

Supplementary Figure 1:

Definition of the PACE brief limited intermittent psychotic symptoms (BLIPS) criteria over time

Yung et al. 1996 [7] (starting 1994 over 20-month period; age: 16-30 yrs.)

New Group 3

Newly introduced, this is defined by a history of fleeting psychotic experiences that spontaneously resolved within 1 week (Brief Limited Intermittent Psychotic Symptoms, BLIPS).

Change to new operationalization

Yung et al. 1998 [1] (05/1995-07/1996; age 16-30 yrs.)

History of transient psychotic symptoms as defined by the presence of at least 1 of the following symptoms:

- (1) hallucinations,
- (2) delusions,
- (3) formal thought disorder

Newly operationalized as follows: (3+ on hallucinations scale; 4+ on unusual thought content scale or 4+ on suspiciousness scale (or it is held strong conviction, as defined by a score of 3 or more on the CASH [9,10] rating scale for delusions); or 4+ on conceptual disorganization scale of BPRS [8]); Duration of episode of less than 1 week; Symptoms resolve spontaneously.

Change in minimum age

Introduction of a time frame for mental changes

Phillips et al. 2000 [2] (period not specified; age: 14-30 yrs.)

BLIPS must have occurred within the past year.

Drop of a subthreshold frequency definition of APS in terms of a 'very low' frequency version of BLIPS (see also Figure 1b)

Change in assessment from BPRS/CASH to CAARMS

Yung et al. 2004 [12] CAARMS, version 01/2002 (assessment period and age range not specified)

Severity scale score of 6 on disorders of thought content subscale, 5 or 6 on perceptual abnormalities subscale and/or 6 on disorganized speech subscale of the CAARMS;

Frequency scale score of 4-6 on disorders of thought content, perceptual abnormalities and/or disorganized speech subscale;

Each episode of symptoms is present for less than 1 week and symptoms spontaneously remit on every occasion; Symptoms occurred during last year **and for not longer than 5 years.**

•Introduction of the non-bizarre ideas subscale into the operationalization of BLIPS
•Introduction of functional decline as an obligate criterion

Change in restriction of maximum and minimum age

Yung et al. CAARMS, version 12/2006 [13] (restriction in age range since 2005: age 15-25 yrs.)

Global Rating Scale Score of 6 on Unusual Thought Content subscale, **6 on Non-Bizarre Ideas**, 5 or 6 on Perceptual Abnormalities subscale and/or 6 on Disorganised Speech subscales of the CAARMS
Frequency Scale Score of 4-6 on Unusual Thought Content, Non-Bizarre Ideas, Perceptual Abnormalities and/or Disorganised Speech subscales

Each episode of symptoms is present for less than one week and symptoms spontaneously remit on every occasion.

Symptoms occurred during last year

30% drop in SOFAS score from premorbid level, sustained for a month, occurred within past 12 months

OR

SOFAS score of 50 or less for past 12 months or longer

Supplementary Figure 2:

Definition of the PACE ,trait-state' risk factors / vulnerability criteria over time

Phillips et al. 2000 [2] (1994-not specified; age 16-30 yrs.)

Group 1

A 1st- or 2nd-degree relative with any psychotic disorder or Schizotypal or Schizoid Personality Disorder

PLUS

a change in mental state or functioning such as:

- (1) 2 or more of the 9 criteria for DSM-III-R prodrome,
- (2) moderate depression according to the BDI

OR

- (3) any item on the EWSS for several times per week.

OR

Group 3: Subject meets DSM-III-R criteria for either Schizotypal or Schizoid Personality Disorder



Drop of mental change criteria (2) and (3)

Change by merging Group 1 and Group 3 together

Yung et al. 1996 [7] (starting 1994 over 20-month period; age: 16-30 yrs.)

Restricted to the attenuated psychotic symptoms group, Group 2(2)

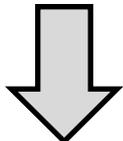
A 1st- or 2nd-degree relative with a history of any psychotic disorder or Schizotypal **but not Schizoid** Personality Disorder

OR

Individual meets DSM-III-R criteria for a Schizotypal **but not Schizoid** Personality Disorder

PLUS

a change in mental state or functioning defined by 2 or more of the 9 criteria for DSM-III-R prodrome.



Drop of 2nd-degree relative as a relevant criteria

- Change from features of the DSM-III-R schizotypal PD to those of the DSM-IV
- Change of criteria for functional decline

Yung et al. 1998 [1] (05/1995-07/1996; age 16-30 yrs.)

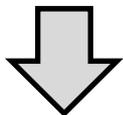
1st- **but not 2nd**-degree relative with psychotic disorder or **DSM-IV** Schizotypal Personality Disorder

OR

Individual has **DSM-IV** Schizotypal Personality Disorder

PLUS

Significant decrease in mental state or functioning – **maintained for at least 1 month and newly operationalized by a reduction in GAF Scale of 30 points from premorbid level**

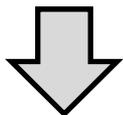


Introduction of a time frame for mental changes

Change in minimum age

Phillips et al. 2000 [2] (period not specified; age: 14-30 yrs.)

Decrease in functioning maintained for at least 1 month and for not more than 5 years.



Drop of 1st-degree relative with schizotypal PD as relevant criteria

• Change to a more narrow time criteria

Yung et al. 2004 [11] (03/1995-01/1999; age 14-30 yrs.)

Individual has DSM-IV Schizotypal Personality Disorder

OR

1st-degree relative with DSM-IV psychotic disorder **but not with only Schizotypal** Personality Disorder
More narrow time frame for functional decrease as follows: decrease in functioning occurred within the past year.



Change in functional decrease definition

Yung et al. 2004 [12] CAARMS, version 01/2002 (assessment period and age range not specified)
30% drop in GAF score instead of 30 points on GAF score from premorbid level.



•Change definition of functional decline from GAF to SOFAS
•Change in restriction of maximum and minimum age

Yung et al., CAARMS, version 12/2006 [13] (restriction in age range since 2005: age 15-25 yrs.)

Family history of psychosis in 1st-degree relative OR Schizotypal Personality Disorder in identified patient

PLUS

30% drop in SOFAS score from premorbid level, sustained for 1 month, occurred within past 12 months

OR

SOFAS score of 50 or less for past 12 months or longer

BDI: Beck Depression Inventory (Beck AT, Ward CH, Mendelson M, Mock J, Erbaugh J: An inventory for measuring depression. Arch Gen Psychiatry 1961;4:561-571.)

EWSS: Early Warning Signs Survey (Birchwood M, Smith J, Macmillan F, Hogg B, Prasad R, Harvey C, Bering S: Predicting relapse in schizophrenia: the development and implementation of an early signs monitoring system using patients and families as observers, a preliminary investigation. Psychol Med 1989;19(3):649-56.)