

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

M. Heinimaa¹, T. Ilonen¹, J. Huttunen¹, T. Svirskis¹, J. Korkeila¹, L. Vaskelainen¹, T. Ristkari¹, R.K.R. Salokangas¹, M. Birchwood⁴, D. Lindszen³, J. Klosterkötter². ¹ *Department of Psychiatry, University of Turku, Turku, Finland* ² *Department of Psychiatry, University of Cologne, Cologne, Germany* ³ *Department of Psychiatry, University of Amsterdam, Amsterdam, The Netherlands* ⁴ *Department of Psychiatry, University of Birmingham, Birmingham, United Kingdom*

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 external validators (genetic risk/neuropsychology).

Results: The prevalence of schizotypal pdo was 13.4% with SIPS-STY and 34.6% with PDQ-R-STY. These categorical 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 schizotypality.

S28.04

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

J. Parnas. *Department of Psychiatry, Hvidovre Hospital, Hvidovre, Denmark*

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?

V. Bell^{1,2}, P.W. Halligan², H.D. Ellis². ¹ *Institute of Psychiatry, King's College, London, United Kingdom* ² *School of Psychology, Cardiff University, Cardiff, United Kingdom*

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

O. Dufour, P. Ohlendorf, G. Hourton, C. Damsa, A. Andreoli. *Department of Psychiatry, Division of Emergency and Liaison Psychiatry, University Hospitals of Geneva, Geneva, Switzerland*

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