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EW491

The validity of observer-based scales in the measure of drug-induced motor symptoms in a Spanish sample of patients with severe mental disorders

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Background Antipsychotic drugs are effective in schizophrenic disorders, but they are also used to treat other psychiatric conditions. Typical antipsychotics cause important extrapyramidal symptoms (EPS), which frequently result in non-compliance with antipsychotic medication. It has been stated that the second-generation antipsychotics (atypical) provoke EPS side effects less frequently than typical antipsychotics. However, there is some controversy around this statement, especially because of inefficient measures of EPS. Clinical assess of EPS normally relies upon observer-based ratings, but their reliability and validity has not been consistently established.

Objective In the present work, we have explored the convergent and discriminant validity of the Abnormal Involuntary Movement Scale (AIMS) and the Simpson-Angus Scale (SEE), in a Spanish sample of patients with severe mental disorders. Patients could be under typical or atypical antipsychotics, antidepressants, benzodiazepines, or a combination of these.

Method Sixty-one patients with severe mental disorders from the Mental Health Day Hospital of St. Agustín (Linares, Spain) participated in the study. Inclusion criteria were DSM-V diagnosis of schizophrenia or schizophrenic disorder, bipolar, or borderline personality disorders, and age between 18–61. In order to explore the discrimination capacity of each rating scale, Receiver Operator Characteristic (ROC) analyses were conducted.

Results ROC curves indicated a suitable construct validity of the scales in the measurement of drug-induced motor symptoms. However, the scales were not sensitive to the number of years under treatment.

Conclusions In line with previous research, our results question the use of rating scales as the only measure in the evaluation of EPS symptoms.

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EW492

Metacognitive training vs psycho-educational group, results from a clinical trial in patients with psychosis of recent onset

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Aim To assess the efficacy of Metacognitive Training (MCT) in symptoms and metacognitive variables in people with a recent onset of psychosis.

Method A multicenter, randomized and controlled clinical trial was performed. One hundred and twenty-six patients were ran-

domized to MCT or a psycho-educational intervention. Patients with a recent onset of psychosis were recruited from 9 centers of Spain. The treatment consisted in 8 weekly sessions in both groups. Patients were assessed at baseline, post-treatment, and 6 months of follow-up. Symptoms were assessed by the PANSS. Metacognition was assessed by a battery of questionnaires of cognitive biases and social cognition: BCIS, IPSAQ, TCI, Hinting task and Emotional Recognition Test.

Results PANSS positive symptoms significant declined between baseline and post-treatment in psycho-educational ($P=0.04$) and MCT group ($P=0.01$), while general PANSS and total PANSS were significant between baseline and post-treatment in the MCT group only ($P=0.008$; $P=0.005$). Across time, the MCT group was superior to psycho-educational on the BCIS total and self-certainty subscale ($P=0.042$). Regarding irrational beliefs, the intolerance to frustration subscale declined more strongly in the MCT in relation to psycho-educational group ($P=0.016$). ToM, Personalizing Bias and JTC improved more strongly in the MCT group compared to psycho-educational group ($P<0.001$ – 0.032). Most results remained significant at the follow-up.

Conclusions MCT could be an effective psychological intervention for people with a recent onset of psychosis in order to improve symptoms, insight, tolerance to frustration and personalizing bias.

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EW493

Medication and aggressiveness in real-world schizophrenia. Results from the FACE-SZ dataset

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Introduction The primary objective of this study was to determine if second generation antipsychotic (SGA) administration was associated with lower aggressiveness scores compared to first generation (FGA) in schizophrenia (SZ). The secondary objective was to determine if antidepressants, mood stabilizers and benzodiazepines administration were respectively associated with lower aggressiveness scores compared to patients who were not administered these medications.

Methods Three hundred and thirty-one patients with schizophrenia ($n=255$) or schizoaffective disorder ($n=76$) (mean age = 32.5 years, 75.5% male gender) were systematically included in the network of FondaMental Expert Center for Schizophrenia and assessed with the Structured Clinical Interview for DSM-IV Axis I Disorders and validated scales for psychotic symptomatology, insight and compliance. Aggressiveness was measured by the Buss-Perry Aggression Questionnaire (BPAQ) score. Ongoing psychotropic treatment was recorded.

