co-occurring affective disturbances, PEs, and HS (moderate psychosis [1–2 PEs]: relative risk ratio [RRR]=1.23, 95% CI 1.03–1.48, p=0.023; high psychosis [3 or more PEs or HS]: RRR=1.66, 95% CI 1.26–2.19, p<0.001) in models adjusted for socio-demographic characteristics and socio-environmental factors. However, when we additionally adjusted for working memory performance this association was attenuated (moderate psychosis: RRR=1.17, 95% CI 0.98–1.41, p=0.088; high psychosis: RRR=1.57, 95% CI 1.19–2.08, p=0.002). In line with previous findings, there was no evidence that JTC bias was more likely to occur in individuals with sole presence of affective disturbances (RRR=1.03, 95% CI 0.94–1.13, p=0.492). Further, there was some evidence of a dose-response relationship, as JTC bias was progressively more likely to occur in individuals with affective disturbances as the level of PEs increased or HS was reported (high vs. moderate psychosis: p=0.052). In contrast, compared to individuals with neither affective disturbances nor PEs, a decreased working memory performance was evident in all groups (i.e., affective disturbances only: RRR=0.94, 95% CI 0.90–0.98, p=0.006; PEs only: RRR=0.79, 95% CI 0.69–0.91, p=0.001; co-occurring affective disturbances and moderate psychosis: RRR=0.83, 95% CI 0.75–0.91, p<0.001; co-occurring affective disturbances and high psychosis: RRR=0.76, 95% CI 0.65–0.89, p=0.001).

Discussion: Our findings suggest that JTC bias and decreased working memory performance may contribute to a transdiagnostic phenotype of co-occurring affective disturbances and PEs. Further, findings support the notion that JTC bias may be specifically associated with psychosis, including in those presenting a transdiagnostic phenotype, while a lowered working memory performance may contribute to a transdiagnostic phenotype of co-occurring affective disturbances and PEs. Further, findings support the notion that JTC bias was more likely to occur in individuals with sole presence of affective disturbances as the level of PEs increased or HS was reported (high vs. moderate psychosis: p=0.052). In contrast, compared to individuals with neither affective disturbances nor PEs, a decreased working memory performance was evident in all groups (i.e., affective disturbances only: RRR=0.94, 95% CI 0.90–0.98, p=0.006; PEs only: RRR=0.79, 95% CI 0.69–0.91, p=0.001; co-occurring affective disturbances and moderate psychosis: RRR=0.83, 95% CI 0.75–0.91, p<0.001; co-occurring affective disturbances and high psychosis: RRR=0.76, 95% CI 0.65–0.89, p=0.001).

Discussion: Our findings suggest that JTC bias and decreased working memory performance may contribute to a transdiagnostic phenotype of co-occurring affective disturbances and PEs. Further, findings support the notion that JTC bias may be specifically associated with psychosis, including in those presenting a transdiagnostic phenotype, while a lowered working memory performance may contribute to a transdiagnostic phenotype of co-occurring affective disturbances and PEs. Further, findings support the notion that JTC bias was more likely to occur in individuals with sole presence of affective disturbances as the level of PEs increased or HS was reported (high vs. moderate psychosis: p=0.052). In contrast, compared to individuals with neither affective disturbances nor PEs, a decreased working memory performance was evident in all groups (i.e., affective disturbances only: RRR=0.94, 95% CI 0.90–0.98, p=0.006; PEs only: RRR=0.79, 95% CI 0.69–0.91, p=0.001; co-occurring affective disturbances and moderate psychosis: RRR=0.83, 95% CI 0.75–0.91, p<0.001; co-occurring affective disturbances and high psychosis: RRR=0.76, 95% CI 0.65–0.89, p=0.001).

Discussion: Our findings suggest that JTC bias and decreased working memory performance may contribute to a transdiagnostic phenotype of co-occurring affective disturbances and PEs. Further, findings support the notion that JTC bias may be specifically associated with psychosis, including in those presenting a transdiagnostic phenotype, while a lowered working memory performance may contribute to a transdiagnostic phenotype of co-occurring affective disturbances and PEs. Further, findings support the notion that JTC bias was more likely to occur in individuals with sole presence of affective disturbances as the level of PEs increased or HS was reported (high vs. moderate psychosis: p=0.052). In contrast, compared to individuals with neither affective disturbances nor PEs, a decreased working memory performance was evident in all groups (i.e., affective disturbances only: RRR=0.94, 95% CI 0.90–0.98, p=0.006; PEs only: RRR=0.79, 95% CI 0.69–0.91, p=0.001; co-occurring affective disturbances and moderate psychosis: RRR=0.83, 95% CI 0.75–0.91, p<0.001; co-occurring affective disturbances and high psychosis: RRR=0.76, 95% CI 0.65–0.89, p=0.001).

Discussion: Our findings suggest that JTC bias and decreased working memory performance may contribute to a transdiagnostic phenotype of co-occurring affective disturbances and PEs. Further, findings support the notion that JTC bias may be specifically associated with psychosis, including in those presenting a transdiagnostic phenotype, while a lowered working memory performance may represent a more broadly distributed vulnerability factor across various symptom domains. Overall, results point to the need to further investigate whether established mechanism and risk factors, described to be involved in the development and maintenance of psychosis, extend to transdiagnostic phenotypes to further corroborate proposed aetiological models and overcome shortcomings of focusing only on specific domains of mental health.

**T116. CAFFEINE-INDUCED PSYCHIATRIC MANIFESTATIONS**

Kwanghun Lee*,1, Won-Myong Bahk2, Bo-Hyun Yoon3, Duk-In Joun4, Sang-Yeol Lee5, Moon Doo Kim6, Beomwoo Nam7, Min-Kyu Song8

1Dongguk University Hospital; 2Yeouido St. Mary’s Hospital, The Catholic University of Korea; 3Naju National Hospital; 4Hallym University; 5Wonkwang University, School of Medicine; 6School of Medicine, Jeju National University; 7School of Medicine, Konkuk University; 8Yesan Mental Health Clinic

Background: The association between caffeine consumption and various psychiatric manifestations has long been observed.

Methods: We present two cases that show the ability of caffeine to induce psychotic and manic symptoms, and we also review the extant literature on caffeine-induced psychiatric manifestations.

Results: On the basis of our own and others’ findings, we suggest that caffeine may be related to not only de-novo psychotic or mood symptoms but also to aggravation of pre-existing psychotic or mood disorders.

Discussion: We therefore suggest that caffeine consumption among patients with mood or psychotic symptoms should be assessed carefully in clinical practice as part of routine psychiatric evaluations.

**T117. INVESTIGATION OF FORMAL THOUGHT DISORDER AND RESPONSE TO TREATMENT IN SCHIZOPHRENIA**

Fernando Rocha Loures Malinowski1, Bruno Bertolucci1, Cristiano Noto1, Deyvis Rocha1, Cinthia Higuchi2, Rodrigo Bressan1, Ary Gadelha1

1Federal University of Sao Paulo (UNIFESP)

Background: Formal thought disorder (FTD) is a multidimensional dysfunction characterized by inability to maintain a coherent speech in spoken or written language, poor social cognition and disorganized thought itself. Presence of formal thought disorder has been associated with poor prognosis in schizophrenia, but the association with treatment response is yet to be determinate. Formal thought disorder has a close relation to disorganized symptoms in schizophrenia, which were independently associated with treatment resistance and poor response to standard antipsychotics. Formal thought disorder investigation could provide a clinical construct better delimited to assess disorganized symptoms in schizophrenia.

We investigated the association between FTD, remission and treatment resistance in patients with schizophrenia.

Methods: This study reunite a sample of 213 patients, between 14 and 69 years, who met DSM-IV criteria for schizophrenia. The analyses were conducted in two samples conducted independently. In both samples, Diagnostic evaluation was performed with the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I), response to treatment was primarily assessed through PANSS, functional impairment was assessed by GAF and disease severity, by CGI. The first sample was a follow-up study that enrolled inpatients. Participants were rated at baseline and after four weeks of antipsychotic treatment. If the participant did not reduce a minimum of 40% of baseline PANSS, the antipsychotic was switched. If the participant did not reduce a minimum of 40% in total PANSS in the following antipsychotic trial, the participant was considered as treatment resistant schizophrenia (TRS) and clozapine, introduced. The second sample was enrolled in an outpatient clinic specialized in schizophrenia.

Illness remission was defined as a severity of mild (score of 3 on a scale of 1 to 7) or less for P1, P2, P3, G9, G3, N1, N4 and N6 PANSS’s items. To establish FTD severity, PANSS items related to high scores at the Thought and Language Index (TLI) were considered: P2, P6, N1, N2, N5, N6, G7 and G9.

