

Conclusions The CESQ Portuguese version demonstrated good validity and reliability, replicating research using the original version and adding to the documentation of its psychometric properties.

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

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EV1247

Help-seeking behavior among patients and their relatives presenting to psychiatric unit in southern Sri Lanka

K.D.D.R. Goonawardena*, S.W. Kotalawala, R. Ruban
Teaching Hospital Karapitiya, Psychiatry, Galle, Sri Lanka
* Corresponding author.

Background Early recognition of the signs and symptoms of psychiatric illnesses is important as the delay would predict worse prognosis.

Aims To study the help-seeking behavior and sociodemographic factors of psychiatric patients presenting to Psychiatric Unit Teaching Hospital, Karapitiya.

Methods A descriptive cross sectional study. Sample drawn from patients presenting for the first time to Psychiatric Unit Teaching Hospital, Karapitiya. An interviewer administered questionnaire was used to collect data.

Results Age ranged from 13 to 76 years ($n=50$). Males 34 (68%). Duration from onset of symptoms to first presentation ranged from 2 days to nine years, mean 2 years. Twenty-five (50%) had symptoms for more than one year. Sixteen (32%) stated to have attributed illness to supernatural courses as the reason to delay seeking medical help. None gave difficulty in accessing a psychiatric unit as reason for the delay. Twenty-six (52%) referred by nonpsychiatric medical professionals. Regarding alternative treatment engaged in prior to presentation to a psychiatric unit, eighteen (36%) tried to dispose of evil spirits with the help of yakaduru or kattadi, seven (14%) sought help from indigenous medical practitioners and twenty (40%) engaged in religious rituals. Thirteen (26%) sought nonpsychiatric medical treatment.

Conclusions A substantial number of patients suffering from psychiatric disorders present to psychiatric units delayed. As the majority were referred by nonpsychiatric medical professionals, alerting them regarding importance of early identification of psychiatric illnesses could help in reducing the delay.

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Associations between cognition in parents with schizophrenia or bipolar disorder and their 7-year old high-risk offspring

A.N. Greve^{1,*}, J.R.M. Jepsen², V. Bliksted¹, E.L. Rasmussen³, D. Gantriis¹, B.K. Burton⁴, D. Ellersgaard⁵, C.J. Christiani⁵, K. Spang⁴, N. Hemager⁵, A. Thorup⁵, M. Nordentoft⁵, K.J. Plessen⁴, O. Mors¹

¹ Aarhus University Hospital, Psychosis Research Unit, Risskov, Denmark

² Copenhagen University Hospital, Centre for Neuropsychiatric Schizophrenia Research & Centre for Clinical Intervention and Neuropsychiatric Schizophrenia Research, Copenhagen, Denmark

³ University of Copenhagen, Department of Public Health and Center for healthy Aging, Copenhagen, Denmark

⁴ Copenhagen University Hospital, Child and Adolescent Mental Health Centre- Mental Health Services Capital Region, Research Unit, Copenhagen, Denmark

⁵ Copenhagen University Hospital, Mental Health Centre Copenhagen, Copenhagen, Denmark

* Corresponding author.

Introduction Neurocognitive and social cognitive impairments are central characteristics of schizophrenia and, to a lesser extent, of bipolar disorder. Birth cohorts and familial high risk studies have described cognitive impairments in subjects before onset of diagnosis as well as in children with increased genetic risk for development of the disorders.

Objectives To our knowledge, this is the first study to investigate the correlations between neurocognition and social cognition in parents and offspring simultaneously and with the same methodology. We will divide the parents into subgroups (cognitive impairment and good cognitive functioning) and use these subgroups to describe correlations with their offspring. Identifying associations between parents and offspring can add important clues to risk factors for schizophrenia and bipolar disorder and, on the long-term, help the development of more effective and potentially preventive treatments.

Methods This study is part of the Danish high risk and resilience study-VIA7. The VIA7 cohort consists of 522 children age 7 with zero, 1 or 2 parents diagnosed with schizophrenia or bipolar disorder and both of their biological parents. We assessed neurocognition and social cognition with a comprehensive test battery including: intelligence (RIST), executive functions (WAIS-IV, D-KEFS, CANTAB), verbal memory (TOMAL2), attention, emotion recognition, decision making and response control (CANTAB), theory of mind (animated triangles) and social perception (TASIT). Parental subgroups were based on the 95% CI of the controls (cognitive impairment <95%CI and good cognitive functioning >95% CI).

Results Data analysis is ongoing and results will be presented at the conference.

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EV1249

Gynecological consultations during the period of untreated psychosis

C.M. Carrillo de Albornoz Calahorra¹, M. Guerrero Jiménez^{1,*}, J.E. Muñoz Negro²

¹ Santa Ana Hospital, Mental Health Unit, Motril, Spain

² University Hospital Complex of Granada, Psychiatry, Granada, Spain

* Corresponding author.

Background Twenty-one percent of women with first episode of psychosis in the south Granada between 2008 and 2014 went to hospital emergency during the duration of untreated psychosis (DUP) aiming a gynecological consultation caused by psychotic symptoms. Only one in five was referred to mental health services.

Aims To improve difficulties detecting cases during the prodromal phase, we aim to analyze the patient's profile and reasons for consultation and study whether there are variables that facilitate referral to specialist intervention.

Methods A retrospective clinical-cases review of medical histories was made searching for sociodemographic variables, drug consumption, emergency services consultations and psychotic prodromal outcomes.

