T125. INCIDENCE OF TREATMENT RESISTANCE SCHIZOPHRENIA IN A COMMUNITY SAMPLE USING THE TRRIP CONSENSUS

Dan Joyce1, Rodrigo Bressan2, Sukhi Shergill3
1Institute of Psychiatry, King’s College; 2Universidade Federal de São Paulo - UNIFESP; 3Cognition Schizophrenia and Imaging (CSI) Lab

Background: Estimates of treatment resistant schizophrenia (TRS) vary due to lack of consensus definition. The Treatment Response and Resistance in Psychosis (TRRIP) consensus provides a rigorous prospective definition for TRS, but has not yet been applied to data. We provide the first prospective estimate of the incidence of TRS in a large community cohort using TRRIP.

Methods: The publicly available CATIE (Clinical Antipsychotic Trials of Intervention Effectiveness) data were mined using bespoke implementations of algorithms that operationalise the minimum TRRIP consensus criteria. Survival curves for transition to treatment resistance status (versus treatment responsive and censoring) were estimated. Inferential methods were used to establish baseline patient characteristics that are associated with TRS. Machine learning methods were also applied to estimate patient-level prediction of TRS status from baseline data.

Results: 1369 patients were included in the analysis, with 992 patients at risk for developing TRS at baseline. A total of 48 cases of TRS were identified, yielding a crude incidence of 36.2 cases per 1000 person years. There were no strong associations with baseline demographics or clinical state at enrolment to the trial and the predictive modelling failed to identify any patient-level predictor of future TRS.

Discussion: The CATIE trial protocol excluded patients with retrospective evidence of TRS, however, prospectively applying the TRRIP consensus revealed that there were patients with TRS in the cohort. Our results suggest a small incidence, and clinical baseline and demographic data is not a robust predictor of future resistance status. Analysis of individual TRRIP criteria reveals a significant unmet need for patients with poor treatment response, but who do not meet criteria for TRS, particularly in social and occupational functioning.

T126. PSYCHOTIC EXPERIENCES AND COMMON MENTAL DISORDERS IN CHILDHOOD AND ADOLESCENCE: BIDIRECTIONAL AND TRANSDIAGNOSTIC ASSOCIATIONS IN A LONGITUDINAL COMMUNITY-BASED STUDY

Pedro Pan1, Giovanni Salum2, Felipe Argolo1, Ary Gadelha1, Rodrigo Bressan1
1Universidade Federal de São Paulo; 2Universidade Federal do Rio Grande do Sul

Background: The prevalence of Psychotic Experiences (PE) in the general population is approximately 7%. Several studies report on the association of PE with non-psychotic mental disorders and dimensional psychopathology. However, few have addressed this relationship during adolescence using longitudinal data. Here, we aim to explore bidirectional associations of PE and common mental disorder in youth in a 3-year follow-up community-based study. We hypothesized that there is a link between PE and depression, corroborating findings from adult studies, and that mental disorders comorbidity significantly correlates to PE, showing a nonspecific effect of PE as a risk for a broad “psychiatric load/liability”.

Methods: We analyzed data from the Brazilian High Risk Cohort (HRC), a large multi-site school-based study. At baseline, we evaluated 2,244 subjects (6-12 years old) using the Community Assessment of Psychotic Experiences (CAPE) and an adapted version of the Comprehensive Assessment of At-risk Mental States (CAARMS) by self-report and clinician ratings, respectively. Mental disorders in youth were assessed by the Development and Well-Being Assessment (DAWBA). We grouped mental disorders into 4 DSM-based categories: any depressive disorder, any anxiety disorder, any Attention Deficit Hyperactivity Disorder (ADHD), and any Oppositional Defiant Disorder or Conduct Disorder (ODD/CD). Subjects were reassessed after 3 years, with a retention rate of 75%. We used regression analyses to explore predictors of PE and mental disorders at follow-up. Finally, we investigated the bidirectional effect of PE as a nonspecific psychiatric “load/liability” by creating count variables for the number of comorbid psychiatric disorders for each participant. Poisson regression models tested the effect of PE (as a predictor) in the count variable (the outcome) controlling for potential confounders.

Results: We found bidirectional associations between PE and mental disorders in youth. Baseline PE increased the risk of any depressive disorder at follow-up, and baseline ADHD was associated with PE at 3-year follow-up. Comorbidity analyses showed significant relationships in both directions, with an increased risk of PE according to the number of comorbid psychiatric disorders for each participant. Poisson regression models tested the effect of PE (as a predictor) in the count variable (the outcome) controlling for potential confounders.

Discussion: We showed that subthreshold psychotic symptoms predict subsequent depressive disorder, and nonspecifically relate to psychiatric comorbidity. These findings are concordant with the notion that psychotic experiences are part of the same psychiatric vulnerability conferred to common mental disorders, such as depression and ADHD. Our results may inform future research on testing subclinical psychotic symptoms to further our understanding on identifying high-risk groups for early intervention.

T127. OFFSPRING OF ANTENATALLY DEPRESSED MOTHERS AND PARENTS WITH SEVERE MENTAL DISORDER – A LONG FOLLOW-UP IN THE NORTHERN FINLAND 1966 BIRTH COHORT

Pirjo Mäki1, Tiina Taka-Eilola2, Graham Murray3, Juha Veijola1
1University of Oulu, Oulu University Hospital; 2University of Oulu; 3University of Cambridge

Background: Depression during pregnancy is common, but long-term outcomes in the offspring of antenatally depressed mothers are unknown. Among severe mental disorders at least schizophrenia is considered to be a neurodevelopmental disorder acting already in utero with high genetic vulnerability. The aim was to study whether offspring of antenatally depressed mothers have an elevated risk for severe mood disorders till middle adulthood, taking account parental severe mental disorder.

Methods: The general population-based Northern Finland 1966 Birth Cohort includes 12,058 children, whose mothers were asked at mid-gestation if they felt depressed. The offspring were followed for over 40 years, and hospitalised severe mental disorders were detected using the Finnish