# LITERATURE HIGHLIGHTS

The secondary prevention, in the domain of public health, looks to identify individuals who are at risk of developing the disorder. The Early Intervention in Psychosis aims to take the same perspective. The current trend in research is to move away from the aphorism of schizophrenia, which carries a negative connotation in terms of generating a therapeutic nihilism among the health care providers, since the disease process has already set in. The rubric, 'early psychosis' provides an umbrella under which research can be carried out on variable issues. The paper by Colbert SM et al examines the 'jumping to conclusion and perceptions in early psychoses".

The description of mental disorders is based on 'symptoms' as opposed to tradition in general medicine, which is, for most part, 'sign' based. Such being the case, the symptomatology of abnormal experiences occupies a central importance in terms of diagnosis. Psychiatrists' ascribe symptoms, based on the description of abnormal mental experiences; however, everything reported by a patient is not a symptom. This issue is of central importance in designing a screening instrument. A screening instrument is expected to differentiate between those who have the disorder and those without it. It is expected to be an efficient tool supplementing the clinician's interview based assessment. Screening instruments are not supposed to be diagnostic. Their sensitivity and specificity is expected to yield case positive and case negative individuals, respectively, when compared with the gold standard. The paper by Niessen MA et al describes the diagnostic validity of Eppendorf Schizophrenia Inventory (ESI) in a population of ultra-high risk for psychosis.

Since the completion of Human Genome Project (2003), there has been a serious effort toward unraveling the biological basis of mental disorder. The pendulum of research has moved from the psychodynamic understanding of mental disorders to the genetic basis of abnormal behavior over the course a decades. The paper by Demirkan A. et al provides a good insight in to the work carried out around the Globe in the area of Genetic of Common Mental Disorders.

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## Abstract 1: Cogn Neuropsychiatry. 2010 Jul;15(4):422-40. Epub 2010 Apr 9.

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# JUMPING TO CONCLUSIONS AND PERCEPTIONS IN EARLY PSYCHOSIS: RELATIONSHIP WITH DELUSIONAL BELIEFS.

**ABSTRACT**

**INTRODUCTION:** Previous research has suggested that biases in cognitive processes involved in everyday reasoning may contribute to the development of delusional beliefs. The aim of this study was to explore jumping to conclusions (JTC), a data-gathering bias, and jumping to perceptions (JTP), a bias towards believing ambiguous perceptual events are real and external. **METHODS:** Individuals with current delusions (n=17), remitted delusions (n=17), both recruited from an early psychosis service, and non-clinical participants (n=35) were compared on a probabilistic reasoning task, an auditory perceptual bias task, and the Barely Visible Words task.

**RESULTS:** The deluded participants did not demonstrate the expected JTC bias; therefore the relationship between JTC and JTP could not be examined. However, both clinical groups exhibited a JTP bias on the auditory perceptual bias task. In contrast, the lowered perceptual threshold for threat displayed by the control group was absent in the clinical groups.

**CONCLUSIONS:** These results suggest that the JTP bias may be a trait characteristic in those with a propensity to delusions, and that these individuals may also show a bias away from threat.

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## Abstract 2: Psychol Assess. 2010 Dec;22(4):935-44.

Niessen MA, Dingemans PM, van de Fliert R, Becker HE, Nieman DH, Linszen D.
Erratum in: Psychol Assess. 2011 Mar;23(1):233.
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# DIAGNOSTIC VALIDITY OF THE EPPENDORF SCHIZOPHRENIA INVENTORY (ESI): A SELF-REPORT SCREEN FOR ULTRAHIGH RISK AND ACUTE PSYCHOSIS.

**ABSTRACT**

Providers of mental health services need tools to screen for acute psychosis and ultrahigh risk (UHR) for transition to psychosis in help-seeking individuals. In this study, the Eppendorf Schizophrenia Inventory (ESI) was examined as a screening tool and for its ability to correctly predict diagnostic group membership (e.g., help seeking, mild psychiatric complaints, highly symptomatic mood or anxiety disorder, UHR, acute psychosis). Diagnostic evaluation with established instruments was used for diagnosis in 3 research samples. UHR status was assessed with the Structured Interview for Prodromal Symptoms/Scale of Prodromal Symptoms (Miller et al., 1999) and the Bonn Scale for the Assessment of Basic Symptoms Prediction list (Gross, Huber, Klosterkötter, & Linz, 1987; Klosterkötter, Hellmich, Steinmeyer, & Schulze-Lutter, 2001). This study showed that members of different diagnostic groups rate themselves significantly differently on the ESI and its subscales. A new subscale was constructed, the UHR-Psychosis scale, that showed good utility in detecting individuals with

interview-diagnosed UHR status and acute psychosis. The scale is also sensitive to the threshold between UHR and acute psychosis. Practical applications of the ESI include use as a diagnostic tool within various settings.

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# GENETIC RISK PROFILES FOR DEPRESSION AND ANXIETY IN ADULT AND ELDERLY COHORTS

OPEN

**ABSTRACT**

The first generation of genome-wide association studies (GWA studies) for psychiatric disorders has led to new insights regarding the genetic architecture of these disorders. We now start to realize that a larger number of genes, each with a small contribution, are likely to explain the heritability of psychiatric diseases. The contribution of a large number of genes to complex traits can be analyzed with genome-wide profiling. In a discovery sample, a genetic risk profile for depression was defined based on a GWA study of 1738 adult cases and 1802 controls. The genetic risk scores were tested in two population-based samples of elderly participants. The genetic risk profiles were evaluated for depression and anxiety in the Rotterdam Study cohort and the Erasmus Rucphen Family (ERF) study. The genetic risk scores were significantly associated with different measures of depression and explained up to ~0.7% of the variance in depression in Rotterdam Study and up to ~1% in ERF study. The genetic score for depression was also significantly associated with anxiety explaining up to 2.1% in Rotterdam study. These findings suggest the presence of many genetic loci of small effect that influence both depression and anxiety. Remarkably, the predictive value of these profiles was as large in the sample of elderly participants as in the middle-aged samples.

**KEYWORDS:**

depression; anxiety; polygenic; genome-wide association; risk score