

sent an “invisible” at risk group. Results also suggest that global anti-stigma campaigns in universities may not prove effective in encouraging help seeking.

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e-Poster walk: Schizophrenia and other psychotic disorders—part 1

EW0232

Formal thought disorder in schizophrenia and bipolar disorder: A systematic review and meta-analysis

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Historically, formal thought disorder has been considered as one of the distinctive symptoms of schizophrenia. However, research in last few decades suggested that there is a considerable clinical and neurobiological overlap between schizophrenia and bipolar disorder (BP). We conducted a meta-analysis of studies comparing positive (PTD) and negative formal thought disorder (NTD) in schizophrenia and BP. We included 19 studies comparing 715 schizophrenia and 474 BP patients. In the acute inpatient samples, there was no significant difference in the severity of PTD ($d = -0.07$, $CI = -0.22-0.09$) between schizophrenia and BP. In stable patients, schizophrenia was associated with increased PTD compared to BP ($d = 1.02$, $CI = 0.35-1.70$). NTD was significantly more severe ($d = 0.80$, $CI = 0.52-0.1.08$) in schizophrenia compared to BP. Our findings suggest that PTD is a shared feature of both schizophrenia and BP but persistent PTD or NTD can distinguish subgroups of schizophrenia from BP and schizophrenia patients with better clinical outcomes.

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EW0233

The split version of Global Assessment of Functioning scale – application and utility in remitted psychotic patients

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Introduction Current knowledge about the advantages of using split version of GAF scale – having separate Symptom (GAF-S) and Functioning (GAF-F) subscales is insufficient and has number of gaps. Present study analyzed the manner in which young adult remitted psychotic patients with different functional levels vary in their symptom severity and how GAF-F reflects presence/absence of well-known psychosis risk factors.

Methods Sample comprised 37 remitted psychotic patients (56.8% male, 29.4 ± 6.1 years), categorized based on GAF-F scores into groups: ‘Moderate remission’ (GAF-F 41–60, $n = 19$) and ‘Good remission’ (GAF-F > 61, $n = 18$). Participants were assessed using the GAF-S, WAIS-R, Nottingham Onset Schedule, Premorbid Adjustment and Brief Core Schema scales, childhood trauma and bullying questionnaires. Mann–Whitney and Student’s *t*-tests were used to assess between-group differences.

Results Groups did not differ in age, sex and education. When compared to ‘Good remission’ group, ‘Moderate remission’ group exhibited earlier illness’ onset ($P = 0.01$), greater symptom severity ($P = 0.00$), negative self-evaluation ($P = 0.02$), more childhood physical abuse ($P = 0.01$) and bullying ($P = 0.01$). Moreover, trend-like significances ($P = 0.08$) were observed for poorer adolescence adjustment and negative evaluation of others. There were no between-group differences regarding IQ and duration of untreated/treated illness.

Conclusions GAF scale is in the continual use since early 1990, however, evidence of further development of the instrument itself is sparse. Present research is demonstrating that GAF-F scores reflect diverse factors related to psychosis risk, the illness’ course and quality of remission. Moreover, the results contribute to surmount some of the gaps in knowledge about the split version of GAF scale.

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EW0234

C-reactive protein and parathyroid hormone in acute severe psychotic disorders (schizophrenia, bipolar disorder and methamphetamine-induced psychotic disorder)

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Introduction and objectives Schizophrenia accompanies with elevated C-reactive protein (CRP) and vitamin D deficiency. However, there are scarce documentations regarding bipolar disorder and methamphetamine-induced psychotic disorder.

Aim To compare serum levels of vitamin D, parathyroid hormone (PTH), calcium, phosphorus and CRP levels in psychotic disorder patients and control group.

Methods A case-control study was conducted on four groups: acute phase of schizophrenia, acute manic episode of bipolar disorder, methamphetamine-induced psychotic disorder and healthy control subjects. Sample size was 45 in each group. Weekly duration of sun exposure, monthly vitamin D intake and serum levels of vitamin D, calcium, phosphorus, PTH and CRP were assessed. Brief Psychiatric Rating Scale (BPRS) was used to evaluate psychotic symptoms.

Results Duration of sun exposure and monthly vitamin D intake were comparable among groups. Serum levels of vitamin D, calcium and phosphorus were not statistically different between groups ($P = 0.463$, $P = 0.086$ and $P = 0.339$, respectively). Serum levels of PTH were significantly higher in control group ($P < 0.001$). CRP levels were significantly lower in control subjects ($P < 0.001$). The levels of serum vitamin D and CRP did not show statistically significant difference among three groups of patients.

