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**AXIS-I DISORDERS AND AT-RISK CRITERIA OF PSYCHOSIS IN THE GENERAL POPULATION: PRELIMINARY RESULTS FROM A TELEPHONE SURVEY.**

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The prevalence and psychosis-specific value of APS and other at-risk criteria in the general population is still unclear. Therefore, we studied the prevalence of ultra-high risk and basic symptom criteria in a general population sample in relation to the presence of non-psychotic axis-I disorders.

1'229 persons (age 16-40) were interviewed on the phone by trained psychologists. At-risk criteria (UHR, COPER, COGDIS) were assessed with the Structured Interview for Psychosis-Risk Syndromes and the Schizophrenia Proneness Instrument, Adult version; axis-I disorders with the Mini-International Neuropsychiatric Interview.

2.8% fulfilled at-risk criteria, additional 22.5% acknowledged lifetime-presence of any at-risk phenomenon irrespective of meeting any current at-risk criterion. In comparison with persons without any lifetime risk phenomena or any current at-risk criterion, those with had a higher number of current axis-I disorders (criteria:  $U=4209.5$ ,  $p<0.000$ ; Rosenthal's  $r=0.129$ ; phenomena:  $U=47318.5$ ,  $p<0.000$ ;  $r=0.233$ ). Those currently meeting at-risk criteria significantly more frequently met criteria for affective (32.4% vs. 11.6%, Cramers-V=0.208) or anxiety disorders (29.4% vs. 15.5%, Cramers-V=0.115); eating and somatoform disorders did not differ in frequency compared to subjects not reporting current at-risk criteria.

Also on population level, the presence of at-risk criteria is associated with a higher mental morbidity pointing towards a psychopathological character of at-risk symptoms. In line with findings on help-seeking at-risk samples, particularly affective and anxiety disorders were elevated.