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Background: Acute and transient psychotic disorders (ATPDs) constitute a highly heterogeneous category of brief psychotic disorders. The long-term course and outcomes of ATPDs is not completely clear, with more than half of patients initially diagnosed with ATPDs shifting towards other psychotic spectrum diagnoses. Uncertainties in the real-world clinical care of these patients is further complicated by the diagnostic overlap with the Brief Limited Intermittent Psychotic Symptoms (BLIPS). Thus, patients with similar diagnostic features may either be recommended conventional antipsychotic treatment (if diagnosed with ATPD and according to the current guidelines for first episode psychosis - FEP) or be contraindicated antipsychotic treatment and receive psychological therapies (recommended for BLIPS cases).

This study aims at overcoming such a gap in knowledge by describing the pathways to care of patients with ATPDs and the treatments received across eight follow-up time-points (3, 6, 12, 18, 24, 48, 72, and 96 months).

Methods: Electronic health record-based retrospective cohort study including all patients who received a first index diagnosis of ATPD (F23, ICD-10) within the South London and Maudsley (SLaM) National Health Service Trust, between 1st April 2006 and 15th June 2017. Sociodemographic and clinical characteristics were analyzed using one-way ANOVA and Tukey post-hoc tests for continuous variables and chi square test for categorical variables. Logistic regression analyses were used to investigate the association between sociodemographic characteristics and detection/treatment by EIP.

Results: A total of 3074 patients receiving a first index diagnosis of ATPD (F23, ICD-10) within SLaM were included. The mean follow-up was 1495 days. After 8-year, 1883 cases (61.26%) retained the index diagnosis of ATPD; the remaining developed schizophrenia (23.8%), affective-spectrum psychoses (4.8%), and other psychotic disorders. Only 7.5% of ATPDs was detected and treated by Early intervention in Psychosis services (EIP). The remaining quote of patients were treated with general mental health services (91.5%).

Active treatment by EIS was more common among males, caucasian, and younger individuals (odds ratio (OR) = 1.35, 95% CI 1.01–1.7, P<0.01; OR = 0.6, 95% CI 0.46–0.78, P<0.001; and OR = 0.91, 95% CI 0.90–0.92, P<0.001, respectively).

Almost half of the total sample (48.5%) was in treatment with antipsychotic medications after 1 year of follow-up. This proportion dropped to 25% after 3 years of active treatment.

Less than 1% of ATPDs were offered psychotherapy interventions at any of the 8 time points of interest.

Discussion: The present study shows that the largest majority of individuals with ATPD (91.5%) is never detected and treated by the EIP services, which should be the best clinical option for these patients.

This suggests that they are receiving neither the best first-episode care nor the best preventative care. Efforts should be done to promote outreach campaigns in general mental health services to persuade clinicians referring these patients to local EIP services, with the aim of providing the best possible care.

T123. PERSISTENT NEGATIVE SYMPTOMS IN FIRST EPISODE PSYCHOSIS: PREVALENCE, PREDICTORS AND PROGNOSIS

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Background: Negative symptoms are a core component of schizophrenia. These symptoms have been shown to impact on a range of outcomes, and often are resistant to pharmacological and psychosocial interventions treatment. The goal of this study was to investigate the prevalence, baseline predictors and long-term impact of persistent negative symptoms (PNS) within a large representative cohort of people with first episode psychosis.

Methods: The study had prospective design. Patients recruited into the OPUS trial (1998–2000) with a first time diagnosis within the schizophrenia spectrum (F20-28) were included. People were classified with persistent negative symptoms, if they experienced enduring negative symptoms that were not secondary to psychotic symptoms, depression or due to medication side effects. Clinical data collected at baseline, 1 year, 2 years and 10 years was used to identify predictors of PNS and long-term outcomes.

