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ANXIETY SENSITIVITY DEPENDING ON PRESENCE OF POSITIVE SYMPTOMS IN PSYCHOSIS

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Introduction: An important corpus of scientist evidence is linking psychotic activity and anxiety-related processes (Freeman and Garety, 2003).

Objectives: We intended to assess differences in Anxiety Sensitivity dimensions between patients diagnosed by psychosis with and without positive symptoms.

Methods: Participants: 49 patients with DSM psychosis diagnosis (42 men and 7 women; mean age: 40), who attended a Mental Health Rehabilitation Service in 2008, of whom 24 patients had positive symptomatology.

Design, materials and procedure: A Cross-sectional design (one measurement) for a correlational method of comparison between groups.

We used the Spanish validated Anxiety Sensitivity Index-3 -ASI 3- (Sandín et al, 2007), a 18-item Likert self-report that assesses fears of anxious symptoms. It presents a hierarchical structure (a general factor and three subscales -Physical, Cognitive and Social Concerns-). It's also used the first and third items (delusions and hallucinatory behaviour) of The Positive and Negative Syndrome Scale -PANSS- (Kay, Opler and Lindenmayer, 1988) to detect positive symptoms.

Results: Patients with positive symptoms showed a higher sensitivity to cognitive ($z = -3.22$, $p < 0.01$) and social anxiety ($z = -2.66$, $p < 0.01$), as well as higher punctuations in ASI-total ($z = -2.91$, $p < 0.01$), than patients without positive symptoms.

Conclusions: Patients with positive symptoms show significant fears of symptoms of different anxious domains (ASI-total) with regard to patients without this kind of symptomatology.

Specially, they are worried about the possibility that concentration difficulties and restlessness lead to mental incapacitation (ASI-cognitive) and about social reactions before their own publicly observable anxiety manifestations (ASI-social).