

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.

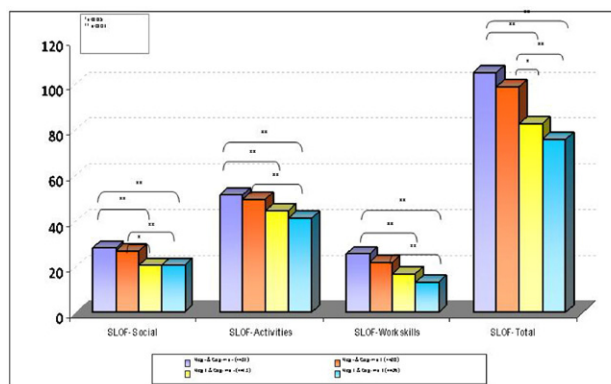


Fig. 1

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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