S36. Psychosis is better described as a continuum, rather than as categories

Chairs: J. van Os (NL), P.B. Jones (UK)

S36.01

A COMPARISON OF THE UTILITY OF DIMENSIONAL AND CATEGORICAL REPRESENTATIONS OF PSYCHOSIS

J. van Os*, C. Gilvarry, R. Bale, E. van Horn, T. Tattan, I. White, R. Murray. *On behalf of the UK700 Group, Maastricht University, Maastricht, Netherlands*

Background: The usefulness of any diagnostic scheme is directly related to its ability to provide clinically useful information on need for care. In this study, the clinical usefulness of dimensional and categorical representations of psychotic psychopathology were compared.

Method: A total of 706 patients aged 16–65 years with chronic psychosis were recruited. Psychopathology was measured with the Comprehensive Psychopathological Rating Scale (CPRS). Lifetime RDC, DSM-III-R, and ICD-10 diagnoses and ratings of lifetime psychopathology were made using OPCRIT. Other clinical measures included: i) need for care, ii) quality of Life, iii) social disability, iv) satisfaction with services, v) abnormal movements, vi) brief neuropsychological screen, and vii) over the last two years: illness course, symptom severity, employment, medication use, self harm, time in hospital and living independently.

Results: Principal component factor analysis of the 65 CPRS items on cross-sectional psychopathology yielded four dimensions of positive, negative, depressive and manic symptoms. Regression models comparing the relative contributions of dimensional and categorical representations of psychopathology to clinical measures consistently indicated strong and significant effects of psychopathological dimensions over and above any effect of their categorical counterparts, whereas the reverse did not hold. The effect of psychopathological dimensions was mostly cumulative: high ratings on more than one dimension increased the contribution to the clinical measures in a dose-response fashion. Similar results were obtained with psychopathological dimensions derived from lifetime psychopathology ratings using the OCCPI.

Conclusions: A dimensional approach towards classification of psychotic illness offers important clinical advantages.

S36.02

PSYCHOSIS IS BETTER DESCRIBED AS A CONTINUUM, RATHER THAN AS CATEGORIES

P.K. McGuire*, T.A. Dixon. *Division of Psychological Medicine, Institute of Psychiatry, GKT School of Medicine, De Crespigny Park, London SE5 8AZ, UK*

We sought to investigate whether cognitive performance in psychotic disorders was related to symptom profile, diagnosis or a combination of both. Five groups of 15 patients, matched for demographic variables, and selected according to current symptomatology, underwent psychological testing: patients with schizophrenia with either a) prominent formal thought disorder or b) prominent "negative&;ldquo; symptoms, and patients with bipolar illness who were either c) manic, d) depressed or e) in remission. There was also a group of 15 volunteers. Diagnoses were made according to DSM-IV criteria. The Index for the Assessment of Bizarre-Idiosyncratic Thinking, Young's Mania rating scale, the Beck Depression Inventory and the SANS were used to assess the severity of the respective symptom categories. Subjects were tested on semantic and letter fluency, the Hayling test, the Stroop test, and the Cognitive Estimates test. Our main prediction was that patients with thought disordered or manic speech would show a similar pattern of deficits, and that the presence of thought disorder/mania be a better predictor of cognitive performance than the diagnosis.

The thought disordered schizophrenic and manic bipolar groups were significantly more impaired than the schizophrenic patients with negative symptoms and the depressed bipolar patients (as well as the bipolars in remission and the controls) on several variables. They generated more inappropriate and fewer correct responses during verbal fluency, were slower to complete the Stroop test, produced fewer sensible responses on part I of the Hayling, were less likely to employ a strategy during Hayling part II, and performed worse on the Cognitive Estimates test. The severity of thought disorder, independent of diagnosis, was positively correlated with the severity of the deficits on the Hayling and the Cognitive Estimates tests, and negatively correlated with the use of a stratgey during the Hayling. There were few differences when the schizophrenic thought disordered group was compared with the manic bipolar group, or when the schizophrenic group with negative symptoms was contrasted with the depressed bipolar group. These data suggest that, at least on the tasks we employed, the pattern of cognitive deficits was more related to the type of symptoms evident in the patients than to the category of underlying disorder. In particular, thought disordered patients with schizophrenia showed a similar pattern of cognitive deficits to bipolar patients with mania.

S36.03

DELUSIONS IN THE GENERAL POPULATION

H. Verdoux*, J. van Os, S. Maurice-Tison, B. Gay, R. Salamon. *University Department of Psychiatry, Hôpital Charles Perrens, 121 rue de la Béchade, 33076 Bordeaux Cedex, France*

Background: This study carried out with the Aquitaine Sentinel Network of general practitioners (GPs) examined the prevalence of delusional ideas in primary care patients and whether higher psychosis proneness predicts a greater occurrence of depression.

Method: At the first stage of the survey (T1), a self-report questionnaire including the PDI-21 (Peters Delusional Inventory) was administered to practice attenders. Information on psychiatric status at baseline and at the end of the 12-month follow-up period was provided by GPs.

Results: The range of individual PDI-21 items endorsment in subjects with no psychiatric history varied between 5% and 70%. The main discriminative items between psychotic and non-psychotic patients were those exploring persecutory, mystic and guilt ideas. PDI-21 scores were higher at T1 in subjects with an incident depression during the follow-up period than in subjects with no incident psychiatric disorder. Most items exploring delusional beliefs and hallucinations were more frequently endorsed by subjects with incident depression.

Conclusion: This findings suggest that delusional ideation is a dimensional phenomenon lying on a continuum with normality. Psychosis proneness is associated with a greater risk of occurrence of depression, suggesting that a continuum of vulnerability may exist between affective disorder and non-affective psychosis.

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