

OBSESSIVE COMPULSIVE SYMPTOMS AND PREMORBID ADJUSTMENT AS PREDICTORS OF TRANSITION TO PSYCHOSIS IN ULTRA-HIGH RISK SUBJECTS

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Introduction: Identifying at-risk mental states of psychosis can reduce the duration of untreated psychosis and the rate of transition. Meanwhile, it may improve prevention strategies of suicide, substance abuse and anxiety disorders comorbidities.

Objectives: We aim to investigate the clinical symptomatology differences at baseline, especially in non-specific symptoms, between UHR (Ultra High Risk) patients who did or did not make a transition to psychosis. Sharpening UHR inclusion criteria may improve prediction of transition to psychosis.

Method: The study included 85 young help-seekers (mean age= 20 y.o.) meeting UHR CAARMS' criteria. 46 were followed up over a period of 30 months and 27 of them were assessed in a comprehensive clinical interview. Out of 46 finally included UHR subjects, 11 (40%) made a transition to psychosis. Psychopathology was investigated with the Comprehensive Assessment of At-Risk Mental State (CAARMS), BPRS and GAF-score. To identify the most predictive variables of transition, we applied a stepwise logistic regression on CAARMS' criteria plus other variables (premorbid adjustment scale, cannabis use, subjective experienced life events, treatment and suicide).

Results: At baseline, premorbid adjustment and severity of CAARMS' Obsessive-Compulsive Symptoms (OCS) were found to significantly influence the transition: poor premorbid adjustment, associated with moderate level of OCS increased the sensitivity (72.7%) and the specificity (92.8%) of the prediction.

Conclusions: Premorbid adjustment and level of OCS were predictive of transition in subjects at UHR. These characteristics could increase the level of prediction of psychosis.