

V – ‘appetite and weight change’, VI – ‘anxiety’ and VII – ‘anergia’. A significant therapeutic effect of lamotrigine in bipolar depression was found using the ‘depressive cognitions’ factor (from week 3) and ‘psychomotor retardation’ (from week 4).

**Conclusions:** This study has identified seven factors of the HDRS in a large sample of patients with bipolar depression. It suggests that the major effect of lamotrigine in bipolar depression is primarily upon central depressive cognitions and psychomotor disturbance.

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## Evaluation of MoodGYM with an adolescent population

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**Background:** MoodGYM is an interactive web-based program designed to prevent and decrease symptoms of anxiety and depression. Based on cognitive behaviour therapy, the MoodGYM program aims to change dysfunctional thoughts and improve problem solving, relaxation and interpersonal skills. Although much research has been conducted on the effectiveness of MoodGYM with an adult population, with very positive results, little research has been conducted on the adolescent and young adult population for which the program was designed. The current study therefore aims to evaluate the effectiveness of the MoodGYM program in reducing adolescents’ symptoms of anxiety and depression.

**Methods:** Twenty-nine schools from across Australia were involved in the current study, with 1450 students aged 13–17 years consenting to participate. Each school was randomly assigned to the experimental or control group based on their location (city or rural) and funding (government or private). All participating students completed the first self-report questionnaire the week before students in the experimental condition began the MoodGYM program. The MoodGYM program was delivered to students over a 5-week period. All participating students completed a second and third self-report questionnaire 1 and 6 months after the completion of the MoodGYM program.

**Results:** The current paper will present preliminary results from the first two questionnaires. Pre- and post-test comparisons will be made for the measures of anxiety and depression.

**Conclusion:** Findings from the current study will help to inform schools about the usefulness of a self-guided approach to learning about mental health using the Internet.

## Visual field semantic priming and relationship with thought disorder

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**Background:** The semantic priming technique can be used to explore language deficits in individuals with thought disorder. Research suggests that thought disorder may reflect a difficulty in inhibition or an increase in spreading activation in one or both of the hemispheres in response to language-based information. Currently, little research has been done in this area and the research that is available is methodologically flawed.

**Methods:** A lateralized version of a semantic priming task was used to examine the role of each hemisphere in processing language and to examine how the two hemispheres synchronize information. As in standard semantic priming task, reaction times to related and unrelated word pairs were contrasted. Novelty, to this experiment, word pairs were presented solely to the left (LL) or right (RR) visual field, or across visual fields; left-right (LR) or right-left (RL). Participants included 21 healthy controls and 42 participants with a diagnosis of schizophrenia (21 with thought disorder, 21 without). Repeated-measure ANOVAs were used to compare stimulus type (related vs. unrelated), visual field (LL, RR, LR, RL) and group.

**Results:** Preliminary analyses suggest that there are significant differences in priming across visual fields between healthy controls and participants with schizophrenia. There were no significant differences between the two psychiatric groups.

**Conclusions:** These data suggest that participants with schizophrenia have difficulty when performing a task where the two hemispheres must synchronize information. However, this pattern this does not seem to be causal for thought disorder.

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## When things are not as they seem: detecting first-episode psychosis upon referral to ultrahigh-risk (‘prodromal’) clinics

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**Background:** There are two main targets for intervention during the prodromal phase: 1) current symptoms, behaviour or disability and 2) prevention of onset of frank psychotic disorder. The current presentation examines a ‘third’ function of ‘ultrahigh-risk’ (UHR)