Patients who smoked cannabis on a recreational basis (mean age 29.0; contrast=5.8, CI 95% 4.3, 7.2, p<0.001) and on a daily basis (mean age 26.6; contrast=2.4, CI 95% 0.9, 3.9, p=0.001) had lower age of onset than not users patients (mean age 34.8) across all countries, once have taken into account gender and ethnicity
Only, those who started using cannabis ≤15 years had an earlier age of onset (25.5 years) than those who started at their 16 years or later (29.5 years), (F(1,683)=37.3, p<0.001). This relationship was the same across different countries (p=0.968), and independently influenced by ethnicity (F(5, 683)=2.3, p=0.03) but not by gender (p=0.057).
Discussion: Our results suggest a generalizable across country and specific effect of frequency of use and early age at first cannabis use on significantly anticipate age of psychosis onset in First episode Psychosis patients.

F100. FACTOR STRUCTURE OF THE CANNABIS EXPERIENCES QUESTIONNAIRE IN A FIRST-EPISODE PSYCHOSIS SAMPLE

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Background: The Cannabis Experiences Questionnaire (CEQ) was developed to measure the subjective experiences of cannabis use both during and after intoxication. Despite the need to better understand the nature of the complex and significant relationship between cannabis use and early psychosis, this questionnaire has rarely been used in individuals with first-episode psychosis.
Methods: We conducted a set of factor analyses using CEQ data from 194 first-episode psychosis patients who used cannabis, in order to uncover the underlying factor structure of the questionnaire and thus the overarching types of psychological experiences during/after using cannabis in young people with psychotic disorders.
Results: Confirmatory factor analyses were performed on the 2 full-scale CEQ factor structures identified in the literature and neither model fit the data within acceptable levels. Using all 56 CEQ items, an exploratory factor analysis (EFA) model was fit with an oblique rotation. Models with 3, 4, and 5 factors were further explored to identify underlying factors. The final 4-factor EFA model provided the best fit. It included 47 items (3 items had multiple loadings and 6 items did not load on any factor), with names given, based on item composition, as follows: Factor 1 (Distortions of Reality and Self-Perception) included 18 items ($\alpha = 0.89$), Factor 2 (Euphoria Effects) included 16 items ($\alpha = 0.89$), Factor 3 (Slowing and Amotivational Effects) included 7 items ($\alpha = 0.81$), and Factor 4 (Anxiety and Paranoia Effects) included 6 items ($\alpha = 0.79$).
Discussion: Our derived factor structure differed from those stemming from previous EFAs using different samples (eg, healthy individuals with varying degrees of schizotypy). The inconsistency might be best explained by the different populations sampled, ranging from healthy individuals who have smoked cannabis at least once to individuals with schizophrenia who smoked it regularly. Specifically, differences could be related to variations in how cannabis affects healthy individuals as well as those with schizotypy, as opposed to those with emerging or frank psychosis. Elucidating the underlying factor structure of the CEQ in first-episode psychosis samples could help researchers move towards a deeper understanding of the types of experiences associated with cannabis intoxication among young adults with first-episode psychosis and could inform the development of programs designed to reduce use, improve the course of illness, and possibly delay or prevent the onset of psychotic symptoms in those at risk.

F101. CANNABIS USE AND HEPATIC STEATOSIS IN PSYCHOSIS: RESULTS FROM A 3-YEAR LONGITUDINAL STUDY

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Background: Metabolic alterations are common in patients suffering from psychosis. The rise in glycemic lipids may be related to and observed increased in the prevalence of hepatic steatosis measured by the Fatty Liver Index. However, we have recently reported a probable protective effect of cannabis smoking on weight gain and related metabolic alterations in a sample of patients drug-naïve suffering from a first episode of psychosis. We aimed to explore the effect of cannabis smoking on hepatic steatosis in a sample of first-episode non-affective psychosis patients.
Methods: Anthropometric measurements, glycemic and lipid parameters, and liver steatosis index (FLI), were obtained at baseline and after 3 years of having initiated treatment. Patients were divided into two groups depending on self-reported cannabis use (cannabis users and non-users).
Results: Cannabis users presented at baseline lower FLI (F=4.26, p=0.040) than non-users. These differences were also observed after 3 years of treatment (F=6.61, p=0.011).
Discussion: Our results support the hypothesis that cannabis has a protective effect against hepatic steatosis. However, before being transferred to clinical practice, this study should be replicated, using larger samples.

F102. CHANGE IN PATTERNS OF CANNABIS AND OTHER SUBSTANCE USE OVER TIME IN EARLY PSYCHOSIS- EXAMINING THE EFFECT OF DEVELOPMENT OF PSYCHOSIS

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Background: Understanding how the onset of psychosis affects patterns of substance use would inform the development of effective interventions. To date no study has compared substance misuse patterns over a life-course to a comparable control group to determine how patients who develop psychosis modify substance misuse patterns.
Methods: In a well-characterised clinical cohort of patients with psychotic disorders (n=257) we compared frequency of use of most common substances before and after development of psychotic disorder using a within subjects design. Using a between-subjects design we compared patients who had ever used cannabis (n=194) to a control non-clinical cohort of cannabis users (n=1055) over comparable periods in life, accounting for the effects of age, gender, other substance use and location.
Results: Patients reduced frequency of consumption of cannabis, alcohol, cocaine and ecstasy (p<=0.001, all comparisons) but not tobacco or crack cocaine. Since adolescence, compared to controls, patients were more likely to reduce cannabis frequency (OR 2.3, p<0.001) and less likely to have increased cannabis frequency (OR 0.2, p<0.001). Patients with psychosis were more likely to have used heavily earlier, with a greater proportion using cannabis more than once weekly, using more potent forms of