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Premorbid of depressive youth at clinical high-risk for psychosis

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Introduction: Early detection of psychosis is a promising area in preventive psychiatry. The use of early intervention can prevent the first episode psychosis and improve outcomes.
Objectives: Identification of premorbid features of depressive patients at clinical high risk for psychosis (CHR) comparing with depressive patients without CHR in order to improve early recognition of the psychotic process.
Methods: 219 young depressive in-patients with CHR criteria for SOPS with attenuated positive and attenuated negative symptoms and 52 young depressive in-patients without CHR were examined. Presence of obstetric complications, neurodevelopmental deviance, neurological and psychiatric signs at the premorbid stage, and the level of premorbid functioning on the PAS were examined.
Results: It has been established that depressive patients at CHR and without CHR had some obstetric complications (57.5% and 40.4%, respectively). Neurodevelopmental deviance in the first year of live was in 57.5% patients with CHR. At the age of 3-5 sleep disorders, ADHD and phobias were more common in patients at CHR than without it (58.8% and 32.7%, p=0.014). In pubertal, patients at CHR were more likely to show depression symptoms, obsessions, and aggression - 90.4% versus 76.9% (p=0.029). On the PAS scale, a decrease of the level of premorbid functioning has been observed in two groups of patients with and without CHR from the age of 12: from 12 to 15 years, 0.4 and 0.3 (p=0.004), from 16 to 18 years, 0.47 and 0.37 (p 0.001).
Conclusions: Premorbid functioning were worst in patients with CHR, which indicates the possibility of early clinical detection of psychosis.

Disclosure: No significant relationships.
Keywords: Youth depression; prevention; Clinical high-risk; premorbid

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Premorbid screening of healthy students may carry latent liability for schizophrenia or bipolar affective disorder with neurocognitive and neurophenomenological methods

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Introduction: This study was carried out to map psychosis spectrum disorder risk factors.
Objectives: Our goal was to find what kind of instrumental methods may help to detect latent liabilities for schizophrenia and bipolar affective disorder
Methods: Using online questionnaires n=710 students were screened. Groups were formed based on the inclusion criteria: N = 25 people prone to mood swings, N = 30 people prone to odd experiences and delusive thinking, and a normal control group with N = 30 people. Personality, temperament, self-experiences, affectivity scales, and cognitive screening were conducted in addition to actigraphy coupled with a mobile application for detecting subjective experiences (EMA). Furthermore, instrumental examination of self-agency, testing time interval discrimination and (re)production, eye-tracking, EEG-microstates, and laboratory testing of inflammatory, immunologic and cardio-metabolic measures of allostatic load were applied.
Results: Self-experience disorders: both risk groups showed significantly higher scores than the control group (CG). Self-agency: based on incorrectly attributed responses, the positive schizotypy risk factor (PSF) group differed from the CG ($p = 0.003$). Antisaccade study: the PSF group showed a difference from the CG ($p = 0.002$). Actigraphy: based on the distributions of diurnal cumulative activities, it distinguished those with a cyclothymic risk factor (CTF) from the CG (67% probability in the k-means clustering procedure).
Conclusions: Healthy students with a latent liability for schizotypy or bipolarity could be distinguished by some targeted laboratory methods. Susceptibility for bipolarity was indicated by actigraphic analyzes, and the risk for schizotypal development was indicated by deficiencies in the self-agency experience and by anti-saccadic eye movement disorders.

Disclosure: No significant relationships.
Keywords: self-agency; self-disorder; antisaccadic; actigraphy

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Sustainability for humans and the humane from a pediatric point of view

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Introduction: We need to live in harmony with our lifestyle rhythms to stay healthy. A problem in our time is that technical devices have no respect for rhythm.If we get caught up in the technique and start neglecting our natural body needs such as sleep, eat and exercise – it will affect our health negatively. Today, children have increasing problems with mental health. When analyzing the problem we find rhythmical problems, often associated to technology. Being a parent in our time is hard. Time has come for us to take active care of our natural rhythms, to stay healthy.