

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,  $29.4 \pm 6.1$  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