

Eighty-nine participants with 22q11DS (age range: 8–30 years; mean: 16.1647) were assessed using the structured interview for psychosis-risk syndromes. Information on axis I diagnoses, internalizing and externalizing symptoms, level of functioning and IQ was also collected. At baseline, 22 (24.7%) participants met UHR criteria. Compared to those without a UHR condition, they had a significantly lower functioning, more frequent anxiety disorders and more severe psychopathology. Transition rate to psychosis was 27.3% in UHR and 4.5% in non-UHR participants. Cox regression analyses revealed that UHR status significantly predicted conversion to psychosis. Baseline level of functioning was the only other additional predictor. This is the first study investigating the predictive value of UHR criteria in 22q11DS. It indicates that the clinical path leading to psychosis is broadly comparable to that observed in other clinical high-risk samples. Nevertheless, the relatively high transition rate in non-UHR individuals suggests that other risk markers should be explored in this population. The role of low functioning as a predictor of transition to psychosis should also be investigated more in depth.

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O037

Family environment as predictor of adolescents' loneliness

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Introduction At the present time, adolescents are in particular vulnerable to feelings of loneliness. They are gradually emancipating from their family and establish relationships with peers. Among the important predictors of loneliness belong genetic and personal variables and factors of social environment.

Objectives and aims To examine predictors of adolescents' loneliness which are located in family environment. To find out how empathy, emotional relationship and control by both of parents contribute to loneliness of adolescent boys and girls.

Methods We examined 206 adolescents in the age from 10 to 18 years through Basic Empathy Scale, Parenting Style Scale and UCLA Loneliness Scale. Stepwise multiple linear regression analysis was used for data analysis.

Results The significant predictors of boys' loneliness in family environment are emotional relationship of mother and affective empathy of father. The significant predictors of girls' loneliness include emotional relationship and cognitive empathy of father. Parental control is not a significant predictor of adolescents' loneliness.

Conclusion Adolescents' loneliness is largely influenced by factors of family environment. Our study highlights the role of emotional relationship provided by the opposite sex parent. Cold behavior of the opposite sex parent could reduce self-esteem and self-confidence of adolescents. Both could help them establish relationships with peers and people outside family, thus protecting them against loneliness. A significant predictor of boys' and girls' loneliness is also empathy of father. We recommend to make use of our findings in clinical practice with adolescents, in family therapy as well as in context of attachment.

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O038

A case control and follow-up study of "hard to reach" young people who also suffered from multiple complex mental disorders

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Aims To describe the mental disorders and social function of the hard to reach young people (HTRYP) from the innovations project (IP) and compare to a matched sample from a community mental health team (CMHT).

Background IP was a new multidisciplinary team based within an inner city, walk-in health centre, North East England (throughout 2011).

Methods Phase 1 and 2: retrospective review of clinical case notes of YP who attended the IP and CMHT. Phase 3: 24-months follow-up evaluation of the mental state and social function, using Health of the Nation Outcome Scales for Child and Adolescent Mental Health (HoNOSCA) and Children's Global Assessment Scale (CGAS).

Results Overall, 36 referrals accepted by the IP, 31 met criteria for HTRYP, 15 were offered individually tailored therapy. IP group experienced more deprivation compared to the CMHT matched sample ($n=115$). At baseline, the HTRYP had more mental disorders, higher severity scores and lower levels of social function (HTRYP HoNOSCA mean: 19.1 and CMHT mean: 11.2 $P=<0.001$ and HTRYP CGAS mean: 51.0, CMHT mean: 58.9, $P=0.05$). The HTRYP made significantly greater improvement compared to CMHTYP; (HoNOSCA $P=<0.001$ and CGAS $P=<0.002$). Thirteen HTRYP attended the follow-up review at 24 months compared with nine of CMHTYP. There was great variability in terms of social function between the YP within each sample.

Conclusion The term "HTR" describes a state, which the YP may be at a particular point their lives. A service, which utilises a developmental theoretical framework, offers regular reviews and an individualised care plan, could reduce longer-term morbidity and mortality suffered by HTRYP.

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O039

Implications of COMT and subclinical psychiatric symptoms on the phenotypic variability of 22q11.2 deletion syndrome: A transversal and longitudinal approach

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Introduction 22q11.2 deletion syndrome (22q11.2DS) results from a hemizygous microdeletion on chromosome 22 and is characterized by phenotypic variability. Several studies have been