(i.e., lack of close friends/social isolation), might carry predictive value for psychosis.
Conclusion: These prospective studies underline the value of schizotypy in high-risk research, but also point to the lack of evidence needed to better define the position of the construct of schizotypy within a developmental psychopathology perspective of emerging psychosis and schizophrenia-spectrum disorders.
Policy of full disclosure: None.

S-25-002
Ecological phenotypes in schizotypy and clinical high risk

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Objective: The current study employed Experience Sampling Methodology (ESM) to investigate whether appraisals of stress (perceiving the current situation as stressful) and social stress (e.g., not feeling close to people when with others) predicted the experience of psychotic symptoms in daily life in individuals at different levels of the extended psychosis phenotype (comprising nonclinical and early psychosis samples). The studyalso examined whether, in the nonclinical sample, these associations were moderated by psychometric schizotypy and schizophrenia-spectrum personality disorder (PD) traits.
Methods: 206 nonclinical young adultsand 29 early psychosis (At-Risk Mental State and First-Episode Psychosis) patients were signaled randomly eight times daily for one week to complete questionnaires about their thoughts, feelings, behaviors, social context, and psychotic symptoms. Nonclinical participants completed the Wisconsin Schizotypy Scales and were interviewed for schizophrenia-spectrum PDs.
Results: In nonclinical participants, stress and social stress were associated with psychoticsymptoms in the moment. These associations were moderated by positive schizotypy and by paranoid and schizotypal PD traits. Moreover, stress at the prior signal predicted the onset of symptoms at the current signal (over and above the effects of symptoms at the prior signal) onlyfor participants high in positive schizotypy. Analyses in the early psychosis sample indicated that stress and social stress were associated withpsychoticsymptoms and that stress predicted the onset of symptoms, but symptoms did not predict the onset of stress. (Results of an extended early psychosis sample will be presented in the symposium.)
Conclusion: Consistent with stress-sensitivity models, the findings indicate that stress and social stress appraisals are relevant mechanisms for the expression and exacerbation of psychotic symptoms across the psychosis continuum. Identifying the contextual characteristics and subjective appraisals that give rise to symptoms should elucidate etiological processes and inform the development of treatment interventions.
Policy of full disclosure: None.

S-25-003
Predictive value of the Wisconsin Schizotypy scales in a clinical high risk sample

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Objective: Schizotypy is regarded as an indicator of psychosis proneness and therefore a precursor of schizophrenia spectrum psychosis. The ultra-high risk criteria, in particular attenuated psychotic symptoms, had fallen back on the positive features of schizotypy and of schizotypal personality disorders (SPD), and are widely used in the early detection of psychosis. In general population samples, the positive schizotypy dimension and Social Anhedonia were consistently found as predictive of psychosis conversion; whereas in clinical high risk (CHR) samples, SPD itself and in particular lack of close friends were suggested as an additional predictor of psychosis. For the different assessments in community (psychometric schizotypy) and clinical samples (SPD scales), we examined psychometric schizotypy assessed with the Chapmans' 4 Wisconsin Schizotypy scales (WSS) as a potential predictor of psychosis in a CHR sample.
Methods: Our sample consisted of 128 help-seeking persons (23 ± 7 years; 81 % at risk for UHR and/or basic symptom criteria) from 2 early detection services with a median follow-up of 24 (12–101) months. Relationships between a CHR state and schizotypy were investigated by multinomial logistic regression analyses; psychosis-predictive value of the 4 WSS and their 2 dimensions by Cox regression analyses with follow-ups censored at 48 months.
Results: Within 48 months, 36 patients converted to psychosis. Whereas Physical Anhedonia was significantly associated with a current CHR state (OR = 1.170), unexpectedly, neither of the 4 WSS nor their dimensions were a significant predictor of conversion.
Conclusion: Schizotypy scales might lack the ability to further separate 'true' from 'false' risk cases in a clinical sample already presenting a more extreme range of the psychosis-continuum. Yet, for their reported psychosis-predictive value in non-clinical samples and the association between CHR state and Physical Anhedonia, psychometric schizotypy measures and Physical Anhedonia in particular might be useful as an initial screening for psychosis-prone persons in the community.
Policy of full disclosure: None.

S-25-004
Is cognitive profiling worth the effort?

C. Mohr (University of Lausanne, Lausanne, Switzerland; D. Herzig)

Objective: To understand the deficits along the schizophrenia spectrum, we have seen a plethora of research using more or less standardized neuropsychological tasks. Many of these tasks demonstrate consistent behavioural deficits in clinical (patients with schizophrenia) as well as high-risk and non-clinical (e.g., schizotypy) populations. The most frequently read conclusion is that such deficits represent behavioural markers of the illness, and more recently, endophenotypes of the illness. They are thus considered pertinent to the detection of psychosis proneness and high-risk populations. Here, it is argued that such a conclusion is unjustified given that neuropsychological tests have been established to assess brain dysfunctions in a more general sense.
Methods: We review the neuropsychological literature on high-risk and patient populations.
Results: Many neuropsychological measures show deficits along the schizophrenia spectrum, more strongly in patient populations than in high-risk or schizotypal individuals.
Conclusion: This observation (1) demonstrates that deficits are widespread affecting most brain functions (and by inference brain areas and circuits) and (2) do not demonstrate that deficits are behavioural markers of the illness, because they are found alone and in combination in many other psychiatric and neurological conditions. Moreover, such deficits tend to be of minor value when interested in the symptomatic and clinical course of high-risk individuals. Whilst the current conclusion may sound discouraging, we propose that cognitive profiling is yet important for research questions such as

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