

recovery with complete withdrawal of all presented symptoms, our patient developed a malignant hyperthermia that was resistant to all applied medications. Our dilemma is whether presented symptoms of malignant hyperthermia are related to malignant neuroleptic syndrome or not?

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EV1297

Community based mental health care as an example of good outcomes for young persons with episode of acute and transient psychotic disorders – Case study

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Introduction The prevalence of acute and transient psychotic disorder (ATPD) varies from 3.9–9.6 per 100,000 population [1]. Even if it has clinical course with psychosis, there is no evidence that ATPD is similar with schizophrenia [2].

Objectives Since in Bosnia and Herzegovina (BH) are not established specialized services for early interventions (EI), community mental health centers (CMHC) are basic services for fast and most efficient interventions in the cases of ATPD among other psychiatric disorders. The mental health reform has planned to establish EI services in the future [3].

Aims and method To show CMHC as efficient service in the treatment of ATPD without using hospitalisation of young woman with two years follow up (case study)

Results Full recovery of young female with ATPD using team approach and model of case management. After follow up of two years was no indications that psychotic disorders will develop.

Conclusions Even we have not EI specialized services in our country, CMHC have capacities to manage ATPD in community settings avoiding hospitalisation of young people.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1298

When the term “schizophrenia” is enough to modify the way you interact with others: Evidence for a motor synchrony task

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Introduction Most individuals with schizophrenia will be confronted with some forms of stigmatization. In recent years, the term “schizophrenia” has been increasingly contested by clinicians and family members and many of them argue for a change of name. Surprisingly, most of the research has been explored through self-reports but behavioural research is still lacking. The aim of our study was to assess through an experimental design if the term “schizophrenia” was enough to modify social behaviours.

Methods Eleven participants from the community were asked to engage in three coordination tasks with a simple dot displayed on a screen and moved by another person. Participants had to synchronize their movements with either a schizophrenia patient, a patient with neuro-emotional integration disorder (NEID) or a healthy subject, situated in different rooms. Each condition was counterbalanced between participants. In reality, the movements of the dot were pre-recorded (five trajectories) and were therefore identical for all three conditions.

Results Measuring the error between the displayed and performed trajectories, participants coordinate worse when they thought interacting with a schizophrenia or NEID patient in comparison to the “healthy” ($F(2,20) = 4.02; P = .034; n2P = 0.29$) condition. Post-hoc analysis revealed an even higher difference between “schizophrenia” and “healthy” conditions ($P = 0.01$).

Conclusion Our study is the first to demonstrate that the label “schizophrenia” directly impacts our behaviour, with negative consequences on social interactions. However, our results cannot confirm yet a positive effect induced by changing the name.

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Comparison of hospitalization rates in schizophrenic patients on first generation versus second generation antipsychotic depots

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Introduction There is limited data on the efficacy rates between first and second generation antipsychotic depots. One good indicator of efficacy is the rates of hospitalization. Some studies have shown that second generation depot antipsychotics significantly reduce hospitalizations rates as compared to conventional depots.

Objectives Comparison of hospitalization rates for patients with schizophrenia on first and second generation antipsychotic depots.

Methods A retrospective observational study was done by reviewing the records of an antipsychotic depot clinic in Essex, United Kingdom. A list of 47 patients enrolled and receiving depot antipsychotics was obtained. Their records were studied and hospital admission rates calculated.

Results Of the 47 patients 11 were excluded as they were on depot antipsychotics for non-schizophrenic diagnoses.

Of the 36 patients with schizophrenia, 12 were on second generation and 24 were on first generation depots.

Amongst the 24 patients on first generation depots, 19 were male, 5 female and mean age was 52 years.

Of the 12 patients on second generation depots, 10 were male and 2 female and mean age was 46 years.

When comparing hospital admission rates between the 2 groups, the following data was noted (Table 1).

Conclusions There is no difference in hospitalization rates between patients on first generation antipsychotic depots as compared to second generation antipsychotic depots.