

psychopathology) and specific positive psychotic symptoms (delusions, conceptual disorganization, hallucinations, excitement, grandiosity, paranoia and hostility).

**Results:** Patients' attachment anxiety was associated with positive symptoms and general psychopathology, whereas no associations were found between attachment avoidance and symptom dimensions. Moreover, only attachment anxiety was related with specific positive symptoms, such as hallucinations and paranoia. Regarding the associations between attachment prototypes and symptom dimensions, only secure attachment was significantly related to decreased levels of general symptoms. Besides, secure attachment was associated with decreased levels of paranoia, whereas fearful attachment was related with increased levels of paranoid symptoms. No significant relationships were observed between dismissing and preoccupied attachment with specific positive symptoms.

**Discussion:** These findings highlight the potential role of secure attachment as a protective factor against poor clinical outcomes and are consistent with previous studies indicating that secure attachment confers a form of resilience for psychopathology. In contrast, attachment anxiety and fearful attachment might represent risk factors for general and positive symptoms. The fact that neither attachment dimensions nor attachment prototypes were associated with the negative symptom dimension seems to confirm previous findings and might suggest that the association of attachment with psychotic symptoms is more robust for the positive dimension. These findings highlight the need of tailoring interventions to patients' attachment needs. This would include assessing patients' attachment patterns, as the specific subtypes of insecure attachment style should provide guidance in the context of psychological formulation and treatment planning with early psychosis patients.

#### M114. DELUSIONAL CONTENT AT INITIAL PRESENTATION TO A CATCHMENT-BASED EARLY INTERVENTION SERVICE FOR PSYCHOSIS

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**Background:** During a psychotic episode, patients frequently suffer from severe maladaptive beliefs known as delusions. Despite the abundant literature investigating the simple presence or absence of these beliefs, there exists little detailed knowledge regarding their actual content and severity at the onset of illness. Investigating delusions in early clinical samples is critical, because their relatively young, treatment-naïve presentations are less likely to be confounded by the effects of long-term illness or previous interventions. Furthermore, a more detailed view of the association between clinical factors and delusion severity, both globally and per theme, in a larger and more representative sample may improve psychological models and ultimately treatment options. This study reports on delusions during the initiation of indicated treatment for a first episode psychosis (FEP).

**Methods:** Data were systematically collected from a sample of 637 service users entering an early intervention service for FEP. The FEP service provides a comprehensive standardized assessment battery with longitudinal follow-up for two years of treatment. The average severity and frequency of each delusional theme at baseline was reported using the Scale for Assessment of Positive Symptoms. Delusional severity, both globally and per theme, was examined across a number of sociodemographic and clinical variables.

**Results:** Delusions of a moderate severity or higher were present in the vast majority of individuals experiencing onset of a FEP (94.0%), with persecutory (77.7%), reference (65.5%), and grandiose (40.2%) being the most common themes. Eighty-one percent of service users presented with two or more delusion themes. Persecutory delusions remained consistent in severity across diagnoses, but were more severe with older age of onset ( $r = .144$ ). No meaningful differences in delusional severity were

observed across sex, affective versus non-affective psychosis, or presence/absence of substance abuse or dependence. Global delusion severity was associated with anxiety ( $r = .205$ ) but not with depression ( $r = .052$ ), with specific relationships emerging per theme. Delusions commonly referred to as passivity experiences and/or thought alienation, mind reading delusions ( $r = .242$ ) and delusions of control ( $r = .247$ ), were related to hallucinatory experiences. We will also examine delusions longitudinally by investigating their relationship to the duration of untreated psychosis and outcomes, along with the stability of delusional content across episodes.

**Discussion:** Unlike the more selected samples, confounded treatment effects, and/or varying levels of chronicity seen in previous reports, this community representative sample offers a rare clinical lens into the severity and content of delusions in FEP. While delusional severity remained consistent across certain sociodemographic and clinical variables, this was not always the case. Future work may wish to investigate the evolution of delusions over time, including focusing on specific themes and/or their overlaps, including with smaller samples and in-depth, phenomenologically oriented interviews.

#### M115. COGNITIVE FUNCTION IN BIPOLAR AND SCHIZOPHRENIA OFFSPRING: FINDINGS ACROSS THE NEURODEVELOPMENTAL CONTINUUM

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**Background:** Neurocognitive impairment is considered to lie on a continuum of severity across schizophrenia (SZ) and bipolar disorder (BP), possibly reflecting a continuum of neurodevelopmental load. Due to the known heterogeneity, performance patterns across both disorders have been examined using clustering approaches, which previously identified subgroups with different levels of impairment, from none to widespread and severe. We, for the first time, used this approach to examine cognitive function in children and youth at familial risk of developing SZ and BP, in order to investigate cognitive profiles earlier on in the neurodevelopmental pathway.

**Methods:** 220 participants, 49 offspring of individuals with schizophrenia (SZO), 90 offspring of individuals with bipolar disorder (BPO) and 81 healthy controls (HC), underwent a comprehensive cognitive assessment. Measures of attention, verbal memory, visual memory, executive function, working memory, and processing speed were used to group high-risk offspring. The k-means clustering with elbow method was used to determine the optimal number of clusters. High-risk offspring were then each assigned to a specific cluster. Cognitive performance within each of the clusters was compared to that of HC in order to describe the distribution of impairments across different cognitive domains and their severity. Between-cluster comparisons were then performed in terms of clinical and functioning variables.

**Results:** Three cognitive subgroups were identified for high-risk offspring: a global impairment group (19.5%) with severe impairments across most cognitive domains, a selective impairment group (46%) with moderate deficits across specific domains, and a cognitively intact group (34.5%) with performance comparable to that of healthy controls. Both SZO and BPO were represented in each of the three clusters. However a larger proportion of the SZO (30.6%) than of the BPO (13.3%) were characterised by widespread cognitive dysfunction, whereas BPO (41.1%) were more frequently cognitively spared relative to SZO (22.4%). Individuals in the global cognitive