Results They were single women between 18–32 years. Sixty percent reported cannabis consumption. All of them live with family. Eighty percent were studying or unemployed. Three types of emergency consultations were reported with a similar incidences: order the emergency-contraception-pill, a pregnancy test or "a scan to check virginity/a nonconsensual relationship". During the initial exploration, about 40% were under the influence of drugs.

Most of them had nonspecific symptoms of anxiety, emotional lability, irritability, etc. In half of the cases were reported weight loss, insomnia and several variations of the usual behavior in recent days.

Discussion The most important variable is to analyze the reason for consultation. Moreover, substance abuse and a combination of prodromal symptoms including positive and other nonspecific are detected. Furthermore, at the profile with possible demands, we believe it is appropriate not to delay mental health assessment after making the appropriate intervention.

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EV1250

First acute psychotic episode: Factors associated with evolution to schizophrenia

N. Halouani*, F. Guermazi, K. Yaich, R. Ennaoui, S. Chouayakh, J. Aloulou, O. Amami

Hédi Chaker University Hospital, psychiatry, Sfax, Tunisia

* Corresponding author.

Introduction The acute psychotic episode have often a dramatic expression. Although it is easily diagnosed, it is not easy to predict the evolution and much less the prognosis that are of concern both for the therapist and the patients' families.

Aims To describe the profile of a population of patients with a first psychotic episode. To identify factors correlated with evolution to schizophrenia.

Methods This is a retrospective study conducted among 55 patients hospitalized for a first acute psychotic episode, in the psychiatry B department during the period extending between January 2010 and December 2015.

Results The average age of patients was 26.5. The majority was single male. The prodromal phase was present with predominantly psychotic symptoms (80%). Schizophrenia was the most frequently encountered scalable diagnosis (38%). Some factors are associated with the evolution to schizophrenia. We can mention male gender ($P=0.004$) and premorbid schizoid personality ($P=0.047$). About correlated clinical factors, we have found an initial symptomatology dominated by loss of interest ($P=0.05$), withdrawal and isolation ($P=0.017$), impulsivity ($P=0.011$), breaking with the usual functioning ($P=0.04$), mental automatism ($P=0.033$), the delusions of persecution ($P=0.025$) and intuitive mechanism ($P=0.023$).

Conclusion When a first acute delusional experience occurs in a young adult, it is always a test of uncertain outcome. However, schizophrenia remains the most feared evolutionary. A better understanding of poor prognosis and early and appropriate management seem paramount to reduce the prevalence of this dreaded evolution.

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EV1251

Combined pharmacotherapy involving aripiprazole and clozapine for controlling the positive symptoms refractory to other antipsychotic treatments in a patient with schizophrenia

G. Hernandez Santillan (Psychiatry resident doctor)*, K. Lazo-Chávez (Psychiatry resident doctor), M. Blanco-Prieto (Psychiatry resident doctor)

Mental Health, Madrid, Spain

* Corresponding author.

Introduction Treatment resistance is considered a challenging problem of antipsychotic pharmacotherapy in schizophrenia, especially, when it is associated with other factors, such as cultural aspects, diverse clinical presentation, furthermore functional impact. Then, combination approaches are commonly used, for instance, the add-on of aripiprazole to clozapine; which allows increasing of efficacy and safety.

Objective Assess the response to clozapine–aripiprazole combination treatment in the management of resistant schizophrenia.

Aim Treatment of resistant schizophrenia.

Method Analysis of a clinical case.

Result A 27-year-old male resident in an Iberian country two years ago, is from a Latin American country, lives with his mother, his sister and his nephew. Their parents were separated. Eight years ago, his father died and shortly thereafter, he started impaired behavior, auditory and visual hallucinations, delusions about referentiality, persecution and prejudice, which required a brief hospitalization in their country. Upon arrival, he is included in the network of Mental Health, with positive symptoms, significant behavioral and cognitive disorganization and he needed hospitalization again. Then, treatment is instituted in different lines with risperidone, quetiapine, olanzapine, haloperidol, amisulpride, without results. Then, combined clozapine therapy is initiated up to 400 mg/day, more aripiprazole 20 mg/day, which switch after to pattern injectable depot, with informed consent. Six months after, he presents encapsulated delirium and improvement of disorganization, allowing the patient to retake studies.

Conclusion Clozapine–aripiprazole combination was associated with 22% reduction of clozapine dose. There was improvement in positive and negative symptoms, social functions and amelioration in their metabolic profile.

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EV1252

Reducing diabetes type 2 risk in non-selected outpatients with schizophrenia, a thirty-month program

P. Hjorth

University of Southern Denmark, Psychiatry, Kolding/Vejle, Silkeborg, Denmark

Introduction Diabetes type 2 is 2–3 fold more common in patients with schizophrenia compared to the general population. A lifestyle with focus on diet, exercise and medication is required to prevent complications from diabetes type 2.

Objectives Patients may have trouble complying with a well-structured and healthy lifestyle because of factors related to their illness e.g. cognitive disturbances, negative/positive symptoms and treatment with psychotropic medication.

Aims To measure and reduce diabetes type 2 risk factors in patients and examine characteristics associated with a positive outcome.

Methods A naturalistic intervention study through 30 months of clinical work with individual guidance, group sessions and treatment as usual.

Results At index, the newly diagnosed patients had a high consumption of soft drinks and low physical activity. Over time, the newly diagnosed patients worsened their physical profile with increased weight, waist circumference, visceral adiposity index ($P=0.030$) and HbA1c ($P=0.010$). HbA1c increased for newly diagnosed male patients with 0.24 m.mol/L ($P=0.007$). The long-term patient's physical activity level was low. After the intervention,