Results: Most subjects were male (56.8%) and the mean age was 34.42 (±12.33 SD).

The FTD failed to associate with remission (t = 4.007, p = 0.491) or treatment resistance (t = -3.768, p = 0.988) in both samples. FTD had a negative correlation with GAF (r = -0.473, p<0.01) and a positive correlation with CGI (r = 0.530, p<0.01).

Discussion: FTD had a stronger association with global functioning and severity measures, rather than treatment symptomatic outcomes. In future studies, we will investigate whether FTD show distinctive clinical features commonly related to disorganized syndrome, i.e. earlier age of onset.

**T118. IMPACT OF DYSFUNCTIONAL METACOGNITIONS AND WORRY ON DEVELOPMENT OF PARANOIA: A 1-YEAR LONGITUDINAL STUDY IN A NON-CLINICAL SAMPLE**

Xiaoqi Sun*,1, Suzanne So1, Raymond Chan2, Chui-de Chiu1, Patrick Leung1

1The Chinese University of Hong Kong; 2Institute of Psychology, Chinese Academy of Sciences

Background: A worry thinking style has been identified as one of the proximal causal factors for paranoia (Freeman & Garety, 2014). This argument has been supported by the finding that patients with paranoia worry as much as patients with generalized anxiety disorder, and that worry predicts paranoia in non-clinical individuals. Wells (1995) argued that it is when metacognitions about worry (i.e., beliefs about worry and meta-worry) exaggerate worrying that anxiety disorders emerge. It was not clear how metacognitions interact with trait worry in the development of non-clinical paranoia.
Aims: To examine the predictive effect of dysfunctional metacognitions and trait worry on change in paranoia over one year within a large university sample.

Methods: An online survey encomposing measures of metacognitions, trait worry, and paranoia was conducted at baseline (valid N = 2291) and one year (N = 1746). A series of longitudinal structural equation models were tested, with baseline level of metacognitions as latent variable, baseline trait worry and paranoia at both time points as observed variables. Model fit indices were compared across models (CTI, RMSEA, AIC, BIC).

Results: A final trimmed model with the best goodness-of-fit (χ² = 82.78, p < 0.001, CFI = 0.99, RMSEA = 0.069) suggested that dysfunctional metacognitions contributed to paranoia at 1-year follow-up, both directly (β = 0.21, p < 0.01) and via baseline paranoia (β = 0.09, p = 0.01). Trait worry at baseline did not predict paranoia at either time point.

Discussion: Our results indicated a critical role of dysfunctional metacognitions in paranoid ideation both concurrently and prospectively. Future interventions may focus more on modifying beliefs and worry about worry.

T119. CAN SOME YOUNG PEOPLE RECOVER FROM FIRST-EPIODE PSYCHOSIS WITH INTEGRATED PSYCHOSOCIAL TREATMENT WITHOUT ANTIPSYCHOTIC MEDICATIONS? AN RCT TO ASSESS RISKS, BENEFITS, AND RANGE OF OUTCOMES

Patrick McGorry*, 1, Shona Francey1, Barnaby Nelson1, Graham Jessica1, Baldwin Lara1, Harrigan Suzy1, Hok Pan Yuen1, Fornito Alex1, Allott Kelly1, Alvarez-Jimenez Mario1, O’Donoghoe Brian1
1 Orygen Youth Health Research Centre for Youth; 2 Monash University

Background: While antipsychotic medication (AP) is a very effective treatment for positive psychotic symptoms in first-episode psychosis (FEP), it is also associated with risks. These include adverse neurological and metabolic effects and measurable changes in brain structure. APs may even be associated with poorer functional recovery. Due to advances in the detection of, and psychosocial treatments for, FEP, it is now ethically feasible to study the relative risks and benefits of offering AP as a first-line treatment, and conversely, of withholding it, on a background of comprehensive evidence-based psychosocial care. This non-inferiority design randomised double blind placebo controlled study examines whether a (low-risk) subgroup of people with FEP can recover without AP, and considers the effects on functioning, physical health, cognition, and brain structure of AP versus withholding AP.

