psychosis, developmental risk, and outcome. Case–control studies from prospective cohorts or population/registry studies were eligible. Relevant study statistics were converted to Odds Ratios (OR's). A random effects meta-analysis was fitted to the data. Heterogeneity, and sensitivity analyses were conducted.
Results: Our analyses included k = 19 studies representing N = 18,243 offspring of parents with schizophrenia and N = 487,873 control offspring. There was an overall effect of OR = 5.82 (95 %CI 3.15–10.77) for the association between parental schizophrenia and offspring schizophrenia spectrum disorder. There was high study heterogeneity (I2 = 96.1 %). Association between maternal diagnosis of schizophrenia and offspring non-affective psychosis was OR = 5.83; (95 %CI 2.56–13.29) and of similar magnitude for paternal diagnosis of schizophrenia (OR = 4.68; 95 %CI 3.36–6.50). There were significant associations between parental schizophrenia and offspring bipolar disorder (OR = 3.04 (95 %CI 1.37–6.75); and between parental schizophrenia and offspring Cluster A personality disorder (OR = 3.40; 95 %CI 1.85–7.01).
Conclusion: We confirm historical evidence that offspring of parents with schizophrenia have increased vulnerability to psychotic disorders. Consistent with a dimensional model of psychotic disorders this association was also evident for bipolar and Cluster A Personality Disorder. The high heterogeneity in the analyses suggests methodological differences and environmental factors are also relevant.
Policy of full disclosure: None.

O-01-003
Prevalence of psychosis-risk criteria and symptoms in an inpatient and general population sample of children and adolescents

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Objective: In community samples, increased prevalence rates of attenuated psychotic symptoms (APS) and positive symptoms were reported for children and adolescents compared to adults. Thus, APS and possibly other risk symptoms and criteria might be even more frequent in clinical child and adolescent samples, even if the clinical picture does not suggest the possible development of psychosis.
Methods: We study the prevalence and possible clinical impact of risk criteria and symptoms according to the ultra-high risk (UHR) and basic symptom (BS) approaches in an inpatient (ClinS) and a general population sample (GPS) of 8–17-year-olds (at the time of writing: ClinS: N = 41; GPS: N = 55). The inpatient sample comprised 5 diagnostic groups for that increased rates of subsequent psychosis had been reported: Eating (n = 19), ADH (n = 6), Anxiety (n = 5), Obsessive Compulsive (n = 5) and Asperger's (n = 6) Disorders. UHR and BS symptoms and criteria were assessed with the 'Structured Interview for Psychosis-Risk Syndromes' (SIPS) and the 'Schizophrenia Proneness Instrument, Child and Youth version' (SPI-CY).
Results: Similar rates of risk symptoms and criteria were found in both samples: Only 1 patient of the ClinS (2 %), but 5 persons of the GPS (9 %) acknowledged the presence of any one at-risk criterion. Additional 15 ClinS (37 %) and 25 GPS (46 %) acknowledged at least any 1 past or present risk symptom. Thereby, "perceptual abnormalities/hallucinations" of the SIPS and SPI-CY were by far the most frequent phenomena in both samples.
Conclusion: Currently used risk symptoms—particularly when related to perception—are frequent in children and adolescents with severe mental disorders requiring inpatient treatment and in youths from the community. Since risk criteria have predominately been developed in adult samples in that perceptual phenomena are much less frequent, the findings call for further studies on the psychopathological significance of risk symptoms in children and adolescents. This work is supported by a project funding grant from the Swiss National Science Foundation (320030_133120).
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O-01-004
The European Psychiatric Association's (EPA) guidance on the early intervention of clinical high risk states of psychoses

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Objective: The desire to prevent the first manifestation of a psychotic disorder has stimulated intensive research efforts. Meanwhile, several studies are available, raising the question, if a transfer into clinical practice is already justified. Therefore, the EPA decided to develop recommendations reflecting the current state as part of the EPA Guidance project. This project aims to improve the quality of mental health care in Europe by disseminating written information based on best evidence and psychiatric practice and to facilitate countries learning from each other in areas where guidelines are lacking.
Methods: A meta-analysis of studies reporting psychological and/or pharmacological preventive interventions. Two major outcomes were considered, effects on transition to psychosis and on functioning.
Results: 15 studies including about 1400 participants could be entered into the meta-analysis. Both psychological and pharmacological interventions produced significant effects on conversion rates with NNTs of 15 and 13 after 12 and 24 to 48 months, respectively. With regard to functioning, the analysis revealed no significant difference neither between experimental and control condition in general nor between the two types of intervention. However, after removing one study introducing a high degree of heterogeneity, the experimental condition was significantly superior. There was a moderate, but non-significant effect of age on effect on transition as well as functioning. Yet, a dedicated sample of children and young adolescent was lacking.
Conclusion: Compared to the number of trials available for e.g., the treatment of schizophrenia, the number of prevention trials is still very small and, particularly with regard to pharmacological trials, heterogeneous. Nevertheless, results of this and other meta-analyses demonstrate that the risk for psychosis can be significantly lowered. Functioning has to be further evaluated in studies addressing this outcome explicitly. The six recommendations of the EPA (see http://www.europsy.net/publications/guidance-papers/) will be presented and discussed.
Policy of full disclosure: None.

O-01-005
First episode psychosis fidelity scale FEPS-FS

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Objective: To develop a reliable measure of fidelity to evidence based components of first episode psychosis services.
Methods: A sequence of knowledge synthesis strategies including, systematic reviews, identification of service components, rating of levels of evidence for each component, international Delphi expert