

O-51 - AXIS I DIAGNOSES AND TRANSITION TO PSYCHOSIS IN CLINICAL HIGH-RISK PATIENTS

R.K.R.Salokangas¹, S.Ruhrmann², H.Graf von Reventlow³, M.Heinimaa¹, T.Svirskis⁴, S.Luutonen¹, G.Juckel³, D.Linszen⁵, P.Dingemans⁵, M.Birchwood⁶, P.Patterson⁶, J.Klosterkötter²

¹Department of Psychiatry, University of Turku, Turku, Finland, ²Department of Psychiatry and Psychotherapy, University of Cologne, Cologne, ³Department. of Psychiatry, Psychotherapy and Psychosomatic Medicine, Ruhr-University Bochum, Bochum, Germany, ⁴Department of Psychiatry, University of Helsinki, Helsinki, Finland, ⁵Academic Medical Centre, University of Amsterdam, Amsterdam, The Netherlands, ⁶Early Intervention Service, University of Birmingham, Birmingham, UK

Introduction: A considerable number of patients at clinical high risk of psychosis (CHR) are found to meet criteria for co-morbid clinical psychiatric disorders.

Objectives: It is not known how clinical diagnoses correspond to transitions to psychosis (TTP).

Aims: We aimed to examine distributions of life-time and current Axis I diagnoses, and their association with TTP in CHR patients.

Methods: In the European Prediction of Psychosis Study project, 245 young help-seeking CHR patients were examined, and their baseline and life-time diagnoses were assessed by the Structured Clinical Interview for DSM-IV (SCID-I). TTP was defined by continuation of BLIPS for more than seven days..

Results: Altogether, 71 % of the CHR patients had one or more life-time and 62 % one or more current SCID-I diagnosis; about a half in each category received a diagnosis of life-time depressive and anxiety disorder. Currently, 34 % suffered from depressive, 39 % from anxiety disorder, 4 % from bipolar and 6.5 % from somatoform disorder. During follow-up, 37 (15.1 %) TTPs were identified. In multivariate Cox regression analyses, current bipolar disorder, somatoform and unipolar depressive disorders associated positively, and anxiety disorders negatively, with TTP.

Conclusions: Both life-time and current mood and anxiety disorders are highly prevalent among help-seeking CHR patients and need to be carefully evaluated. Among them, occurrence of bipolar, somatoform and depressive disorders seem to predict TTP, while anxiety disorder may predict non-transition to psychosis. Treatment of bipolar, somatoform and depressive disorders may prevent CHR patients from developing full-blown psychotic disorders.