

DEPRESSIVE AND ANXIETY DISORDERS AND FUNCTIONING IN CLINICAL HIGH-RISK PATIENTS. RESULTS OF THE EPOS PROJECT

R.K.R. Salokangas¹, **S. Luutonen**¹, **S. Ruhrmann**², **H. Graf von Reventlow**³, **M. Heinimaa**¹, **G. Juckel**³, **D. Linszen**⁴, **P. Dingemans**⁵, **M. Birchwood**⁶, **P. Patterson**⁷, **J. Klosterkötter**²

¹Department of Psychiatry, University of Turku, Turku, Finland, ²Department of Psychiatry and Psychotherapy, University of Cologne, Cologne, ³Department of Psychiatry, Ruhr-University Bochum, LWL University Hospital, Bochum, Germany, ⁴Department of Psychiatry and Psychology, University of Maastricht, Maastricht, ⁵Mediant, Enschede, The Netherlands, ⁶School of Psychology, University of Birmingham, ⁷Youthspace - Birmingham & Solihull Mental Health Foundation Trust, Birmingham, UK

Introduction: Depressive and anxiety disorders are the most common clinical diagnoses in patients at clinical high-risk (CHR) of psychosis (1).

Objectives: Clinical disorders and functioning in CHR patients.

Aims: To study how depressive and anxiety disorders associate with patients' functioning at baseline and follow-ups in CHR patients.

Methods: In the EPOS project, 245 young help-seeking CHR patients were examined, and their baseline diagnoses were assessed by the SCID-I. The patients were interviewed with the SIPS/SOPS, including assessments of positive and negative symptoms and the Global Assessment of Function (GAF), at baseline and at 9 and 18 months follow-ups.

Results: At baseline and follow-ups, the patients without depressive or anxiety disorders had highest GAF scores. At baseline, the patients with depressive disorders had lower GAF scores than the patients with anxiety disorders. At follow-ups, there were no differences in GAF scores between the patients with depressive or anxiety disorders. In modelling, negative symptoms associated with low GAF scores at baseline and follow-ups, positive symptoms only at baseline and anxiety disorders at 18 months follow-up.

Conclusions: Depressive and anxiety disorders associate with poor functional outcome, and require thus special attention when intervention for the CHR patients is carried out. Positive symptoms predict transition to psychosis (2), but their role in predicting functional outcome is not as great. Instead, negative symptoms associate with poor functional outcome and require intensive intervention.

(1) Salokangas RKR et al. Schizophr Res 2012, doi:10.1016/j.schres.2012.03.008.

(2) Ruhrmann S et al. Arch Gen Psychiatry 2010;67:241-251.