Synopsis no.: S6.1

Preliminary title: SCHIZOTYPY AS AN INTERMEDIATE FACTOR AND ENVIRONMENTAL EXPOSURES IMPACTING ON SCHIZOPHRENIA ONSET

Contact info for the person(s) proposing the synopsis

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Working and writing group: Madrid, Spain (Laura Roldán, Marta Rapado-Castro…..pending)

Work Packages involved: WP6

Partners involved from whom candidate co-authors (*additional to working and writing group*) should be nominated: pending

Objectives (scientific background, hypothesis, methods, and expected results):

BACKGROUND:
Psychosis proneness is thought to be expressed mainly in the form of "attenuated psychotic experiences" or schizotypal personality "schizotypy". Both trait and state characteristics constitute two of the main criteria used to define an "at risk mental state" for psychosis. A term that has been developed to assist the identification of those individuals on the prodromal or prepsychotic phases of psychotic disorders. It is known that psychosis proneness is genetically continuous with clinically defined full-blow psychotic disorders and the former "schizotypy" criteria could thus represent an intermediate phenotype (Baskak et al., 2008, Fanous et al., 2001, Hanssen et al., 2006, Kendler and Hewitt, 1992, Kendler et al., 1993, Linney et al., 2003). It is also known that environmental exposures have the potential to impact on neural and cognitive phenotypes triggering the onset of psychosis (Gervais et al., 2004, Zink et al., 2008). Therefore, childhood exposure to adverse events could have an impact on the development of psychosis in those people presenting with predominant schizotypal traits .

HYPOTHESIS:

1. There would be a continuum in psychosis at both phenotypic and etiological level, where schizotypy would represent an intermediate phenotype. Therefore siblings of patients with schizophrenia will present with high schizotypal traits than general population.
2. Environmental factors such as childhood experiences of neglect and abuse may have an impact on the presence of a clinical phenotype. Siblings of patients with a similar genetic burden or healthy subjects with high scores of subclinical psychotic symptoms and schizotypy, may have been exposed to different risk and protective factors that explain that they have not developed a clinical psychotic disorder.

OBJECTIVES
1. To compare the prevalence of subclinical psychotic symptoms and schizotypy among patients,

siblings and healthy controls.
2. To compare the exposure to environmental risk and protective factors between patients who have developed a clinical psychosis and siblings and healthy controls with high scores of subclinical psychotic symptomatology and schizotypy.

METHODS

- Combined Social Assessments:
    - Sociodemographic Scale
    - List of Threatening Events
    - Childhood experience of Care and Abuse
    - Bullying
    - Discrimination
    - Brief Impact of Events
    - Social environment assessment tool

- Structured Interview for Schizotypy– revised (SIS-R).
- The Community Assessment of Psychotic Experiences (CAPE).
- FIGS: Family Interview for Genetic Studies
- PAS: Premorbid Adjustment Scale (shortened version)
- Cannabis Questionnaire (+ alcohol and drugs)
- GAF: Global Assessment of Function
- Medication list/ medication list past

Data needed for the study:

- Combined Social Assessments:
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- OPCRIT
- Childhood Trauma Questionnaire

Plan for statistical analysis (overall strategy): We will compare the prevalence of schizotypy doing subgroups depending on the presence or absence of diagnosis and the exposure to childhood adverse events. Statistical analyses would be performed using x2 for categorical variables and t test and ANOVA for continuous variables.
Other analyses/methods: none
Involvement of external Parties (non EU-GEI): none
IPR check:
Timeframe:
Additional comments: