Patients with at least one manic symptom were significantly more likely to be male (OR: 1.25 (95% CI 1.12 - 1.40), p < 0.001) and less likely to be of Black (OR: 0.80 (0.68 - 0.93), p = 0.004) or Other ethnicity (OR: 0.78 (0.66 - 0.91), p = 0.003). Elation was the most commonly reported manic symptom (3.17%). Network analysis revealed that the presence of manic symptoms was associated with co-occurrence of agitation, irritability and mood instability. Agitation was the most central symptom in terms of strength, betweenness and expected influence. The resulting network remained stable after dropping up to 33% of cases from the sample.
1,861 (9.04%) patients who initially presented with unipolar depression subsequently developed a mania/bipolar disorder or psychotic disorder within 5 years. The presence of at least one manic (HR: 1.71, 1.50 – 1.97), biological (HR: 1.33, 1.16 – 1.53) or emotional (HR: 1.91, 1.73 – 2.13) symptom was associated with significantly increased risk of onset of a bipolar or psychotic disorder.
Discussion: We found that patients with unipolar depression have a heterogenous clinical phenotype with a significant proportion going on to develop a bipolar or psychotic disorder within 5 years. Symptoms extracted from the EHR using NLP were predictive of subsequent onset of a bipolar or psychotic disorder. A transdiagnostic approach to defining clinical phenotype may help to better predict subsequent clinical outcomes.

T110. CLINICAL CHARACTERISTICS OF FORMAL THOUGHT DISORDER IN SCHIZOPHRENIA

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Background: Our study aimed to present the distinctive correlates of formal thought disorder in patients with schizophrenia, using the Clinical Language Disorder Rating Scale (CLANG)
Methods: We compared the formal thought disorder and other clinical characteristics between schizophrenia patients with (n = 82) and without (n = 80) formal thought disorder. Psychometric scales including the CLANG, Brief Psychiatric Rating Scale (BPRS), Young Mania Rating Scale (YMRS), Calgery Depression Scale for Schizophrenia (CDSS) and Word Fluency Test (WFT) were used
Results: After adjusting the effects of age, sex and total scores on the BPRS, YMRS and WFT, the subjects with disorganized speech presented significantly higher score on the poverty of contents of abnormal syntax (F = 7.08, P = 0.01), lack of semantic association (F = 8.02, P =0.01), disclosure failure (F = 60.97, P < 0.001), pragmatics disorder (F = 11.94, P = 0.01), dysarthria (F = 13.61, P < 0.001), and paraphasic error (F = 8.25, P = 0.01) items than those without formal thought disorder. With defining the mentioned item scores as covariates, binary logistic regression model predicted that disclosure failure (adjusted odds ratio [aOR] = 5.88, P < 0.001) and pragmatics disorder (aOR = 2.17, P = 0.04) were distinctive correlates of formal thought disorder in patients with schizophrenia.
Discussion: Disclosure failure and pragmatics disorder might be used as the distinctive indexes for formal thought disorder in patients with schizophrenia.

T111. GINKGO BILOBA INDUCED MOOD DYSREGULATION: A CASE REPORT

Abstract not included.

T112. PTSD AS A MEDIATOR OF THE RELATIONSHIP BETWEEN TRAUMA AND PSYCHOTIC EXPERIENCES

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Background: Trauma exposure is linked to the development of psychotic illnesses, but little is known about potentially modifiable mechanisms underlying this relationship. Despite the high prevalence of PTSD symptoms in psychotic illnesses, only a few studies have examined the role of PTSD as a mediator, and these were all cross-sectional. This study aims to examine whether PTSD symptoms mediate the relationship between trauma and psychotic experiences (PE), using data from a large birth cohort study.
Methods: We used data from the Avon Longitudinal Study of Parents and Children (ALSPAC) to test whether: a) PTSD symptoms (at age 15) mediate the relationship between childhood trauma (age 0–14 years) and adolescent frequent or distressing psychotic experiences (age 12–18 years) (study of adolescent PE; n = 2,952), and b) PTSD symptoms (reported at age 24 for traumatic event occurring before age 19) mediate the relationship between childhood/adolescent trauma (age 0–17 years) and incident frequent or distressing psychotic experiences in early adulthood (age 19–24 years) (study of adult PE; n = 2,492).
Associations between the variables of interest were examined with logistic regression, and mediation with the parametric g-computation formula. As sensitivity analyses, we i) examined broader and narrower psychotic outcomes, ii) included a measure of psychotic-like experiences at age 14 years as an intermediate confounder in the mediation model for adolescent psychotic experiences, and iii) repeated analyses using imputed data.
Results: Exposure to trauma was associated with increased odds of psychotic experiences and PTSD symptoms both in adolescence and early adulthood (p<0.001). The association between PTSD and psychotic experiences was stronger in adolescence (p<0.001) than in adulthood (p=0.03). There was moderate evidence that PTSD symptoms mediated the relationship between childhood trauma and adolescent psychotic experiences (proportion mediated 14%), though evidence of mediation was much weaker for adult PE (proportion mediated 8%).
In sensitivity analyses we observed similar results when using imputed data, and when modelling psychotic experiences at age 14 as an intermediate confounding for the adolescent PE outcome. The proportion mediated increased when examining more narrowly defined outcomes (19% for adolescent psychotic disorder).
Discussion: These findings provide some evidence consistent with the thesis that psychotic experiences and disorder can occur consequent to PTSD symptoms after trauma exposure. Targeting PTSD symptoms might help prevent the occurrence of psychotic experiences and disorder in people with a trauma history.

T113. CATEGORICAL AND DIMENSIONAL APPROACHES EXAMINING THE JOINT EFFECT OF AUTISM AND SCHIZOTYPAL PERSONALITY DISORDER ON SUSTAINED ATTENTION

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Background: Accumulating evidence for the co-occurrence Autism spectrum disorder (ASD) and schizotypal personality disorder (SPD) at both the diagnostic and symptom/trait levels raises important questions about the nature of their association and the effect of their co-occurrence on the individual's phenotype and functional outcome. It has been recommend that informing etiological and phenotypic overlaps between ASD and schizophrenia spectrum disorders (SSD) would require the utilization of a dual-diagnosis cohort compared with two control groups, each singly diagnosed with ASD or SSD, and that the development of a multidimensional model for understanding the relationship between these two spectra would require cohorts to be described not solely by diagnosis, but also by using dimensional measures that cut across diagnostic boundaries. Research comparing adults with ASD and SPD, as