schizophrenics by means of a condensed, ad hoc developed, semi-structured exploratory checklist (i.e. Brief Experiential Vulnerability Assessment) and compared with two experimental control groups (i.e. unrelated healthy subjects and DSM-IV Schizotypal Personality Disorder patients).

Results: Unaffected siblings exhibited intermediate, non pathological scores in all the schizotypal dimensions (i.e. ''Positive'', ''Negative'' and ''Oddness'') and in some self-experiential domains as compared to the control samples.

Regression analyses indicate that schizotypal interpersonal deficit (i.e. Negative factor) and subjective experience of anomalous autopsychism (i.e. Self-disorders), are the best predictors of schizotaxic risk.

Conclusions: Self-disorders and the interpersonal factor of schizotypy delineate a combined target phenotype which plausibly reflects the heritable schizophrenia spectrum predisposition and may be relevant for identifying vulnerable subjects in non-clinically-overt conditions.

S28.03

Three measures of schizotypality in a large sample of ultra-high risk patients

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Background and Aims: Theoretically, schizotypal features should be prevalent in patients at ultra high risk of psychosis. In connection to the European Prediction of Psychosis Study (EPOS), we could study their prevalence in this group using three different ways of assessing schizotypality.

Methods: EPOS dataset comprises a large sample (n=246) of UHR patients, who were followed up for 18 months. Schizotypal features were assessed in connection to SIPS interview (SIPS-STY, researcher assessment), and with PDQ-R and SPQ scales (self-assessment). Descriptive data and intercorrelations between different measures are described. Concurrent validity of these three measures is assessed by externals validators (genetic risk/neuropsychology).

Results: The prevalence of schizotypal pdo was 13.4% with SIPS-STY and 34.6% with PDQ-R-STY. These categorial measures were poorly correlated (k=0,11). Of continuous measures PDQ-R-STY and SPQ scores were highly correlated (r=0,78, P<,000), but SIPS-STY score was only weakly correlated with these other measures (r=0.24).

As to external validation, FDRs of psychotics did not differ from other subjects on the level of schizotypal features. PDQ-R-STY but not SIPS-STY was associated with lower verbal IQ (P=0.004). In verbal fluency test, both SIPS-STY and PDQ-R-STY contributed to poor performance, but SPQ did not add to this. Schizotypal status did not associate with results of the Spatial working memory paradigm (SWMT).

Conclusions: Different measures of schizotypality produce somewhat inconsistent results when studied in a high psychosis risk sample. PDQ-R questionnaire seemed to give results most consistent with the current notion of schizotypicality.

S28.04

Psychopathological and neuropsychological data from first admitted and population-identified familial schizotypal disorders

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Abstract not available at the time of printing.

S28.05

The psychosis continuum and the Cardiff Anomalous Perceptions Scale (CAPS): Are there multiple factors underlying anomalous experience?

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This study investigated contributory factors to anomalous perceptual experience and the role of such experience in delusion formation. This was facilitated by development of the Cardiff Anomalous Perceptions Scale (CAPS), a valid, reliable self-report measure designed to use neutral language, have high content validity and include provision for differing levels of insight. The CAPS was completed by a general population sample of 336 participants and 68 psychotic inpatients. A principal components analysis of the general population data revealed three components: 'clinical psychosis', 'temporal lobe disturbance' and 'chemosensation', suggesting multiple contributory factors. A follow-up study using transcranial magnetic stimulation provided additional validity for the 'temporal lobe disturbance' component. No significant difference was found between general population participants and deluded inpatients without hallucinations. Finally, distress was found to be significantly greater when levels of anomalous perceptual experience were higher than levels of delusional ideation. We conclude from these results that anomalous perceptual experience, as measured by the CAPS, is not necessary for the presence of delusions, and that similar levels of delusional ideation and anomalous perceptions may be protective against distress.

S29. Symposium: INTENSIVE EMERGENCY TREATMENT WITH BORDERLINE PATIENTS

S29.01

Improving quality of treatment decision of emergency room. The case of borderline patients

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The purpose of this study was to investigate treatment decision in a population of psychiatric patients referred with suicide attempt to medical emergency room in a large community hospital. A distinct scope of the study was to assess the impact of a quality assurance program on the adherence of the psychiatric staff to a system of diagnostic and treatment decision guidelines. After a preliminary field

https://doi.org/10.1016/j.eurpsy.2007.01.188 Published online by Cambridge University Press

trial of patient flow and treatment assignment at emergency room discharge over 1-month, we implemented a consensual diagnostic and treatment decision manual. Then, an educational program aimed to improve the understanding of the reliability of treatment decision among the psychiatric staff of the emergency room. In short, a substantial proportion of psychiatric patients with suicide attempt did not receive adequate treatment assignment at discharge and the presence of a clinical diagnosis of borderline personality disorder was a factor of even more unpredictable treatment choice. This is an issue of great need and potential impact since medical decisions often appeared to favour either treatment that are more expensive or treatments that are at increased risk of completed suicide. Further steps of the data analyses aimed to clarify the impact of better quality assurance on the reliability of treatment decision are under scrutiny and will be discussed.