Results: Full clinical data was available on 369 people. A total of 90 people (24%) displayed PNS, two years after diagnosis. Significant univariable predictors of PNS at baseline were low functioning, male sex, cannabis use, poor pre-morbid social functioning and high levels of negative symptoms. People that displayed PNS had significantly lower functioning and higher levels of psychopathology at 10 year follow-up. A total 3% of people with PNS were recovered at 10 year follow-up compared to rate of 20% recovered without PNS (OR 7.42, p<0.01).

Discussion: A significant proportion of the cohort displayed persistent negative symptoms and these symptoms significantly impacted on long-term outcomes. Researchers and clinicians need to continue to develop effective interventions that can ameliorate these symptoms and potentially impact on illness prognosis within schizophrenia.

T124. CLINICAL DIFFERENCES BETWEEN URBAN AND RURAL SCHIZOPHRENIA

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Background: Schizophrenia is a highly heritable disease; yet heritability rate could never exceed 80% in most studies. Genetic factors could never then, by their own, account for the whole risk for developing schizophrenia. Thus, environmental factors co-play a major role. Urbanity is now well established to be one of the most influential environmental factors for developing severe mental illnesses. A strong association between exposure to urban environment and the risk of developing schizophrenia, was demonstrated and several studies have shown that living in an urban environment increases the risk for developing schizophrenia.

The aim of this study was to examine the clinical biological characteristics of patients with schizophrenia according to their rural or urban condition.

Methods: This study was based on 106 patients with a DSM 5 diagnosis of schizophrenia in period of remission. Sociodemographic and clinical characteristics were assessed, PANSS scale, Calgary depression scale, CGI scale were used to assess different features of the disease and biological variables (CBC; renal and liver markers, inflammatory markers: CRP and CRP hs) were evaluated. Two groups were formed according to the patient’s urban or rural birth and early living.

Results: There were 71 urban and 35 rural patients. The mean age was 42.7 years in the urban group and 42.3 years in the rural group. Socio demographic characteristics were similar between the two groups. Patients with urban background had a higher score on the negative subscale (p=0.01) and the general psychopathology subscale (P=0.025) of the PANSS compared with rural patients. Otherwise, compared to patients with a rural
birth and early living, urban patients showed more depressive symptoms on the Calgary depression scale (p=0.039). There were no significant differences between the two groups regarding the biological variables tested.

Discussion: The association between urban upbringing and risk for developing schizophrenia is well established. Nevertheless, relationship between epidemiological factors and different symptom dimensions is still poorly understood. Our study found a significant association between patients' urban background and negative as well as disorganization and depressive symptoms. Most of published studies found a correlation between urban upbringing and positive psychotic symptoms in schizophrenia. To our knowledge, no similar result has ever been found before. Otherwise, there were several studies showing an association between disorganization and depressive symptoms with urban upbringing of the patients.

Background: Estimates of treatment resistant schizophrenia (TRS) vary due to lack of consensus definition. The Treatment Response and Resistance in Psychosis (TRRIP) consensus provides a rigorous prospective definition for TRS, but has not yet been applied to data. We provide the first prospective estimate of the incidence of TRS in a large community cohort using TRRIP.

Methods: The publicly available CATIE (Clinical Antipsychotic Trials of Intervention Effectiveness) data were mined using bespoke implementations of algorithms that operationalise the minimum TRRIP consensus criteria. Survival curves for transition to treatment resistance status (versus treatment responsive and censoring) were estimated. Inferential methods were used to establish baseline patient characteristics that are associated with TRS. Machine learning methods were also applied to estimate patient-level predictor of future TRS status from baseline data.

Results: 1369 patients were included in the analysis, with 992 patients at risk for developing TRS at baseline. A total of 48 cases of TRS were identified, yielding a crude incidence of 36.2 cases per 1000 person years. There were no strong associations with baseline demographics or clinical status at enrolment to the trial and the predictive modelling failed to identify any patient-level predictor of future TRS.

