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The Course of Risk Symptoms for Psychosis in the General Population: 2.5-year Follow-up of the Bern Epidemiological At-risk (Bear) Study

B.G. Schimmelmann[1], S.J. Schmidt[1], C. Michel[1], C. Lindner[1], F. Schultze-Lutter[1]

[1]University Hospital of Child and Adolescent Psychiatry and Psychotherapy Bern, University of Bern, Bern, Switzerland

Introduction: In clinical samples of specialized early detection services, ultra-high risk and basic symptom criteria are associated with a 2-year conversion rate of roughly 30%. Objectives/Aim: Their prevalence and course outside help-seeking samples is largely unknown and is therefore studied in the BEAR study. Methods/Results: At baseline, 25% of the young adults from the community (16-40 years) acknowledged the presence of any lifetime risk symptom, but only 3% met any risk criterion. After 2.5 years, those with any lifetime risk symptoms (RISK) and a control group (CONTROL) are re-interviewed. At the time of writing, 87 follow-ups were conducted: in 48 RISK (30% male, baseline age: 36±4 years) and in 39 CONTROL (46% male, baseline age: 36±2 years). Two RISK (4%), but no CONTROL reported the meanwhile development of first-episode psychosis. RISK were significantly more likely than CONTROL to report presence of any risk symptom within the follow-up period (41% vs. 5%). Thus, the relative risk to still report risk symptoms when these had already been reported before was 8.05 (95% CI: 2.0; 32.4). Altogether 18% met criteria for a non-psychotic current or within-follow-up axis-I disorder whose presence was unrelated to presence of at-risk phenomena at first or second interview (13% in both RISK and CONTROL). Conclusions: This indicates that risk symptoms might frequently be not just fleeting experiences but tend to persist. Thereby, they do not seem to increase the likelihood of developing any mental disorder but – should the result hold - might predispose to the development of psychotic symptoms.

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