

Introduction Tobacco use has been associated with more excitement and agitation symptoms, greater severity of global psychopathology as measured by the Clinical General Impression (CGI) Scale, and psychotic symptoms in patients with schizophrenia.

Aim To assess the effects of nicotine abstinence versus nicotine maintenance on the clinical symptoms of a sample of outpatients smokers diagnosed with schizophrenia.

Methods Sample: 81 outpatients with schizophrenia [72.8% males; mean age (SD)=43.35 (8.82)] currently smoking tobacco [no. of cigarettes (SD)=27.96 (12.29)]. Design: non-randomized, open-label, 6-month follow-up and multi-center study conducted at 3 sites in Spain (Oviedo, Santiago de Compostela and Orense). Instruments: Positive and Negative Syndrome Scale (PANSS), Clinical Global Impression for Schizophrenia (CGI-SCH), Hamilton Depression Rating Scale (HDRS). Anthropometric measures: Body mass index (BMI) and waist circumference. Vital signs: heart rate. Procedure: Patients were assigned to 2 conditions:

- control group = patients continuing their tobacco use;
- experimental group = patients participated in varenicline or nicotine patches treatment for smoking cessation.

Patients were evaluated at baseline (all patients smoking) and after 3 and 6 months.

Results No significant differences ($P > .05$) were found between groups at baseline evaluation. Likewise, there were no significant differences between smokers and non-smokers after treatment (3 and 6 months follow-up) in their clinical symptomatology (according to PANSS, HDRS and CGI-SCH), anthropometric measures and heart rate.

Conclusions No significant differences were found in the clinical symptoms after a period of nicotine abstinence. Therefore, clinicians should motivate and help their patients to quit smoking (CIBERSAM - FIS PI11/01891).

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EW552

Functional outcome in psychosis is better determined by negative symptoms than cognitive impairment

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Introduction Cognitive impairment is considered the best predictor of functional outcome in psychosis. However, the nature of this relationship still remains to be determined.

Objective To ascertain the relationship of negative symptoms and cognitive impairment with functional outcome in psychosis.

Methods Ninety patients with a DSM-IV psychotic disorder diagnosis and 65 healthy controls were included in the study. We assessed the predominant negative symptoms over the course of illness with the Comprehensive Assessment of Symptoms and History (CASH). Functional outcome was assessed with the Specific Levels of Functioning (SLOF). Cognition was assessed with a set of neuropsychological tests, which were normalised to z-scores (regarding controls' performance). Then, a Global Cognition Index (GCI) was obtained as a mean of the cognitive domains assessed: processing speed, attention, verbal and visual memory, executive functions, working memory and social cognition. We divided the sample in four groups, considering the presence/absence of negative symptoms (cut-off point of 2 in the CASH), and the

presence/absence of cognitive impairment (considering a GCI z-score of -1 as cut-off point). We performed a MANOVA to compare the 4 groups' functional outcome scores.

Results Fig. 1 shows the significant differences between groups regarding functional outcome.

Conclusions The combination of negative symptoms and cognitive impairment has deleterious effects over functionality, but negative symptoms alone are related to functional outcome, independently of cognitive impairment.

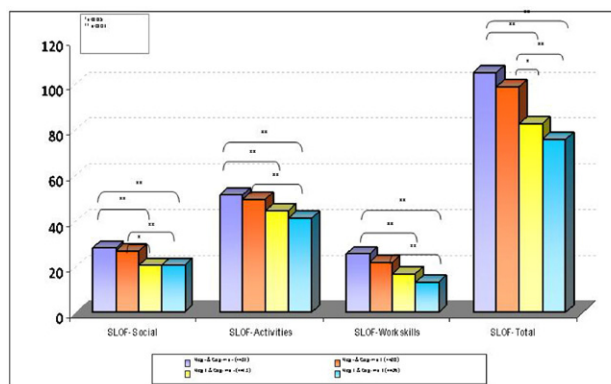


Fig. 1

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EW553

Electroconvulsive therapy in schizophrenia – where do we stand?

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Introduction Electroconvulsive therapy is currently used in the management of severe depression, long-term mania and catatonia. Regarding schizophrenia-related psychosis ECT is also an option, but the indication is restrictive to severe cases, drug intolerance or resistant ones. Lack of evidence of cost-effectiveness compared to clozapine, and side effects of ECT techniques before 2003, influenced NICE guidance to not recommend ECT in schizophrenia, but modern ECT machines and procedures are subsequent to 2003. ECT is often performed when clozapine fails to respond in monotherapy or if there is intolerance to antipsychotic side effects. ECT in combination with clozapine seems to have significant results allowing the patients to achieve rapid control of psychotic symptoms with fewer side effects, comparing with antipsychotics-association strategies.

Objectives To summarize the latest literature about this field and to present recent data from the Electroconvulsive therapy Unit, in Hospital de Magalhães Lemos, Portugal.

Aim To explore and critically review the controversies of electroconvulsive therapy in the management of drug-resistant schizophrenia.

Methods Retrospective data of an Electroconvulsive Therapy Unit during 2006–2015 was reviewed.