Conclusion Acute psychotic disorders seem to be associated with higher CRP and lower PTH levels. Clinical importance of the findings

and relation of these differences to the metabolic and inflammatory bases of psychosis are not clear yet.

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EW0235

Long-term rates of remission and late psychotic transition of individuals at risk for psychosis

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Introduction In the growing research field of early psychosis detection in patients with an at risk mental state (ARMS), most studies focus on the transition to frank psychosis. However, the majority of ARMS patients do not go on to develop frank psychosis and reported transition rates are declining. Little is known about the long-term outcome of these non-transitioned patients (ARMS-NT).

Objectives To investigate in preliminary analyses the long-term outcome of ARMS-NT patients with respect to persistence of ARMS signs and symptoms and the rates of late psychotic transition.

Methods The ongoing study “FePsy-BHS-NT” follows up ARMS-NT without transition during at least the first two years for up to 15 years after their initial assessment. ARMS status is ascertained with the Basel Screening Instrument for Psychosis (BSIP). ARMS remission is defined as the absence of attenuated psychotic symptoms or brief limited intermittent psychotic symptoms for at least 12 consecutive months.

Results In this preliminary sample of 51 ARMS-NT, the majority of patients (70.6%) have remitted from their at risk mental state, 13.7% remain at risk and 15.7% have made a late psychotic transition during the course of long-term follow up (median = 5.75, range 4–11 years after initial assessment).

Conclusions The considerable rates of ARMS persistence and late psychotic transition indicate that longer follow-up durations than commonly recommended should be contemplated in ARMS patients. Potential predictors of favorable long-term clinical outcome, as well as psychosocial, neurocognitive and other outcomes of ARMS-NT patients will be further evaluated in the present study.

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EW0236

Acute psychotic disorders: Factors related to schizophrenia evolution

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Introduction Acute psychotic disorders are described as a clinical syndrome characterized by Acuteness of the installation, the intensity and the polymorphism of delirium.

Aim Describe the demographic characteristics of a population of patients with an acute psychotic disorder and identify factors correlated with evolution to schizophrenia.

Methods This is a retrospective, descriptive and analytic study conducted on hospitalized patients in psychiatric department EPS Mahdia for acute psychotic disorder according to DSM-VI-TR criteria. A study of the recurrence time was performed by Kaplan–Meier and Cox test was used to identify factors correlated with evolution to schizophrenia.

Results One hundred and eleven patients were collected. The average age of the study population was 27 years, a male predominance was noted (59.5%), 39.6% of patients had family history of psychiatric disorders, including schizophrenic disorders and bipolar disorder were the most common with rates of 63.6 and 18.4% of cases. For our patients, 38.7% progressed to schizophrenia. Four risk factors were significantly predictive of progression to schizophrenia: male gender ($P=0.026$), subacute or progressive onset disorders ($P=0.003$), partial remission of the disorder ($P=0.023$) and the prolonged duration of untreated psychosis ($P=0.027$).

Conclusion The evolution of an acute psychotic disorder remains unpredictable. In fact, the severity is related to the risk of developing schizophrenia or mood disorder. Attention is paid in recent years to recognize and seek most precociously as possible factors associated with this evolution.

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EW0237

Acute psychotic disorder: Which future?

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Introduction At present, in absence of reliable clinical and evolutionary data, it is difficult to determine what the consequences of an acute psychotic disorder, specifically if it is a mode of entry into schizophrenia, a mood disorder or a short-lived episode.

Aim The objective of this study was to describe the sociodemographic characteristics and evolutionary modalities of a population of patients with a first psychotic episode.

Methods This is a retrospective descriptive study, which involved patients admitted to psychiatric ward EPS Mahdia for acute psychotic disorder according to DSM-VI-TR criteria. Data collection was conducted from archived observations and through a pre-determined sheet.

Results One hundred and eleven patients were collected. The average age of the study population was 27 years, a male predominance was noted (59.5%), 52.3% were from urban, 73% of patients were single, 33.3% were from a consanguineous marriage. Among those patients with a first acute psychotic episode, 43 patients (38.7%) progressed to schizophrenia, 15.3% to bipolar disorder, 23, 4% to recovery while 22.5% were lost view.

Conclusion The long-term evolution of an acute psychotic disorder remains unpredictable. In fact, the severity is related primarily to the risk of developing a schizophrenic disorder or a mood disorder. In this context, attention is paid in recent years to recognize and seek the earliest possible factors associated with this development.

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