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White ethnicity predicted significant delay in treatment uptake for adolescents. (81 days, *P* = 0.005). Younger age of onset, lifetime cannabis use and White ethnicity predicted significant delay in treatment uptake for adolescents.

**Results.** We observed a significant between-group difference in the coupling of medial temporal activation with local glutamate levels.

**Conclusions.** In individuals at ultra-high risk for psychosis, medial temporal dysfunction seemed related to a loss of the normal relationship with local glutamate levels. This study provides the first evidence that links medial temporal dysfunction with the central glutamate system in humans and is consistent with evidence that drugs that modulate glutamatergic transmission might be useful in the treatment of psychosis.

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Mo-S-146

**Structural and functional imaging correlates of liability to psychosis**

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The onset of psychosis is preceded by a prodromal phase characterized by functional decline and subtle prodromal symptoms, which include attenuated psychotic phenomena and a decline of cognitive and socio-occupational function. Preventive interventions during this phase are of great interest because of the impressive clinical benefits. However, available clinical criteria employed to define an at-risk mental state for psychosis have relatively low validity and specificity. Consequently, there is an urgent need of reliable neurocognitive markers linked to the pathophysiological mechanisms that underlie schizophrenia. Neuroimaging techniques have rapidly developed into a powerful tool in psychiatry as they provide an unprecedented opportunity for the investigation of brain structure and function. Neuroimaging studies of the prodromal phases of psychosis have the potentials to identify core structural and functional markers of an impending risk to psychosis and to clarify the dynamic changes underlying transition to psychosis and to address significant correlations between brain structure or function and prodromal psychopathology. Additionally, neurochemical and multimodal methods can address the key role played by neurotransmitters such as dopamine and glutamate during the psychosis onset.

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Mo-S-147

**Key determinants of longer duration of untreated psychosis in adolescents**

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**Introduction.** Duration of Untreated Psychosis (DUP) has been found to be two times higher in adolescent (< age 18) than adult-onset psychosis in four worldwide publications. Recent UK policy set a target of reducing DUP (<3 months). This is the first study comparing DUP in adolescents and adults in the UK, and first investigation of the determinants of DUP amongst adolescents.

**Method.** First episode psychosis cases referred to Early Intervention Psychosis teams in London from 2004 to 2009. Standardised clinical assessments carried out by Teams.

**Results.** Adolescents showed significantly greater median DUP (179 days) than adults (81 days, *P* = 0.005). Younger age of onset, lifetime cannabis use and White ethnicity predicted significant delay in treatment uptake for adolescents.

**Discussion.** These findings suggest that treatment delay may be a critical problem in adolescents in the UK and other countries. Health professionals need to be trained to manage psychosis at early stages.

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Mo-S-148

**Influence of age and gender on protective factors for depression and suicidal behaviors**

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The presentation is based on secondary analyses of a psychometric study on protective factors among 283 adolescents aged 14 to 17 years in Quebec French-speaking schools completed in 2007. The protective factors analyzed were Reasons for living (Reasons for Living Inventory for Adolescents), Spirituality (Spirituality Scale) and Coping (Adolescent Coping Scale). Three risk factors were also added namely Life events (Life Events Questionnaire), Depression, (Beck Depression Inventory-II) and Hopelessness (Beck Hopelessness Scale). A theoretical model of the interaction between protective and risk factors will be presented. Descriptive, univariate and multiple regression analyses on the influence of protective and risk factors on depression and suicidal ideas will be presented for each gender (120 girls and 163 boys) and each age group (167 youths aged 14 and 15 years and 116 aged 16 and 17 years). Clinical implications of the results will be discussed.

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Mo-S-149

**Protective factors and borderline personality disorder in adolescence**

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Among a cohort of French suicidal 11–17 year-old youths recruited in a prospective study, adolescents with traits of Borderline Personality Disorder were identified with the Abbreviated-Diagnostic Interview for Borderlines (Guilé et al., 2009). Analyses indicated that BPD symptoms were negatively correlated with CGAS (*P* < 0.05) and significantly correlated with the number of suicide attempts (*P* < 0.01) and the depressive symptoms assessed independently with the Beck depression Inventory (*P* < 0.001). With respect to the profile of risk and protective factors as evaluated by the Adolescent Coping Scale (Frydenberg et Lewis, 1993), the Spirituality Scale (Delaney et al., 2005) and the Reasons For Living Inventory for Adolescents RFL-A (Osman et al., 1998), those BDP adolescents were discriminated from non BPD through their coping profile. This study has enabled the identification of targets for psychoeducative and treating programs.

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