[4] *Academic Medical Centre, University of Amsterdam, Amsterdam, The Netherlands* [5] *Department of Psychiatry, University of Bochum, Bochum, Germany* [6] *Department of Psychiatry, University of Manchester, Manchester, United Kingdom*

Background: Early detection and indicated early intervention in the initial prodromal phase should considerably improve the course of psychoses. Yet, the benefits of such programmes still require an evidence-based evaluation on the basis of a sufficient sample-size.

Objective: This report presents an overview on the concept and design of the European Prediction of Psychosis Study (EPOS) an European 4-country naturalistic field-study of the initial Prodrome.

Materials and Methods: Across six participating centres (Germany: Cologne, Berlin; Finland: Turku; The Netherlands: Amsterdam; United Kingdom: Birmingham, Manchester), 16 to 40 year old putatively prodromal persons attending specialized services or general psychiatric services underwent multi-level baseline, 9-months follow-up, and 18-months follow-up examinations. Inclusion criteria were the presence of APS, BLIPS, at least 2 of 9 Basic Symptoms (BS), and Familial Risk or Schizotypal Personality Disorder plus Reduced Functioning (FR+RF). In addition, psychopathological, neurocognitive, neurobiological, psychosocial, and service and treatment-related assessments were carried out.

Results: A substantial part of more than 250 subjects included into the study participated in their respective baseline, 1st follow-up, and 2nd follow-up examinations. A high percentage presented themselves with BS and/or APS, a smaller percentage with BLIPS or FR+RF. The rates of transition into psychosis and the levels of psychopathology, distress and functional decline found among this patient group underline the need for indicated early recognition and intervention.

Conclusions: EPOS provides for the first time a sound data base allowing an evaluation of the applicability and cost-benefit ratio of early detection and intervention programmes in Europe.

S42.02

EPOS - sample characteristics, transition rates and psychopathological predictors

S. Ruhrmann [1], R.K.R. Salokangas [2], D. Linzen [3], M. Birchwood [4], G. Juckel [5], F. Schultze-Lutter [1], H. Graf [1], V. Reventlow [1], A. Morrison [6], S. Lewis [6], J. Klosterkötter [1], On Behalf of the EPOS Group. [1] *Department of Psychiatry and Psychotherapy, University of Cologne, Cologne, Germany* [2] *Department of Psychiatry, University of Turku, Turku, Finland* [3] *Department of Psychiatry, Academic Medical Center, University of Amsterdam, Amsterdam, The Netherlands* [4] *School of Psychology and EDIT, University of Birmingham, Birmingham, United Kingdom* [5] *Department of Psychiatry and Psychotherapy, University of Bochum, Bochum, Germany* [6] *Department of Psychology, University of Manchester, Manchester, United Kingdom*

Background and Aims: A main objective of EPOS is to provide a valid multifactorial model for the prediction of psychosis. One major element of such a model should be the clinical state.

Methods: In a European multicentre study, persons fulfilling clinical criteria thought to indicate an increased risk for psychosis (PAR) were assessed amongst others with different psychopathological instruments covering the whole spectrum from basic symptoms to frank psychotic symptoms. Inclusion criteria comprised attenuated positive symptoms (APS), brief limited intermittent psychotic symptoms (BLIPS), cognitive basic symptoms (CogDis) and a combination of family risk and reduced functioning (S&T).

Results: 246 PAR were included into the study, mostly by APS or CogDis. Analysis of demographical data showed a high amount of functional impairment, resulting e.g. in low mean GAF scores (51.0 $\pm$ 11.8 SD), and of non-psychotic axis-I disorders. In September 2006, the hazard rate for a conversion to psychosis was 15.3 at 12 and 20.0 at 18 months after baseline assessment. According to the inclusion criteria, the highest rate of conversion was observed among PAR with BLIPS. On a dimensional level, a low GAF score was among the best predictors of conversion.

Conclusions: The transition rates of EPOS were in line with recent studies. A first analysis of clinical data supports the notion that the functional state should be an inherent part of any set of clinical risk criteria. Further analysis will consider the contribution of single symptoms or symptom combinations and the impact of symptom duration.

S42.03

Premorbid adjustment in persons at high risk for psychosis

R.K. Salokangas [1,2], M. Heinimaa [1], J. Klosterkoetter [3], S. Ruhrman [3], H. Graf von Reventlow [3], D. Linszen [4], P. Dingemans [4], M. Birchwood [5], P. Patterson [5]. [1] *Department of Psychiatry, University of Turku, Turku, Finland* [2] *Turku University Central Hospital, Turku, Finland* [3] *Department of Psychiatry and Psychotherapy, University of Cologne, Cologne, Germany* [4] *Academic Medical Centre, University of Amsterdam, Amsterdam, The Netherlands* [5] *Early Intervention Service, University of Birmingham, Birmingham, United Kingdom*

Background and Aims: The main aim of the European Prediction of Psychosis Study (EPOS) is to study a large sample of young patients who are at risk of psychosis and to estimate their conversion rate to psychosis during 18 months follow-up. The present presentation aims to describe premorbid adjustment in the patients at risk of psychosis.

Methods: In six European centres (Cologne, Berlin, Turku, Amsterdam, Birmingham, Manchester), 246 psychiatric patients at risk of psychosis were examined. Risk of psychosis was defined by occurrence of basic symptoms, attenuated psychotic symptoms, brief, limited or intermittent psychotic symptoms or familial risk plus reduced functioning during the past three months. Premorbid adjustment was measures by the Premorbid Adjustment Scale (PAS) and correlated with patient's baseline and outcome measures. Psychiatric patients without prodromal symptoms (not at risk) and healthy subjects, studied in one centre, acted as comparison groups.

Results: PAS scores were poorer in the patients at risk of psychosis than in patients without prodromal symptoms or in healthy controls. In adolescence, differences in PAS scores were greater than in childhood or in adulthood. Within patients at risk of psychosis, men had poorer PAS scores than women. Childhood, adolescent and adulthood PAS scores associated extensively with patient's clinical and functional state at baseline examination. Adolescent and adulthood PAS scores correlated also with conversion to psychosis.

Conclusions: Disturbed premorbid psychosocial development, especially from adolescence on, may indicate vulnerability to and onset of psychosis.

https://doi.org/10.1016/j.eurpsy.2007.01.248 Published online by Cambridge University Press