the relationship between core cognitive schemata and their attenuated psychotic symptoms.
Methods: Participants were recruited from an ongoing prospective, naturalistic, multi-site study conducted in child and adolescents at risk for psychosis. 23 ultra high risk (UHR) patients and 14 HC were assessed. Inclusion criteria were extracted from the Ultra-High Risk Criteria (Miller et al. 2003) and Schemata were assessed using The Brief Core Schema Scales (Fowler et al. 2006).
Results: There were no significant differences between groups on gender ($p = 0.739$) but were founded differences on age ($p = 0.015$), being patients (mean age 15.13 ± 1.44) younger than HC (mean age 16.32 ± 1.25). Differences in BCSS subscales were founded between UHR and HC. HC scored higher on the 2 scales of Positive schemata, Positive-Self ($p > 0.001$) and Positive-Others ($p = 0.006$), meaning that HC has more number of positive believes about self and others. Patients who showed less number of Positive-Others believes had higher scores on delusional ideas ($r = -0.511$; $p = 0.025$), suspiciousness ($r = -0.599$; $p = 0.007$), Positive total score ($r = -0.498$; $p = 0.030$), ideational richness ($r = -0.474$; $p = 0.040$), and impaired tolerance to normal stress ($r = -0.504$; $p = 0.028$). Furthermore, having less positive believes about others was associated with higher scores in total SIPS ($r = -0.554$; $p = 0.014$). Higher scores on Positive-Self were associated with higher scores on disorganized communication (P5; $r = 0.452$; $p = 0.045$), and less volition (N2; $r = -0.499$; $p = 0.025$). Finally, patients scoring higher on GAF (higher general functioning) show more Positive believes about Self ($r = 0.500$; $p = 0.041$).
Conclusion: Data presented are partially consistent with published literature. Despite the small sample size, these findings could indicate the likely presence of cognitive and emotional processes related to the risk for developing psychosis.
Policy of full disclosure: None.

O-02-002
The impact of age on the prevalence of attenuated psychotic symptoms in patients of an early detection service

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Objective: Compared to 16- to 40-year-olds, 8- to 15-year-olds of the community reported higher frequencies of perceptual and lesser clinical significance of non-perceptual attenuated psychotic symptoms (APS). We examined if a similar age effect is present in a clinical never-psychotic sample ($N = 133$) referred to a specialized service for clinical suspicion of developing psychosis.
Methods: APS and brief intermittent psychotic symptoms (BIPS) were assessed using items P1–3 and P5 (non-perceptual), and P4 (perceptual) of the Structured Interview for Psychosis-Risk Syndromes, current axis-I disorders with the Mini-International Neuropsychiatric Interview and psychosocial functioning with the Social and Occupational Functioning Assessment Scale (score <71 indicative of at least some difficulty in social, occupational, or school functioning).
Results: 64% reported APS (61%) or BIPS (7%); any perceptual APS/BIPS was reported by 43% and any non-perceptual APS/BIPS by 44%. In correspondence to the results of the community study, perceptual but not non-perceptual APS/BIPS were significantly more frequent in younger age groups below the age of 16 (8–12 years: OR = 4.7 (1.1–19.5); 13–15 years: OR = 2.7 (0.9–7.7); 20–24-year-olds as reference group). An age effect of APS/BIPS on presence of any current axis-I disorder (59%) or functional difficulties (67%) could not be detected. Yet, when APS onset requirements were met, the likelihood of a psychiatric diagnosis increased significantly with advancing age.
Conclusion: Overall, the replicated age effect on perceptual APS in this clinical sample highlights the need to examine ways to distinguish clinically relevant perceptual APS from perceptual aberrations likely remitting over the course of adolescence.
Policy of full disclosure: None.

O-02-003
Metacognitive beliefs in severe mental disorders

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Objective: This project had three objectives: (1) to examine the prevalence of metacognitive beliefs in bipolar and psychotic disorders, compared to controls; (2) explore whether illness-related factors were linked to metacognitive beliefs; (3) examine if symptomatic responses (depression or positive symptoms) to early emotional abuse was mediated by metacognitive beliefs.
Methods: Patients with a bipolar or psychotic disorder, and healthy controls, were included through the on-going Thematically Organised Psychosis (TOP) Study in Oslo, Norway. Analyses included t-tests for group comparisons, regression analyses, and regression based mediation pathway analyses where the indirect effects were tested with bootstrapped confidence intervals.
Results: Patients with bipolar or psychotic disorders reported higher levels of metacognitive beliefs compared to controls. Metacognitive beliefs were significantly related to depression for all patients. For the bipolar group age at onset of affective disorder also contributed to specific metacognitive beliefs. For the psychosis group, premorbid social adjustment also contributed to most metacognitive beliefs. Further, metacognitive beliefs significantly mediated the relationship between early emotional abuse and depression. The combination of metacognitive beliefs and depression significantly mediated the relationship between early emotional abuse and positive symptoms. The mediation models explained a moderate amount of the variance in symptoms ($R^2 = .21–.29$).
Conclusion: Our results show that patients with bipolar or psychotic report higher levels of metacognitive beliefs compared to controls, and that such beliefs relate to depression in both patient groups. Our results also suggest that metacognitive beliefs relate to factors present before or at the onset of illness, which are often linked to a poorer long-term outcome in the disorders. Further, our findings suggest that metacognitive beliefs could play a role in an affective pathway to psychosis. Metacognitive beliefs could thus be relevant treatment targets in regards to depression and positive symptoms in bipolar and psychotic disorders.
Policy of full disclosure: None.

O-02-004
A deeper view of insight in schizophrenia: insight dimensions, unawareness and misattribution of particular symptoms and its relation with psychopathological factors

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Objective: (1) To describe insight in a large sample of schizophrenia subjects from a multidimensional point of view, including unawareness of general insight dimensions as well as unawareness and