Subthreshold psychotic experiences in the general population. Predictors for the development of psychotic disorders?

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Exploring full-blown psychotic experiences in 'non-need for care' populations: Findings from the UNIQUE Study

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Background People displaying persistent, full-blown psychotic experiences without a need-for-care in the general population are an ideal group to investigate to differentiate those factors that are linked to distress and dysfunction from those that are merely associated with benign anomalous experiences. The UNIQUE study investigated the cognitive and social processes predicted by cognitive models of psychosis to differentiate between benign and pathological outcomes of psychotic experiences (PEs).

Method Two hundred and fifty-nine individuals were recruited (84 clinical participants with PEs; 92 non-clinical participants with PEs; 83 controls without PEs) from urban (South-East London) and rural (North Wales) UK sites. The three groups were compared on clinical and psychological measures, on reasoning tasks, and on their appraisals of experimental tasks inducing anomalous experiences (of thought interference symptoms and auditory hallucinations).

Results The clinical picture demonstrated a distinctive pattern of similarities and differences on PEs between the clinical and nonclinical groups, while their demographic and psychological profiles were markedly different. As predicted, the clinical group showed a 'jump-to-conclusions' reasoning style, and endorsed more threatening appraisals ratings of the experimentally-induced anomalous experiences than the non-clinical group, who did not differ from the controls.

Conclusions The results of this study identified a number of specific factors that may be protective against transition to psychosis in individuals with persistent PEs. They also provide robust experimental evidence for the key role of appraisals in determining outcome, as postulated by cognitive models of psychosis.

Funding Medical research Council, UK.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.910

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Prevention of psychotic disorders in the general population

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Subthreshold psychotic experiences are widely reported within otherwise healthy populations. Their phenomenology is broad and very heterogeneous ranging from meaningful coincidences and precognitive dreams over haunting to out-of-body experiences and visual as well as auditory hallucinations.

Although creative aspects of these experiences are implied too, a similarity in form and content to positive symptoms in schizophrenia (e.g., delusion, disordered thought, and hallucinations) or schizotypy (e.g. magical thinking, unusual perceptual experiences, ideas of reference or paranoid ideation) seems to be obvious. However, the borderline between normal and pathological experiences and behaviour is unclear.

The so called "continuum approach" assumes that schizophrenia or schizotypy are not discrete or categorical illness entities. It implies a gradient in the severity of the symptoms, ranging from healthy population to full-blown schizophrenia. As such, psychotic signs are no longer restricted to formal diagnoses according to DSM or ICD, but would, instead, complete the spectrum of psychological and biological features that characterize individual variations among human beings.

Can subthreshold psychotic experiences be integrated in this continuum? Do individuals indicating such experiences lack some social cognitive abilities and are particularly vulnerable to false inferences in their social world. How are these experiences related to increased neural activity or an abnormal dopaminergic neurotransmission?

These and similar questions will be discussed in the presentation. *Disclosure of interest* The author has not supplied his declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.911

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Psychotic experiences as precursors in schizophrenia? Findings from a population-based sample in Germany (DEGS1-MH)

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There are only a few studies that have studied the prevalence of psychotic experiences (PEs) in a representative population-based sample and a broad range of age. The association and predictive role of PEs in the context of psychotic and other mental disorders remains a subject of discussion. The Mental Health Module of the German Health Interview and Examination Survey for Adults is the first wave of a German health monitoring survey describing:

- the distribution and frequency, the severity and the impairments of a wide range of mental disorders;

- risk factors as well as patterns of help-seeking and health care utilization;

- associations between mental and somatic disorders.

A total of 4483 participants participated in the mental health section of the survey. The Composite International Diagnostic Interview, the Launay-Slade Hallucination Scale and the Peter's Delusion Inventory were used to assess PEs by clinically experienced interviewers. We can confirm and extend previous findings for younger age groups that PEs are very frequent psychopathological expressions in the general population across genders and all age groups. PEs rates were elevated among those with other mental disorders, particularly among possible psychotic disorders, PTSD and affective disorders. This points to the relevant role of PEs as a marker for psychopathology and mental disorders. Future prospective studies will have to focus on specific properties of psychotic experiences such as their appraisal or underlying social influences to determine their significance for the prediction of psychotic and other mental disorders.

Disclosure of interest The author has not supplied his declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.912