Results 198 ECT treatments in schizophrenic patients were performed in our unit, during 2006–2007, in a total of 647 ECT (30,6%). In 2014–2015, 945 schizophrenic patients received ECT treatment, in a total of 2149 performed ECT (43,9%).

Conclusions Although guidelines are crucial for the uniform practice of medicine, sometimes is important to be critical about

them. The use of ECT in schizophrenia is safe and effective and further research is needed to continue to support this treatment.

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Symptoms of schizophrenia and suicidal behaviour

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Introduction Risk prediction for suicide in schizophrenia is known to be complex. Illness-related risk factors are important predictors, with number of prior suicide attempts, depressive symptoms, active hallucinations and delusions.

Aims To analyze the impact of clinical features of schizophrenia on suicidal behaviour and analyze relationship between violence and suicidality.

Methods We compared a group of 28 suicidal, 32 hetero-aggressive and 60 non-aggressive male patients with schizophrenia. The severity of the psychopathology was assessed using PANSS, hetero-aggressiveness using OAS and suicidality using C-SSRS and InterSePT scales.

Results Suicidality is in positive correlation with the presence of depression ($r=0.485$, $P<0.001$) and imperative hallucinations ($r=0.391$, $P<0.001$) but in negative correlation with total PANSS score ($r=-0.297$, $P<0.001$), impulsiveness ($r=-0.237$, $P<0.001$) and hetero-aggressive behaviour ($r=-0.551$, $P<0.001$). Previous attempt was found in 53% suicidal patients ($P=0.047$). Hetero-aggressiveness is in positive correlation with total PANSS ($r=0.43$, $P<0.001$) and impulsive behaviour ($r=0.57$, $P<0.001$). This study supports the contention that high impulsivity in schizophrenia patients is significant in the etiology of violent but not suicidal behaviour.

Conclusion In the order to diminish the level of suicide among patients with schizophrenia we must be aware of the importance of depressive symptoms, imperative hallucinations and previous attempts. This study supports the contention that high impulsivity in schizophrenia patients is significant in the etiology of violence but not suicidal behaviour.

Keywords Schizophrenia; Suicidality; Clinical features

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EW555

Second-generation antipsychotics and the metabolic syndrome in drug-naive adolescents

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Introduction Poor physical health and shorter life expectancy often follows from mental illness. If the disorder starts in childhood/adolescence, the risk of this outcome is even higher. Second generation antipsychotics (SGAs) are suspected to increase cardiovascular risk factors through the development of the metabolic syndrome.

Objective We investigated all the aspects of the metabolic syndrome in drug-naive youth, over a period of 12 months of treatment with SGAs.

Aims This study examines drug-naive youth in their first year of treatment with SGAs, and the possible development of markers of the metabolic syndrome, in a naturalistic setting. We also look at aspects of the patient's disease and environment that may predict which patients are the most at risk for these metabolic derangements.

Methods Thirty-five drug-naive adolescents were recruited after their contact with the Psychosis Team at Department of Child and Adolescent Psychiatry in Odense, Denmark. Measurements were taken at different times over the course of their first year of treatment. The markers included, among others: body mass index, waist circumference, blood pressure, fasting blood glucose, as well as high density, low density and total cholesterol. Factors of the patients' lifestyle and development were recorded as well.

Results The results will be presented at the EPA March 2016 in Madrid.

Conclusions This is, to our knowledge, the first study to include all of the aforementioned aspects in drug-naive adolescents over a 12-month period. Because of this, it may provide us with a unique insight into how, and in which patients, these metabolic changes develop.

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EW556

Depression in the active phase of paranoid schizophrenia in relation to age of onset and sex

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Introduction Depression is often observed in schizophrenia, in all phases of the disorder. Age of illness onset and sex have been found to correlate with depressive symptomatology in many but not all studies.

Aims In the present work the relation between depressive symptoms and age of onset and sex was investigated, in a sample of patients with paranoid schizophrenia.

Methods Eighty-eight (88) patients with paranoid schizophrenia according to DSM-IV-TR criteria were examined, 21 of which became ill at ≥ 35 years of age (late onset), whereas 60 had age of onset < 30 years (young onset). During the active phase the Calgary Depression Scale for Schizophrenia (CDSS) was applied. Comparisons were performed by using the two-tailed Wilcoxon rank-sum and Chi-squared tests.

Results The percentage of patients with depression (CDSS > 6) in the whole sample was 27.2%. There was a trend for higher scores in early awakening in late onset patients ($P=0.060$). In men, there was a trend for heavier depression in late onset patients, and higher scores in early awakening ($P=0.082$, 0.019 , respectively). In young onset patients, there was a trend for heavier symptomatology in women compared with men, and heavier pathological guilt ($P=0.073$, 0.007 , respectively), whereas in late onset patients, there was a trend for heavier self depreciation in men ($P=0.072$).

Conclusions Although the frequency of depression does not seem to be influenced by age of onset or sex, more subtle differences are found in the severity of certain depressive symptoms, in relation to these factors, possibly warranting further investigation.

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