

Objective: The basic symptom criterion “cognitive disturbances” (COGDIS) and ultra-high risk (UHR) criteria, in particular attenuated psychotic symptoms (APS) but also the less frequent transient psychotic symptoms (BIPS), are commonly used for the prediction of psychosis. However, their predictive value has been assessed so far only by survival analyses using one-time baseline ratings and time-to-conversion. Thereby, potentially risk status-informative fluctuations in risk criteria ratings over time remained unaccounted for. Therefore we studied if and how the predictive value of COGDIS and APS and their combination might be influenced by their presence across different assessment times.

Methods: In a naturalistic 24-month study funded by a research grant of the German Research Foundation (DFG), 146 patients at risk for “cognitive-perceptive basic symptoms” were repeatedly examined (monthly assessments until month 6, thereafter 3-monthly) for COGDIS and APS with the Schizophrenia Proneness Instrument, Adult version, and the Structured Interview of Prodromal Syndromes. Joint latent class analysis was applied to identify different patterns of risk criteria over time and to detect the degree of their association with risk for conversion to psychosis.

Results: The final model included 4 classes: neither COGDIS nor APS, exclusively COGDIS, exclusively APS, and the combination of COGDIS and APS. Class-specific trajectories and survival functions were associated with an increased risk for the conversion to psychosis from a mild to an intense degree, demonstrating a superior performance of the combination of COGDIS and APS.

Conclusion: This result reinforces earlier results of a clearly superior psychosis-predictive value of the combination of APS and COGDIS at baseline and shows that the superior performance of this combination is maintained over time, i.e., independent of when it occurs. Thus, patients with an increased symptomatic risk for psychosis should be repeatedly monitored for APS and COGDIS to assess shifts in risk status.

Policy of full disclosure: None.

P-11-003

Mechanisms of transmission of health and risk in parents with schizophrenia or bipolar disorder and their offspring (The WARM Study)

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Objective: Approximately half of infants of parents with complex mental health problems such as psychosis and mood disorder develop mental disorders themselves and thus have a markedly increased risk compared to the normal population. The purpose of this study is to establish the feasibility of developing a cohort of pregnant women with severe mental disorder and to identify biological and psychosocial transmission mechanisms involved in the development of ‘risk’ and ‘resilience’ in the offspring. A High-Risk developmental trajectory in infants is likely to be caused by a complex interaction between multiple biological, psychological and social factors. The WARM study focuses specifically on examining the impact of physiological stress-sensitivity (cortisol), attachment, care-giving and the familial/social context on care-giving and infant development.

Methods: The project is a longitudinal cohort study, identifying and recruiting women during pregnancy presenting in four groups: (1) lifetime DSM-V diagnosis of schizophrenia (n = 50); (2) lifetime

diagnosis bipolar disorder (n = 50); lifetime diagnosis of moderate/severe depression (n = 50); non-clinical control (n = 50). The cohort will be recruited in Denmark and Scotland. After baseline assessment antenatally, mother’s and their infant’s will be followed up at 1–7 days, 4-, 16-weeks and 12-months postnatally. We will measure symptoms (PANSS, Bech, MADRS), stress-sensitivity (maternal and infant salivary cortisol), maternal intelligence (Reynolds Intellectual Screening Test), maternal attachment (Adult Attachment Interview, Adult Attachment Projective, Psychosis Attachment Measure), neonatal behaviour (NNS), mother-infant interaction (Caregiving Inventory, Still Face procedure) and social factors (significant others, childhood trauma, demographics) .

Results: Recruitment in both Scotland and Denmark commenced in November 2014.

Conclusion: The WARM study will establish feasibility of developing a cohort of pregnant women with severe mental disorder. We will also develop the research evidence base for improved treatment frameworks for this clinical group.

Policy of full disclosure: None.

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Mediation models from childhood adversity to depressiveness in patients at-risk for psychosis and in help-seeking controls

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Objective: Childhood adversity (CA) is associated with poor mental health outcomes including psychotic symptoms. However, the mechanisms linking CA to the development of psychosis are still poorly understood—in both their nature and the specificity of links for psychosis development. Possible links (mediators) are an excessive use of external attributions, dysfunctional coping patterns, and depressive symptoms that were associated with CA in healthy subjects but have not been studied in patients at-risk for psychosis.

Methods: Pathways models from CA to depressiveness were generated based on literature and examined separately in two samples by structural equation modeling: 137 patients at-risk for psychosis and 228 help-seeking controls. Mediators between CA (Trauma and Distress Scale) and depressiveness (BDI II) were attribution style, self-efficacy (Competence and Control Beliefs Questionnaire) and coping strategies (Stress-Coping-Questionnaire).

Results: As expected, both final models showed 3 pathways running from CA to external attributions and low-self-efficacy, from these beliefs to maladaptive coping strategies and from there to depressiveness (CFI > 0.9, RMSEA < 0.1). In addition to these 3 direct pathways, the at-risk group displayed an alternative effect of CA on maladaptive coping.

Conclusion: Our findings suggest that CA generally increases the risk for mental health problems by the development of dysfunctional attributions and low self-efficacy that lead to maladaptive coping strategies and heightened levels of depressiveness with an additional effect of CA on maladaptive coping in at-risk patients. Thus, integrated interventions targeting these factors may enhance resilience and, thereby, prevent both the persistence of distressing symptoms and their progression to mental disorders, including psychosis.

Policy of full disclosure: None.