one. One day is too short to see all interesting posters.

The Conference was amazing! I would like to particularly express my satisfaction with the mini booklet program provided, which was pocket size and easy to carry around, and very quick to find information about the location of the conferences.

Good meeting for research psychiatric.