

P03-301

ANXIETY SENSITIVITY IN PATIENTS WITH PSYCHOSIS REGARDING A NON-CLINICAL SAMPLE

J. Pastor-Morales¹, E. Castillo-Gordillo¹, E. Fernández-Jiménez², F. Rivas-Marín¹, V. Sanz-Largo¹

¹Equipo de Salud Mental de Distrito Guadalquivir, Área Hospitalaria Virgen del Rocío,

²Departamento de Personalidad, Evaluación y Tratamiento Psicológicos, University of Seville, Seville, Spain

Introduction: There is increasing empirical evidence that links the classical separated psychopathological spectrums neurosis and psychosis. In this sense, anxiety is a factor for delusional/hallucinative development and maintenance (Freeman and Garety, 2003).

Objectives: We intended to assess differences in Anxiety Sensitivity dimensions between patients with psychosis and a non-clinical sample.

Methods: Participants: 49 patients with DSM psychosis diagnosis (42 men and 7 women; mean age: 40), who attended a Mental Health Rehabilitation Service in 2008, were compared with a non-clinical sample (n = 582) from another study (Sandín, Valiente, Chorot and Santed, 2007).

Design, materials and procedure: A Cross-sectional design (one measurement) for a correlational method of comparison between groups.

We used the Spanish validated Anxiety Sensitivity Index-3 -ASI 3- (Sandín et al., 2007), a 18-item Likert self-report that assesses fears of anxious symptoms. It presents a hierarchical structure (a general factor and three subscales -Physical, Cognitive and Social Concerns-).

It's also used the first and third items (delusions and hallucinatory behaviour) of The Positive and Negative Syndrome Scale -PANSS- (Kay, Opler and Lindenmayer, 1988) to detect positive symptoms.

Results: Patients present a higher anxiety sensitivity in the General Factor ($t = 2.06$, $p < 0.05$) and Cognitive Subscale ($t = 3.91$, $p < 0.001$) than nonpatient sample.

Conclusions: Patients with psychosis show significant fears of symptoms of different anxious domains (ASI-total) regarding a non-clinical sample. Particularly, they are worried about the possibility that concentration difficulties and restlessness lead to mental incapacitation (ASI-cognitive).