P-1015 - PERSISTENCE OF POSITIVE SYMPTOMS IN PATIENTS AT HIGH RISK OF DEVELOPING A PSYCHOSIS

M.Bodatsch[1], F.Schultze-Lutter[1,2], R.K.R.Salokangas[3], D.Linszen[4], ...

[1]Department of Psychiatry and Psychotherapy, University of Cologne, Cologne, Germany, [2]University Hospital of Child and Adolescent Psychiatry, University of Bern, Bern, Switzerland, [3]Turku University Central Hospital, Turku University, Turku, Finland, [4]Department of Psychiatry, Academic Medical Centre, Amsterdam, [5]Maastricht University Medical Centre, University of Maastricht, Maastricht, The Netherlands, [6]School of Psychology, University of Birmingham, Birmingham, UK, [7] Dept. of Psychiatry and Psychotherapy, Ruhr University Bochum, Bochum, Germany, [8]School of Medicine, The University of Manchester, Manchester, UK

Introduction: A considerable part of clinical high-risk samples does not convert to psychosis within the studies´ limited observation periods. A part of these ´non-converters´ shows a remission of symptoms (with unknown future course). Another part, however, maintains the risk state during follow-up.

Objectives: Persistence of indicators for an increased risk of psychosis.

Aims: To investigate, if persistence of attenuated (APS) or brief limited intermittent psychotic symptoms (BLIPS), the core syndromes of ultra-high risk (UHR) criteria, can be predicted clinically.

Methods: N=129 participants of the European Prediction of Psychosis (EPOS) Study were included into the current analysis. Persistent Risk Symptoms (pRS) were defined as an at-least 'moderate' level (SIPS) of at least one positive symptom at all visits (symptom had to remain the same). Functional significance was defined by a GAF-M score ≤ 60 at 18-month follow-up (T2).

Results: 23.3% displayed persistent risk symptoms throughout follow-up. Most frequent pRS were ´unusual thought contents´, ´ideas of persecution´ and ´perceptual disturbances´. In 90% of the pRS subjects, but only in 25.3% of the non-pRS subjects, GAF scores at T2 were below 60 points ($p< 0.01$).

Logistic regression analysis revealed that the presence of the pRS syndrome at T2 was predictable by the early course of attenuated positive symptoms with maximum accuracy when the number of at least 'moderate' symptoms was considered.

Conclusions: A considerable number of subjects at risk showed persistent attenuated positive symptoms associated with long-lasting functional impairments, irrespective of conversion within the foreseeable future.