

specific nutrients (zinc, iron, magnesium, vitamins, and folate) was also inversely correlated with prevalence of depressive symptoms. On the other hand, western dietary patterns, with sweetened beverages, processed food, and foods rich in saturated fatty acids, have been linked to an increased risk. Skipping meals and snacking on unhealthy food also contributes to depressive symptoms.

Conclusions: Relatively modest changes in population diet, tobacco consumption and levels of exercise may have important public mental health benefits preventing a substantial number of new cases of depression.

Disclosure: No significant relationships.

Keywords: Depression; exercise; smoking; diet

EPV1041

Clinical high-risk criteria of psychosis in 8- to 17-year-old community subjects and inpatients not suspected to develop psychosis: not pluripotential or transdiagnostic.

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doi: 10.1192/j.eurpsy.2022.1752

Introduction: Based on high rates of non-converters to psychosis, especially in children and adolescents, it was suggested that CHR criteria were (1) pluripotential, (2) a transdiagnostic risk factor, or (3) simply a severity marker of mental disorders rather than specifically psychosis-predictive. If any of these three alternative explanatory models were true, their prevalence should differ between persons with and without mental disorders, and their severity should be associated with functional impairment as a measure of severity.

Objectives: To compare the prevalence and severity of CHR criteria/symptoms in children and adolescents of the community and inpatients.

Methods: We compared CHR criteria/symptoms in 8-17-year-olds of the community and of inpatients not clinically suspected to develop psychosis.

Results: The 7.3%-prevalence rate of CHR criteria in community subjects did not differ significantly from the 9.5%-rate in inpatients. Frequency/severity of CHR criteria never differed between the community and the four inpatient groups, while the frequency and severity of CHR symptoms differed only minimally. Group differences were found in only four CHR symptoms: *suspiciousness/persecutory ideas* of the SIPS, and *thought pressure, derealization* and *visual perception disturbances* of the SPI-CY. These were consistent with a transdiagnostic risk factor or dimension, i.e., displayed higher frequency and severity in inpatients. Low functioning, however, was at most weakly related to the severity of CHR criteria/symptoms, with the highest, yet still weak correlation yielded for *suspiciousness/persecutory ideas*.

Conclusions: The lack of systematic differences between inpatients and community subjects does not support suggestions that CHR

criteria/symptoms are pluripotential or transdiagnostic syndromes, or merely markers of symptom severity

Disclosure: No significant relationships.

Keywords: pluripotential risk factor; transdiagnostic risk indicator; children and adolescents; clinical high risk

EPV1042

Correlation between psychotic risk and depressive “cognitive” symptoms in adolescence.

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doi: 10.1192/j.eurpsy.2022.1753

Introduction: Prevention of disorders has become a central element of psychiatric research and clinic. Currently, Ultra High Risk (UHR) criteria are internationally recognized for psychiatric risk assessment. Self Disorders (SD) aroused particular interest because they were found to be specific to schizophrenic spectrum disorders and a marker of vulnerability for psychotic onset.

Objectives: To evaluate the correlation between psychotic risk and depressive symptoms in at-risk adolescent population.

Methods: We collected data from 80 patients, aged 14-18, with sufficient skills in the Italian language and an IQ ≥ 70 , excluding patients with disorders related to direct effects of a general medical condition or substance. Psychodiagnostic evaluation included K-SADS-PL, SIPS/SOPS, EASE (for the assessment of SDs) and the CDSS (for the assessment of Depression).

Results: 35 subjects have UHR criteria, while 45 do not have a psychotic risk syndrome or psychotic features. Between the two groups there is a significant difference in the total SCORE of EASE, in domains 1, 2 and 5. In addition, a positive correlation between SDs and depressive symptoms emerged, in particular with pathological guilt and with reference ideas of guilt.

Conclusions: The results confirm the validity of SDs for early detection of psychosis. Depressive features appear to be associated with the presence of abnormalities of experience. This results suggest a close care and monitoring of depressive symptoms in adolescence, because they can mask disorders of different nature, particularly pathological guilt and guilty ideas of reference that are depressive “cognitive” symptoms more correlate with psychotic risk.

Disclosure: No significant relationships.

Keywords: Self Disorders; Ultra High Risk; psychosis prevention; depressive symptoms

EPV1043

Reflexion as the Factor in Shaping Attitudes Towards Love and Sex at Adolescence

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doi: 10.1192/j.eurpsy.2022.1754