thoughts that are not your own) to 18.4% (The idea that you should be punished for sins); paranoid symptoms were reported in 24% (Having ideas that other do not share) to 50.3% (Feeling that most people cannot be trusted). In linear regression analyses, younger age, single or divorced marital status, past history of a psychiatric illness, and current psychological distress (as measured by GSI score in SCL90-R) were associated with psychoticism dimension, whereas female sex, past history of a psychiatric illness, current psychological distress and recent stressful life events contributed to paranoid ideations.

Conclusions: A considerable proportion of a sample in an urban population in Iran displayed psychotic-like experiences. Correlates of these experiences are similar to those observed for psychiatric problems in general, and does not appear to be specific for psychotic spectrum.

P0225

Reducing duration of untreated psychosis (DUP) within early intervention services: Potential and pitfalls

S.P. Singh. *Health Sciences Research Institute, University of Warwick, Coventry, UK*

Background: Duration of untreated psychosis (DUP) is considered an important predictor of short-term clinical outcome. Early intervention in psychosis services aim to deliver effective intervention as close as possible to the emergence of psychosis, thereby reducing DUP and promoting early and enduring recovery.

Methodology: A literature review was conducted to explore the evolution of the concept of DUP, synthesise the evidence for its predictive value, compare instruments used to measure DUP and assess the psychometric properties of the Nottingham Onset Schedule (NOS) as a measure of DUP.

Results: Identifying time points when psychosis emerges and remits are conceptually ambiguous and clinically difficult to ascertain. Most DUP measures do not take this ambiguity into account and introduce spurious precision in DUP measurements. Mean DUP therefore varies widely between studies, from 25 weeks to over 700 weeks. The relationship between long DUP and poor outcome is also confounded by an interaction between premorbid dysfunction, insidious onset, delayed help-seeking and poor clinical course. A new instrument, the Nottingham Onset Schedule (NOS) is a relatively simple, clinician friendly scale to measure DUP and has been well-validated.

Conclusions: A standardised measure of DUP is a vital first step to allow comparisons between studies. The NOS provides a standardised and reliable way of recording early changes in psychosis and identifies relatively precise time points for measuring several durations in emergent psychosis. Early intervention services can only reduce DUP if early detection is an inherent part of the service

P0226

Acute and transient psychotic disorders: Do ICD-10 criteria identify a distinct category?

S.P. Singh. *Health Sciences Research Institute, University of Warwick, Coventry, UK*

Background and Aims: The Kraepelinian division of endogenous psychoses does not satisfactorily account for Acute and transient psychotic disorders (ATPD), which have been reported world-wide.

Methods: All patients with first-episode psychosis identified in Nottingham between 1992-1994 and diagnosed using ICD10 criteria

were reassessed three years later. ATPD outcomes were compared with schizophrenia and affective psychosis. Multivariate analyses were conducted to determine whether acute onset and early remission predicted favourable outcome in first episode psychosis.

Results: Of 168 cases of first-episode psychosis, 32 (19%) received an intake diagnosis of ATPD. At three years ATPD diagnosis was stable only in women. ATPD outcomes were better than schizophrenia and similar to affective psychosis. Overall, in non-affective psychoses, favourable outcomes were a function of gender and good premorbid functioning rather than acute onset and early remission.

Conclusions: ICD-10 ATPD criteria identify a diagnostically unstable group of disorders. Acute onset and early remission per se do not independently predict favourable outcome in first episode psychosis. Alternative definitions and criteria for ATPD, including operational criteria for acute onset will be discussed.

References

[1]. Singh SP, Burns T, Amin S et al (2004) Acute and transient psychotic disorders: precursors, epidemiology, course and outcome. Br J Psychiatry. 85:452-9.

[2]. Singh SP, Cooper J, Fisher H et al (2005) Determining the chronology and components of psychosis onset: The Nottingham Onset Schedule (NOS). Schizophr Res. 80(1):117-30.

P0227

Acute and transient psychotic disorders: Precursors, epidemiology, course and outcome

S.P. Singh [1], T. Burns [2], S. Amin [3], P.B. Jones [4], G.L. Harrison [5]. [1] *Health Sciences Research Institute, University of Warwick, Warwick, UK* [2] *Deparment of Psychiatry, University of Oxford, Oxford, UK* [3] *Trafford General Hospital, Manchester, UK* [4] *Department of Psychiatry, University of Cambridge, Cambridge, UK* [5] *Department of Psychiatry, University of Bristol, Bristol, UK*

Background: ICD-10 delineates Acute and Transient Psychotic Disorders (ATPD, F 23) as distinct from schizophrenia and affective psychosis. We investigated the descriptive epidemiology of ATPD and predictive validity of the diagnosis, compared its three-year outcomes with affective psychosis and schizophrenia, and explored whether acute onset and early remission identify a distinct good outcome subgroup in non-affective psychoses.

Method: Between 1992-1994, all first-episode psychosis patients in Nottingham were identified and assigned an intake ICD-10 diagnosis. Patients were assessed three years later using established outcome measures and longitudinal diagnosis assigned. Multivariate analyses were conducted to determine whether acute onset and early remission predicted favourable three-year outcome in non-affective psychotic disorders.

Results: Of 168 cases of first-episode psychosis, 112 received an intake diagnosis of non-affective psychoses (F20-29) and 32 (19%) of ATPD (F23). ATPD diagnosis was stable in women over three years, but not in men. Outcomes of ATPD were better than schizophrenia and similar to affective psychosis. In non-affective psychoses, favourable outcomes were a function of gender and good premorbid functioning rather than acute onset and early remission.

Conclusion: ICD-10 ATPD criteria identify a diagnostically unstable group of disorders consisting of 'good outcome' schizophrenia, affective psychosis and a very small group of 'true' non-affective,