Hospital Discharge Register. It was also used for identifying severe mental disorders in the parents till 1984, when the offspring were of age. **Results:** Of the mothers, 14% self-reported depression during pregnancy. Of the parents, 10% had suffered from a hospitalised severe mental disorder. Adult offspring of antenatally depressed mothers had modestly increased risk for mood disorders both non-psychotic (crude OR 1.6; 95% CI 1.1–2.2) and psychotic (2.0; 1.0–4.1) but not for schizophrenia nor substance use disorder, when compared with the children of mothers without antenatal depression.

Maternal depression during pregnancy combined with parental severe mental disorder increased the risks for severe mental disorders in the offspring widely. The risks for both non-psychotic (crude OR 3.8; 95% CI 2.1–6.6) and psychotic mood disorder (5.4; 1.6–18.1) and also for schizophrenia (4.3; 2.3–8.2) and substance use disorder (2.8; 1.7–4.7) were higher in the offspring with both maternal antenatal depression and parental severe mental disorder than in those without maternal depression and with severe mental disorder in the parent (for non-psychotic 1.5; 1.0–2.4 and psychotic mood disorder 4.2; 1.9–9.2, for schizophrenia 1.3; 0.8–2.4 and for substance disorder 1.5; 1.1–2.2) or in those with a depressed mother but without parental severe mental disorder (for non-psychotic 1.3; 0.9–1.9, and for psychotic mood disorder 2.1; 0.9–5.0, for schizophrenia 0.9; 0.5–1.6 and substance disorder 1.4; 1.1–2.0). The reference group was birth cohort members without maternal antenatal depression and without parent- and hospital-treated mental disorder. The risks remained statistically significant even after adjustment for maternal smoking during pregnancy, perinatal complications, father’s social class and family type at birth. In the offspring of antenatally depressed mother and a father with severe mental disorder the risk was elevated only for schizophrenia (7.5; 2.2–26.2).

**Discussion:** Maternal depression during pregnancy increased the risk for mood disorders in the offspring slightly but not for schizophrenia nor substance use disorder when compared with the children of mothers without antenatal depression. Maternal antenatal depression combined with parental severe mental disorder increased the risks for all of these severe mental disorders in the adult offspring. The risk was highest for schizophrenia in the offspring of antenatally depressed mother and a father with severe mental disorder. To our knowledge, this is the first study of mood disorders, schizophrenia and substance use disorder in the offspring of antenatally depressed mothers with long follow-up till middle age where familial vulnerability for severe mental disorders was taken into account in a general population-based sample.

**References:**

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**T128. THE ASSOCIATION BETWEEN GENETIC RISK FOR SCHIZOPHRENIA AND PATTERNS OF CIGARETTE AND CANNABIS USE IN ADOLESCENCE**

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**Background:** Schizophrenia is associated with a higher prevalence of cannabis use and cigarette use. However, it is unknown to what extent these associations are due to a shared genetic aetiology. We therefore aim to examine how schizophrenia genetic risk associates with patterns of cigarette and cannabis use in adolescence.

**Methods:** We analysed repeated measures of cigarette and cannabis use during adolescence in a sample of 5,300 individuals in the Avon Longitudinal Study of Parents and Children (ALSPAC) birth cohort who had at least 3 measures of cigarette and cannabis use between ages 14–19 years. Cigarette and cannabis use data were summarised using longitudinal latent class analysis to identify longitudinal classes of substance use, and associations between polygenic scores for schizophrenia and resulting classes were assessed.

**Results:** The schizophrenia polygenic score based on single nucleotide polymorphisms (SNPs) meeting a discovery sample threshold of p ≤ 0.05 was associated with late-onset cannabis use as compared to non-use (OR = 1.20; 95% CI = 1.05, 1.37) but not with early onset or cigarette only use latent classes. This association persisted after excluding the CHRNSA-CHRNSA-CHRNB4 nicotinic receptor gene cluster (OR = 1.25; 95% CI = 1.08, 1.44), a locus which has previously been found to strongly associate with schizophrenia.

**Discussion:** This study found that genetic risk of schizophrenia (as captured by polygenic scores) is associated with late-onset cannabis use but not with other smoking phenotypes in adolescence in ALSPAC. Possible explanations for these results are that schizophrenia and cannabis use have a shared genetic aetiology or that biological risk of schizophrenia leads to cannabis use through secondary mechanisms. These secondary mechanisms may include stress of childhood behavioural problems occurring as a result of biological processes underling schizophrenia. Future analyses involving mediation models may shed some light on factors influencing patterns of substance use in individuals with a high genetic liability for schizophrenia.

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**T129. CHARACTERISTICS OF PREMORBID FUNCTIONING IN MALE ADOLESCENTS WHO LATER SUFFERED FROM PSYCHOTIC DISORDERS**

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**Background:** Previous research has shown that people with psychotic disorders have impaired functioning prior to the onset of the illness. The main goal of the proposed study was to deepen understanding of the characteristics of premorbid impairment in persons later diagnosed with psychotic disorders.

**Methods:** We examined unique premorbid data from IDF archives, including narrative summaries of pre-induction interviews of 17 years-old adolescents. This nested case-controlled study sample included two groups: 168 male adolescents who were later hospitalized for psychotic disorders, and 168 matched control subjects who were not diagnosed with psychotic illness during their military service. All subjects underwent pre-induction assessments between 2001–2010. The data were analyzed using mixed-method analysis, combining qualitative and quantitative research methods, in order to present an integrated characterization of premorbid functioning of future cases, compared to controls. Themes that arose from qualitative analyses, were conceptually divided into life conditions (for instance, death of a close person), and personal characteristics (i.e., mature, responsible). Each theme group was clustered into factors using categorical principal components analysis (CATPCA). Between-group comparisons on the identified factors were performed. Afterwards, the factors that were identified as significantly different in between-group comparisons, were included in a classification tree analyses to examine possible predictors of outcome.

**Results:** The analyses identified 5 factors in the “states” category: adaptation difficulties, negative family environment, suicidal thoughts and experience, medical conditions, and loss and instability in the family. In the “traits” category, 5 additional factors were identified: high-functioning, unpleasant interpersonal impression, interpersonal trust issues, strange impression, and low social skills. Future psychotic disorder patients, compared with matched controls, showed more premorbid adaptation difficulties. Their family environments were...