Results Patients who received SGA had lower BPAQ scores than patients who did not ($P=0.01$). On the contrary, patients who received benzodiazepines had higher BPAQ scores than patients who did not ($P=0.04$). These results were found independently of socio-demographical variables, psychotic symptomatology, insight, compliance into treatment, daily-administered antipsychotic dose, the way of antipsychotic administration (oral vs long acting), current alcohol disorder and daily cannabis consumption.

Conclusion The results of the present study are in favor of the choice of SGA in SZ patients with aggressiveness, but these results need further investigation in longitudinal studies. Given the potent side effects of benzodiazepines (especially dependency and cognitive impairment) and the results of the present study, their long-term prescription is not recommended in patients with schizophrenia and aggressive behavior.

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EW494

Emotional recognition during the course of schizophrenia

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Introduction Adequate emotion identification ability facilitates forming emotional relationships and effective communication. Patients suffering from schizophrenia have deficits in emotional recognition (ER), which leads to impaired social and occupational functioning.

Objectives To compare the differences in ER between the healthy control group (HC) and two patient groups at different phases of illness: first episode psychosis (FEP) and chronic, multi-episode schizophrenia (MEP).

Aims To investigate the pattern of emotional recognition deficit during the course of schizophrenia.

Methods We compared three groups of participants: MEP, FEP and HC, each containing 50 participants, based on their emotional recognition abilities using the Penn Emotion Recognition Task and The I FEEL Pictures. Patients were diagnosed using Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria for schizophrenia (schizophreniform disorder) with their psychopathology rated with the Positive and Negative Syndrome Scale (PANSS) scale. Besides ER tasks, patients were administered self-evaluation scales for the assessment of quality of life, depression, suicidality, impulsivity, aggression, and relationship with their parents.

Results Our findings showed deficits in emotional recognition ability of both patient groups in comparison with HC, especially in the identification of negative emotions: sadness, fear and anger. There was no statistically significant difference between groups in the identification of happiness. First episode patients showed better results than the MEP group.

Conclusions Although the FEP group was more successful than the ME group, our results showed that the emotional recognition impairment exists at a significant level even at the beginning of the illness.

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Virtual reality insights into schizophrenic patients' way to interpret an Avatar's help

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With regards to the neurocognitive deficits and cognitive bias of schizophrenic disorders, it may be hypothesized that these patients suffer a deficit in recognizing helping intentions in others. To investigate help recognition, new technologies allowing to control an interaction with virtual affective agents were used with an adaptation of a previously described card-guessing paradigm (project COMPARE ANR-11-EMCO-0007). We investigated whether the same game proposed successively by two virtual agents asking either empathetic (i.e. on the subject's feelings) or non-empathetic (i.e. on technical aspects of the game) questions to the participant would elicit different interpretations on their intentions. Dependent variables consisted of monetary allocation to the virtual agent, of questionnaires assessing the agent's help, interest, attention, etc. A group of 20 individuals with schizophrenia and one of 20 healthy controls, matched on gender, with comparable age, estimated verbal-IQ and educational level were recruited. The healthy subjects' ratings of the virtual agent's behavior demonstrated that they interpreted empathetic questioning as helping and rewarded it positively with an increased monetary allocation. Schizophrenic patients had a qualitatively reduced perception of the differences between the two agents. Only the rating concerning the "interest/attention" of the agent toward them exhibited medium effect size when contrasting conditions. Hypothetically, schizophrenic patients take into account the fact they are the object of another's attention, but may fail to infer the intentional meaning and to provide an increased monetary allocation.

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EW497

Clinical experience with aripiprazole long-acting injection

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Introduction Aripiprazole long-acting injection is the latest long-acting injectable (LAI) antipsychotic medication released in the market which requires a monthly injection.

Objectives The aim of our study is to present our experience in the use of Aripiprazole long-acting injection as maintenance therapy in patients with schizophrenia and other psychotic disorders.

Methodology Our sample consists of 20 patients who started treatment with long acting aripiprazole during the last 6 months of its release. Validated scales for collecting information on sociodemographic, clinical evaluation (CGI scale), quality of life (health questionnaire SF-36) and function (Sheehan Disability Inventory and social relationship scale SBS) were used.

Results The health condition of the patients was generally good and 68% reported feeling better than during the last year. Social functioning was adequate (level 1 or 2) in about 70% of the patients. Social, employment and family's disability was mild in 57% of cases, the average stress' perception was 23% and the average social support perception was 72%. Regarding the clinical evaluation, in