between the behavioural response to standard criticism and standard praise and schizotypy, and the roles of perceived EE, depression and mood in these relations. **Method:** 98 participants from a student population and the public listening to 40 standard criticisms, 40 standard EE-like praises, and 40 neutral comments, and rated them for arousal and relevance. They completed a self-report online survey on schizotypy, perceived EE, depression, and current mood. Correlations were performed between the behavioural response to the comments and the self-report scale scores. Mediation analyses were performed between the relevance of criticism and schizotypy with perceived EE and depression as mediators, and the relevance of praise and schizotypy with perceived EE and positive mood as mediators. **Results:** Greater relevance of criticism related to positive schizotypy, and was fully mediated by perceived EE-irritability and depression. Lower relevance of praise related to cognitive disorganisation, and was fully mediated by perceived EE-intrusiveness and positive mood. **Conclusion:** Perceived criticism relates to positive schizotypy due to perceived irritability from a close relative and depression. Lesser perceived praise relates to cognitive disorganisation due to perceived intrusiveness from a close relative and lower positive mood.

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P3 An Exploratory Study from Eastern India on Neurological Soft Signs and Spontaneous Movement Disorders in Schizophrenia Spectrum Disorders

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Background: Apart from the traditional symptoms of delusion and hallucination, soft signs of neurological dysfunction in psychotic disorder have the potential for addressing neurodevelopmental and neurodegenerative aetiology. **Aim:** The study explored the neurological soft signs (NSS) and spontaneous movement disorders (SMD) in the same patient population of schizophrenia spectrum disorders (SSD) and other psychotic disorders. **Materials and methods:** Patients were diagnosed with SSD and other psychotic disorders as per ICD-10 diagnostic criteria and were evaluated with the Heidelberg manual for NSS and Modified Abnormal Involuntary Movement Scale (AIMS), Simpson-Angus Rating Scale (SARS), and Barnes Akathisia Rating Scale (BARS) for assessing dyskinesia. **Results:** Total 16 patients with mean age of 28.7 (±7.7) years had a mean duration of 63.2 (±68.8) months' illness. Out 16 patients, 13 cooperated for assessment. Patients with schizophrenia had the mean Heidelberg score of 6.75 (±3.304). The scores of complex motor task, right/ left spatial orientation, integrative functions, and hard signs varied but the motor coordination score was unwaveringly high in all the participants with SSD. Twenty per cent of SSD patients had dyskinesia. None had scored more than the upper limit of normal range in SARS. None of the participants had scored enough to qualify for akathisia. **Conclusion:** NSS and SMD emerge as distinct objective parameters for a group of psychotic disorder patients, especially SSD.

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