

**S-09-003****EPA guidance on the early intervention of CHR states**

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*Objective:* An increasing number of interventions have been evaluated in clinical high risk states of psychoses (CHR) samples in recent years. Therefore, the aim of the EPA Guidance project was to evaluate the efficacy of interventions that intended to prevent the conversion to psychosis and/or a deterioration of functional outcome and to consider the potential moderating effects of age and intervention type. Furthermore, the EPA aimed at developing evidence-based recommendations reflecting the current state of early intervention to improve the quality of mental health care in Europe.

*Methods:* The recommendations were derived from a meta-analysis of current empirical evidence on the efficacy of psychological and pharmacological interventions in CHR samples. Eligible studies had to investigate conversion rate and/or functioning as a treatment outcome in CHR patients defined by the ultra-high risk and/or basic symptom criteria.

*Results:* Fifteen studies were included in the meta-analysis ( $n = 1394$ ). Most interventions used cognitive-behavioral therapy (CBT) techniques. Based on data from all 15 studies, early intervention generally produced significantly reduced conversion rates at 6- to 48-month follow-up compared to control conditions with NNTs of 15 and 13 after 12 and 24 to 48 months, respectively. However, early intervention failed to achieve significantly greater functional improvements because both early intervention and control conditions produced similar positive effects. With regard to the type of intervention, both psychological and pharmacological interventions produced significant effects on conversion rates, but not on functional outcome relative to the control conditions. Early intervention in youth samples was generally less effective than in predominantly adult samples.

*Conclusion:* Seven evidence-based recommendations for early intervention in CHR samples could have been formulated, although more studies are needed to investigate the specificity of treatment effects and potential age effects in order to tailor interventions to the individual treatment needs and risk status.

*Policy of full disclosure:* None.

**S-09-004****EPA survey on the early detection and intervention programs**

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*Objective:* Both early detection (ED) and early intervention (EI) programs/services have gradually become important components of contemporary mental health care. However, it is unclear whether ED/EI programs have consistently been implemented throughout Europe. Our goal was to provide an overview of ED/EI services in countries which national psychiatric associations (NPAs) were members of European Psychiatric Association (EPA).

*Methods:* A 16-item questionnaire was sent to representatives (presidents and secretaries) of 40 NPAs, representing 37 countries. The representatives were also invited to recommend a person for additional information about ED/EI services/programs in the country. The collected data were analyzed in relation to indicators of the EPA member countries' development/economic situation and mental health resources indices.

*Results:* The response rate was 78.2% (29 NPAs), with no difference between responders and non-responders in terms of general economic and mental health indicators. ED/EI services were found in 18 out of 29 countries (median duration 9.0 years, range 2–20 years). The services involved both adults and adolescents in  $\frac{3}{4}$  cases and both at risk mental states and first episode psychosis in  $\frac{2}{3}$  of the countries. Although national guidelines for schizophrenia exist in most of the countries (79.3%), specific chapters focusing on ED/EI were found in minority of them (41.3%). National plans to develop ED/EI were reported in 6 countries. These countries already had ED/EI chapters in the schizophrenia guidelines. Finally, duration of untreated psychosis (DUP) was known by 44.8% (median, weeks: 30 in developed and 44 in economies in transition). It highly correlated with mental health staff/100.000 population ( $r = -.891$ ;  $p = .001$ ).

*Conclusion:* This is the first overview of ED/EI services in countries which NPAs are members of EPA. The field of ED/EI has been unequally developed across Europe and it needs improved educational platform, specific developmental plans and harmonization.

*Policy of full disclosure:* None.

**S-10 Formal thought disorder in schizophrenia—phenomenology and imaging correlates****S-10-001****Clinical dimensions of formal thought disorder and functional neuroimaging**

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Speech and language dysfunctions (formal thought disorder—FTD) are core symptoms of schizophrenia. We will review clinical rating scales for the assessment of different FTD symptom dimensions, in particular the TALD scale, and relate them to neuropsychological dysfunctions such as concretism or executive functions. On a neural level, brain imaging data will be reviewed, relating speech and language dysfunctions to neural aberrations. The impact of genetic variance and NMDA receptor (hypo-) function on brain activation will be reviewed focussing on speech and language paradigms.

*Policy of full disclosure:* None.

**S-10-002****The clinical utility of a dimensional and longitudinal evaluation of formal thought disorder in early psychosis**

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*Objective:* Formal thought disorder (FTD) is associated with poor outcome in established psychotic disorders however there is a dearth of research of this core symptom in early psychosis. We aimed to investigate the clinical utility of a multi-dimensional and longitudinal evaluation of FTD in the first year following first episode psychosis (FEP). Aspects of clinical utility examined were: social and occupational functioning, diagnostic discrimination, requirement for inpatient hospitalisation and quality of social relationships.

*Methods:* A mixed diagnostic FEP cohort was recruited through an Early Intervention in Psychosis Service in Ireland. FTD was evaluated at initial presentation and one year later with the Scale for the Assessment of Positive Symptoms and the Scale for the Assessment of Negative Symptoms. Structured assessments of a range of clinical characteristics,