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305 – HAVE EARLY INTERVENTION SERVICES REDUCED DUP AND WAITING TIMES FOR PEOPLE WITH FIRST EPISODE PSYCHOSIS IN THE UK?

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Introduction: Early treatment of first onset psychosis has been linked to better outcomes in terms of recovery from positive and negative symptoms and overall functioning. Based on this evidence Early Intervention Services have been set up to reduce the time it takes for people to receive adequate treatment and improve their recovery.

Methods: Newly established teams and established teams were compared over 3 time periods to see if waiting times for adequate treatment and DUP had reduced over time.

Results: A Univariate ANOVA was carried out and the results suggest that there were no significant differences in the time it took for a person to receive adequate treatment between the established and the newly established teams and the DUP over the 3 time periods.

Conclusions: Though the results are not significant, looking at DUP in established teams and newly established teams over 3 time periods there is a trend that the established teams have successfully reduced DUP over time. The pathways to care for a young person with early psychosis involve complex interaction of multiple factors across different systems. In order to reduce DUP the EIS might have to focus more on indicated along with secondary prevention, aiming to deliver services to young people who are possibly in prodromal phase of psychosis. Secondly till there are efficient systems of community recognition and referrals in place EIS will need to consider outcome measures other than DUP for the evidence of its effectiveness.

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306 – PSYCHOTIC PRONENESS AND SCHIZOTYPAL PERSONALITY QUESTIONNAIRES FOR SUBJECTS SUSPECTED AS EARLY SCHIZOPHRENIA-LIKE DISORDER (ESLD) IN TAIWAN

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Introduction: To test the applicability of Psychotic Proneness Questionnaire (PPQ) and Schizotypal Personality Questionnaire (SPQ)-Mandarin version on subjects suspected as "early schizophrenia-like disorder" (ESLD).

Methods: 82 subjects age between 16 and 30 years with informed consent in the study on psychopathological progress of ESLD (SOPRES) were assessed by the researchers to determine their clinical sever-

ity as four hypothetical hierarchical psychopathological stages: first episode psychosis (FEP), prodromal, schizotypal, and pre-schizotypal (pan-neurotic). Together with 60 normal subjects, these 142 filled self-administered PPQ and SPQ. The 157-item PPQ and the 74-item SPQ were categorized to 8 and 9 subscales, respectively. The differences of scores in each subscale among the five groups were compared by ANOVA.

Results: Totally 16 FEP, 21 prodromal, 16 schizotypal, and 29 pre-schizotypal. Subjects of all four clinical stages had significantly higher scores compared to normal control in revised social anhedonia scale, basic syndrome, cognitive syndrome, and suspiciousness/paranoid ideation. Compared between pairs of these four clinical groups, no significant difference was seen in any single subscale. Treating the prodromal, schizotypal, and pre-schizotypal as a group, they had higher scores in all subscales except hypomanic personality and odd beliefs/magic thinking compared to normal control.

Conclusions: Subjects at different stages of clinical severity shared certain commonality in terms of psychotic proneness and schizotypal traits. The PPQ and SPQ are not feasible for categorizing clinical severity but might be the tool for screening subjects as being at risk of ESLD.

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307 – ITEM RESPONSE THEORY ANALYSIS OF THE PETERS ET AL. DELUSIONS INVENTORY IN ADOLESCENTS

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Introduction: In terms of psychosis prevention, it is important to identify non-clinical population with heightened vulnerability to psychosis. The aim of this study is to examine the utility of 21-item Peters et al. Delusions Inventory in measuring delusion proneness for nonclinical adolescents.

Methods: We examined 310 non-clinical adolescents ages 15 to 17 from the community. Exploratory factor analysis was performed to reveal the dimensional structure of PDI-21. In addition, item response theory was used to evaluate the psychometric characteristics of the PDI-21. Both difficulty and discrimination of each item were explored through 2-parameter logistic model.

Results: In exploratory factor analysis, the unidimensionality of PDI-21 was supported by the first eigenvalue substantially larger than the others. The goodness of fit test showed the overall good fit of the 2-parameter logistic model to the data from the sample population. The scale information curve of PDI-21 showed the maximum amount of information at subaverage level of delusion proneness.

Conclusions: The utility of PDI-21 as a screening tool for psychosis proneness may be limited in non-clinical adolescents. This finding is in line with the results of previous studies showing the inverse