**PROGNOSTIC VALUE OF AFFECTIVE SYMPTOMATOLOGY IN FIRST EPISODES OF PSYCHOSIS**

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**Introduction:** first episode psychosis includes a heterogeneous population which represents an extensive number of diagnoses. Today’s classifications systems are every time more focused in the inclusion of dimensions versus categories in psychiatry, and the clinical definition of psychosis may involve only one part of the total psychosis phenotype. Little is studied about the influence of affective symptomatology in functional psychosis and results are frequently controversial. Moreover, these studies are nearly non-existent in first psychotic episode, and only a few of them used a dimensional approach. Therefore, dimensional representations would be useful to predict the clinical course and treatment needs in first episode psychosis.

**Objective:** to study the prognostic value of affective symptomatology in first psychotic episode samples using a dimensional approach.

**Methods:** One hundred and twelve subjects with a first psychotic episode needing inpatient psychiatric treatment were included in a longitudinal-prospective study during three- (N=91) and five-year (N=82) follow up if they fulfilled the following criteria: informed consent to participate in the study, no previous psychiatric hospitalization for psychotic symptoms, aged 15-65, having at least one of the following symptoms: delusion, hallucination, grossly disorganized behaviour, marked thought disorder or marked psychomotor disorder; clear consciousness, no mental retardation and not having substance-related disorder as the main diagnosis. The baseline and posterior assessments include the SCID diagnosis, the manic and depressive clinical scales (YMRS and HRDS-21), the GAF, the Strauss-Carpenter prognostic scale, the PANSS and the Phillips pre-morbid adjustment scale. We used descriptive and logistic analysis to determine the predictive factors associated to the number of relapses defined as the presence of another clinical episode, number of hospitalizations and the number of suicide attempts during the follow-up. We studied the depressive, manic, activation and dysphoric dimensions as covariables.

**Results:** The distribution of the sample at baseline (N=112) was: 67% men, mean age 28.84; 23.2% with bipolar disorders, 15.17% with schizophrenia and 61.6% with other psychotic disorders. The sample (N=82) at fifth year of follow-up presented a 91.46% of relapses and 21% of suicide attempts. The GAF discriminated among prognostic groups from the third year of the follow up (p 0.020) and we see the poorest prognosis in the schizophrenia group, while bipolar disorders and the rest of the diagnose achieved an intermediate prognosis in the outcome. The Strauss-Carpenter scale, specifically working item, social activity item and global functioning item also discriminated among three diagnostic groups and between affective and non-affective psychosis (p<0.05). Regarding dimensions, depressive dimension was significantly associated with a lower number of relapses and hospitalizations (p= 0.045 and p= 0.012) meanwhile manic dimension was significantly associated with more relapses (p= 0.023).

**Conclusions:** The depressive dimension presents the best prognosis in first episode psychosis. On the contrary, the activation dimension, in general, gives a more favourable prognosis with regards to functionality (social) and unfavourable with respect to relapses. Finally, the manic (or hedonist) dimension is associated with a worse evolution regarding relapses. Only dysphoric dimension is not associated with syndromic and/or functional prognosis.