S29.02

Crisis hospitalisation outcome among borderline patients. A 1-year follow-up

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We evaluated the impact of short-term crisis treatment at the general hospital among borderline patients with emotional crisis severe enough to require emergency hospitalisation in a 500.000 inhabitants urban catchment area. Those patients with concurrent bipolar disorder I and severe substance dependence were excluded from the study. Repeated assessment were conducted at intake, 3-month and 1-year follow-up in order to tape adherence to treatment, service utilization and treatment failure over one year. Presence of borderline personality disorder was assessed within acute in-patient treatment with the International Personality Disorder Interview (IPDE). The results indicate that residential treatment is no more a cogent issue of rational treatment plans for acute borderline patients. Among these subjects, psychodynamically informed crisis intervention at the general hospital may be a valuable alternative to classic psychiatric hospitalisation.

S29.03

Time-limited psychodynamic psychotherapy and venlaxafine among acutely suicidal bordeline patients

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To further investigate time-limited psychoanalytic psychotherapy among acutely suicidal borderline patients we investigated 30 subject aged 18-60 who had been referred to the emergency room of a community hospital with IPDE (International Personality Disorders Examination) borderline personality disorder. Additional inclusion criteria were a diagnosis of major depression, current suicidal attempt, requiring in-patient treatment at medical emergency room discharge and the accptance to give informed consent. Psychotic symptoms, bipolar disorder and severe substance dependence were exclusion criteria. At hospital discharge these patients were assignet to 3-month ambulatory treatment with a combination

Of Venlaxafine and time-limited psychoanalytic psychotherapy. We also studied the 3-months outcome of a comparison group of 30 IPDE borderline patients meeting the same inclusion/exclusion criteria who had been assigned, at acute hospitalisation discharge to treatment as usual. The results indicated that assignment to ambulatory combination treatment with Venlaxafine and psychoanalitic psychotherapy in associated with good compliance, fair 3-month outcome and low-relapse/repetition rates. Ambulatory combination treatment may be a cost-effective alternative to residential treatment among borderline patients with suicidal crises.

S30. Symposium: NATURE AND NURTURE IN SUICIDAL BEHAVIOUR (Organised by the AEP section on Suicidology)

S30.01

Nature and nurture in suicidal behaviour; the role of genetics: Some novel findings

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Suicide affects about one million people each year, a phenomenon characterized by heterogeneous and complex causes. Often environmental factors such as negative life events may act as a significant contributor to suicidal behavior. However, in many cases the exposure to the same environmental stress does not result in increased suicidality. It is now well established that there is also a substantial genetic contribution to suicidal behavior. Our novel findings which need replication will be presented. We found that genetic variation in the noradrenergic tyrosine hydroxylase gene was associated with the angry/hostility personality trait and vulnerability to stress. Similarly, we recently discovered that genetic variation in the transcription factor T-box 19, an upstream regulator of the stress-related hypothalamic pituitary adrenocortical axis, showed significant linkage to a personality characterised by high anger/hostility in suicidal offspring. Further results from our studies have revealed that genetic variation in genes with roles in basal mechanisms of neural conduction, voltage-gated sodium channel type VIII alpha and vesicle-associated membrane 4 protein, showed association and linkage among suicide attempters. Additionally, we have results which give support to the findings of others, implicating the serotonin transporter and serotonin receptor 1A in suicidal behavior. Our future studies aim at identifying and resolving complex patterns and mechanisms of neurobiological gene-environment interactions, which may contribute to suicide.

S30.02

Risk factors and vulnerability to suicidal behavior

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Aggressive and suicidal behaviours are one of the most common psychiatric emergencies and, as every psychiatric disorder or human behaviour, have a multifactorial origin in which biological, psychological and social factors act togheter. These factors may

https://doi.org/10.1016/j.eurpsy.2007.01.188 Published online by Cambridge University Press