

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1650>

#### EV1321

### Predictors of transition to psychosis in individuals at clinical high-risk for psychosis

M. Skuhareuskaya<sup>1,\*</sup>, O. Skugarevsky<sup>2</sup>

<sup>1</sup> Republican Mental Health Research Center, Psychiatry department № 27, Minsk, Belarus

<sup>2</sup> Belarusian State Medical University, Psychiatry and Medical Psychology, Minsk, Belarus

\* Corresponding author.

**Objective** Clinical high risk (CHR) for psychosis state is characterized by presence of potentially prodromal for schizophrenia symptoms. The aim of this study was to assess the predictors of transition to first psychotic episode.

**Methods** The study included 123 CHR subjects. All the subjects were characterized by the presence of one of the group of criteria: (1) UHR criteria, (2) basic symptoms criteria and (3) negative symptoms and formal thought disorders (FTD). The presence of FTD in clinical high-risk individuals was assessed with methods of experimental pathopsychology. The mean length of follow-up was 26 months (SD 18). All subjects were males, mean age = 20.2 (SD: 2.1). We examined the subjects' performance using the Cambridge automated neuropsychological test battery. We applied survival analyses to determine associations between a transition to psychosis and sociodemographic, clinical and neurocognitive parameters. To determine which items are the best predictors, Cox regression analyses were applied.

**Results** The psychosis developed in 39 subjects (31.7%). Global assessment of functioning, positive symptoms, blunted affect, social isolation, impaired role function, disorganizing/stigmatizing behavior, basic symptoms (thought pressure, unstable ideas of reference), neurocognitive parameters (visual memory and new learning, decision making, executive function) significantly influenced the transition to psychosis. A prediction model was developed and included unusual thought content (Wald = 12.386,  $P < 0.0001$ , HR = 2.996), perceptual abnormalities (Wald = 4.777,  $P = 0.029$ , HR = 1.43) and impaired role function (Wald = 1.425,  $P < 0.028$ , HR = 4.157).

**Conclusion** Clinical measures are important predictors for transition to psychosis in high-risk individuals.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1651>

#### EV1322

### Diogene syndrome: About two clinical cases

H. Snene

EPS Ville Evrard, psychiatry, France

**Introduction** Diogenes syndrome was first described in 1975 by Clark to characterize the behavioral disorder in the elderly involving neglect of personal and domestic hygiene and a hoarding disorder or hoarding. He is regarded as a psychiatric disorder in its own right in the DSM V and declines criteria compulsive hoarding disorder ("Hoarding Disorder"). The condition is under diagnosed or its prevalence is important from 3.3 to 4, 6%.

**Objective** Study through two clinical, etiologic and psychopathological diogenes syndrome (DS) and the main diagnostic and therapeutic difficulties.

**Case n° 1** Mrs. L. is 57 years old, without children and with a degree in political science. She was taken back by his partner for behavioral disorder type of pathological accumulation of objects.

His home has become inaccessible due to the accumulation of multiple stacks of magazines and other items. The meeting allowed to objectify an incurique presentation, delusional and hallucinatory syndrome.

**Case n° 2** Mrs. BH aged 67, retired, widowed for 17 years. She lives alone after the suicide of his daughter. This would be followed by breast cancer. The patient was admitted following a report of neighbors who discovered that Mrs. BH, isolated for months, sleeping in the garden of her home saw the unhealthy state of the place and the accumulation of waste.

**Conclusion** Diogenes syndrome is heterogeneous, covering multiple medical, psychiatric and social situations. Its pathogenesis remains poorly understood and its management refers to any clinician can examine ethical questions the legitimacy of its actions.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1652>

#### EV1323

### Moment-to-moment associations between emotional disturbances, aberrant salience and persecutory delusions

S.H. So<sup>1,\*</sup>, A.K.C. Chau<sup>1</sup>, E. Peters<sup>2</sup>, J. Swendsen<sup>3</sup>, P. Garety<sup>2</sup>, S. Kapur<sup>4</sup>

<sup>1</sup> The Chinese University of Hong Kong, Psychology, Hong Kong, Hong Kong S.A.R

<sup>2</sup> King's College London, Institute of Psychiatry- Psychology and Neuroscience, London, United Kingdom

<sup>3</sup> University of Bordeaux, Aquitaine Institute for Cognitive and Integrative Neuroscience, Bordeaux, France

<sup>4</sup> University of Melbourne, Faculty of Medicine Dentistry and Health Sciences, Melbourne, Australia

\* Corresponding author.

**Introduction** Experiences of depression and anxiety are common among patients with persecutory delusions. It has been theorized that emotional disturbances affect the formation and appraisal of persecutory delusions directly and possibly via increasing the sense of aberrant salience.

**Objectives** Using a time-lagged analysis of experience sampling data, this study modelled the role of momentary levels of negative emotions and aberrant salience in maintaining persecutory delusions in patients with active delusions.

**Methods** Clinically acute participants with at least a mild level of persecutory delusions were assessed using experience sampling method (ESM; 7 entries per day for 14 days) and clinical rating scales. ESM data of participants who completed at least 30 ESM entries were analysed by using multilevel regression modelling.

**Results** The final sample consisted of 14 participants, with a total of 1161 momentary observations. Time-lagged analysis revealed that both negative emotions ( $B = 0.125$ ,  $P = .009$ ) and aberrant salience ( $B = 0.267$ ,  $P < .001$ ) predicted an increase in persecutory delusions in the next moment. Conversely, persecutory delusions did not predict change in negative emotions or change in aberrant salience in the next moment ( $ps > .05$ ). Negative emotions also predicted an increase in aberrant salience in the next moment ( $B = 0.087$ ,  $P = .009$ ).

**Conclusions** Our results supported the hypothesis that both negative emotions and aberrant salience exacerbate persecutory delusions, rather than being merely the sequelae of the symptoms. Our results suggested both direct and indirect (via aberrant salience) pathways from negative emotions to persecutory delusions.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1653>