Discussion: The CATIE trial protocol excluded patients with retrospective evidence of TRS, however, prospectively applying the TRRIP consensus revealed that there were patients with TRS in the cohort. Our results suggest a small incidence, and that baseline clinical and demographic data is not a robust predictor of future resistance status. Analysis of individual TRRIP criteria reveals a significant unmet need for patients with poor treatment response, but who do not meet criteria for TRS, particularly in social and occupational functioning.

T126. PSYCHOTIC EXPERIENCES AND COMMON MENTAL DISORDERS IN CHILDHOOD AND ADOLESCENCE: BIDIRECTIONAL AND TRANSDIAGNOSTIC ASSOCIATIONS IN A LONGITUDINAL COMMUNITY-BASED STUDY

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Background: The prevalence of Psychotic Experiences (PE) in the general population is approximately 7%. Several studies report on the association of PE with non-psychotic mental disorders and dimensional psychopathology. However, few have addressed this relationship during adolescence using longitudinal data. Here, we aim to explore bidirectional associations of PE and common mental disorder in youth in a 3-year follow-up community-based study. We hypothesized that there is a link between PE and depression, corroborating findings from adult studies, and that mental disorders comorbidity significantly correlates to PE, showing a nonspecific effect of PE as a risk for a broad "psychiatric load/liability".

Methods: We analyzed data from the Brazilian High Risk Cohort (HRC), a large multi-site school-based study. At baseline, we evaluated 2,244 subjects (6-12 years old) using the Community Assessment of Psychotic Experiences (CAPE) and an adapted version of the Comprehensive Assessment of At-risk Mental States (CAARMS) by self-report and clinician ratings, respectively. Mental disorders in youth were assessed by the Development and Well-Being Assessment (DAWBA). We grouped mental disorders into 4 DSM-based categories: any depressive disorder, any anxiety disorder, any Attention Deficit Hyperactivity Disorder (ADHD), and any Oppositional Defiant Disorder or Conduct Disorder (ODD/CD). Subjects were reassessed after 3 years, with a retention rate of 75%. We used regression analyses to explore predictors of PE and mental disorders at follow-up. Finally, we investigated the bidirectional effect of PE as a nonspecific psychiatric "load/liability" by creating count variables for the number of comorbid psychiatric disorders for each participant. Poisson regression models tested the effect of PE (as a predictor) in the count variable (the outcome) controlling for potential confounders.

Results: We found bidirectional associations between PE and mental disorders in youth. Baseline PE increased the risk of any depressive disorder at follow-up, and baseline ADHD was associated with PE at 3-year follow-up. Comorbidity analyses showed significant relationships in both directions, with an increased risk of PE according to the number of comorbid psychiatric disorders for each participant. Poisson regression models tested the effect of PE (as a predictor) in the count variable (the outcome) controlling for potential confounders.

Discussion: We showed that subthreshold psychotic symptoms predict subsequent depressive disorder, and nonspecifically relate to psychiatric comorbidity. These findings are concordant with the notion that psychotic experiences are part of the same psychiatric vulnerability conferred to common mental disorders, such as depression and ADHD.

Our results may inform future research on testing subclinical psychotic symptoms to further our understating on identifying high-risk groups for early intervention.

T127. OFFSPRING OF ANTENATALLY DEPRESSED MOTHERS AND PARENTS WITH SEVERE MENTAL DISORDER – A LONG FOLLOW-UP IN THE NORTHERN FINLAND 1966 BIRTH COHORT

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Background: Depression during pregnancy is common, but long-term outcomes in the offspring of antenatally depressed mothers are unknown. Among severe mental disorders at least schizophrenia is considered to be a neurodevelopmental disorder acting already in utero with high genetic vulnerability. The aim was to study whether offspring of antenatally depressed mothers have an elevated risk for severe mood disorders till middle adulthood, taking account parental severe mental disorder.

Methods: The general population-based Northern Finland 1966 Birth Cohort includes 12,058 children, whose mothers were asked at mid-gestation if they felt depressed. The offspring were followed for over 40 years, and hospitalised severe mental disorders were detected using the Finnish