Methods: Young people with FEP were screened for study eligibility and invited to participate if they met stringent inclusion criteria indicating low-risk of harm to self or others, and adequate social support. Hence a large proportion of patients were assumed a priori to be too high risk to withhold antipsychotic medication. Participants were randomly assigned to receive either low dose AP (MIPT group) or placebo (PIPT group) for six months, and all participants received intensive psychosocial treatment. Randomisation was stratified with three levels of DUP and gender creating six cells. Assessments of psychopathology, neurocognitive performance, and neuroimaging occurred regularly until two years after study entry.

Results: 90 young people were randomised and 81 commenced trial medication. They were 44% male and mean age 18.5 years (SD = 2.7). Thirty-four percent of participants completed the six month medication phase and there were more completers in the placebo group than the medication group. On the primary outcome measure of SOFAS there was significant evidence that the placebo group was not inferior to the medication group (SOFAS: MIPT mean = 61.5, SD = 13.4; PIPT mean = 61.7, SD = 16.8). The two groups were found to be very similar on all psychopathology assessments and measures of functioning at both baseline and following treatment, suggesting that the outcomes of the two treatment regimes were not different with respect to symptoms and functioning.

Discussion: The results of this study demonstrate that it is feasible and acceptable to conduct AP-free research in carefully selected FEP to examine the risk-benefit ratio of current treatments under carefully controlled conditions that prioritise patient outcomes and safety. Although only one-third of the participants completed the six month trial intervention period, more of those on placebo completed the trial phase and they had higher mean, minimum and maximum time in the experimental intervention phase than those on medication. In addition, there were no differences between the groups on measures of psychopathology and functioning, suggesting that the intensive psychosocial intervention provided to all participants is complementary and may be more important than antipsychotic medication in the early phases of psychotic illness for a subgroup of young people. However this subgroup is very small as a % of total FEP patients treated during the study period. Further analysis of physical health and neuroimaging data and completion of the 24 month follow-up assessments will allow detailed examination of the risk-benefit ratio regarding antipsychotic medication in FEP.

T120. SUBMISSION WITHDRAWN

T121. RATES AND PREDICTORS OF RELAPSE FOLLOWING DISCONTINUATION OF ANTIPSYCHOTIC MEDICATION AFTER A FIRST EPISODE OF PSYCHOSIS

Meghan Bowtell1, Scott Eaton1, Kristen Thien1, Melissa Bardell-Williams1, Lingley Downey1, Aswin Ratheesh1, Eoin Killackey1, Patrick D. McGorry1, Brian O’Donoghue*1
1 Orygen, the National Centre of Excellence in Youth Mental Health

Background: There is uncertainty about the required duration of long-term antipsychotic maintenance medication after a first episode of psychosis. Robust predictors of relapse after discontinuation are yet to be identified. The present study aimed to determine the proportion of young people who discontinue their antipsychotic medication after a first episode of psychosis, the proportion who experience relapse, and predictors of relapse.

Methods: A retrospective study of all individuals presenting to the Early Psychosis Prevention and Intervention Centre between 01/01/11 and 31/12/13 was conducted. A Cox regression analysis was conducted to identify predictors of relapse.

Results: A total of 544 young people with a FEP were included. A trial of discontinuation was undertaken by 61% of the cohort. Median duration of antipsychotic medication prior to first trial of discontinuation was 174.50 days. Amongst those trialing discontinuation, 149 (45.8%) experienced relapse in a median follow-up time post discontinuation of 372 days. On multivariate analysis, predictors of relapse were a diagnosis of cannabis abuse disorder (HR: 1.40), and longer duration of antipsychotic medication (HR: 1.05).

Discussion: Antipsychotic discontinuation frequently occurs earlier than guidelines recommend. Individuals with a diagnosis of cannabis abuse are more likely to experience relapse and addressing this substance abuse prior to discontinuation could possibly reduce relapse rates.

T122. UNMET NEEDS IN PATIENTS WITH ACUTE TRANSIENT PSYCHOTIC DISORDERS (ATPD): ANALYSIS OF PATHWAYS TO CARE: AN 8 YEARS FOLLOW-UP STUDY

Amedeo Minichino*1, graffiti Rutigliano1, Sergio Merlino1, Cathy Davies1, Dominic Oliver1, Andrea De Micheli1, Philip McGuire2, Paolo Fusar-Poli2
1 University of Oxford; 2 Institute of Psychiatry, Psychology & Neuroscience, King’s College London; 3 University of Pisa; 4 Institute