Introduction schizoaffective disorder is a nosographic entity characterized by a combination of symptoms of schizophrenia with mood episodes. The fact that its diagnosis is difficult, and often oscillates between schizophrenia and bipolar disorder raises the problem of its care and the outcome of patients who suffers from it.
Objective To evaluate the quality of life of treated patients with schizoaffective disorder.
Materials and methods This is a cross-sectional study realized at the psychiatric consultation of Mahdia hospital during a 6month period. Data were collected from patients and from their medical records using a predefined questionnaire.
Results A total of 52 patients were included, the average age was 38 years. The majority of patients (63.5%) were unemployed. The use of psychoactive substances was noted in 63.5% of patients. Multiple linear regression analysis allowed us to find that 12 factors were more significantly associated with impaired quality of life which were, in descending order of importance: the EAS score > 39, the EGF score $\leq$ 70, the null or partial adherence, the presence of side effects seriously affecting daily activity, the depressive subtype, the lack of employment, the socio-economic level, the lack of stable budgetary resources, an age > 60years, the widowed and divorced marital status, the PANSS score ($\geq$ 45) and negative symptomatology (PANSS).
Conclusion The diagnosis of schizoaffective disorder has a triple relevance: clinical, prognostic and therapeutic. Identifying a schizoaffective disorder and the risk factors that may affect the quality of life provides a significant practical impact for the patient's benefit.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1342

Schizoaffective disorder and life events

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Introduction The schizoaffective disorder is multifactorial. Several factors almost unquestioned, even indisputable, participate in the episodes' decompensation and affect various fields: biological, pharmacological or neurobiochemical.
Objectives Draw up the sociodemographic and clinical profile of patients treated for schizoaffective disorder and determine the role of life events in the onset of the disorder.
Methods This is a retrospective study of 52 patients hospitalized in the psychiatric department of Mahdia diagnosed with schizoaffective disorder according to DSM-IV-TR during the period from January 2014 until June 2014. The information was collected using a preset sheet with 35 items.
Results A total of 52 records was gathered. The average age was 38 years. The sample was predominantly male, of rural origin in 61.5% of cases. The level of education was low in 59.6% of cases. More than half were without profession and single in 46.2% of cases. The mean age at onset of the disorder was 25.2 years. The presence of life events preceding the onset of the disorder was noted in 22 patients, that to say, 42.3% of the sample. Family and emotional events were most frequently encountered with respective rates of 48.2 and 24.7%, followed by the professional events (20%) and social ones (6%).
Conclusion Life events are due to chance but also to the environment. The complexity of the "event" concept was again underlined in a new perspective, breaking social rhythms.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1343

EEG spectral power changes in solving spatial logical task in schizophrenia patients in the first episode and in remission

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Introduction Despite the assumption that the EEG parameters in schizophrenia may be predictive for the treatment outcome, there are only a small number of such studies present. We hypothesised that the characteristics of the changes in EEG rhythms during cognitive load might differ in the first episode of psychosis and remission being dependent on the stage of the illness.
Methods The EEG rhyths spectral power (SP) in the resting state and their changes during the performance of spatial logical task in 25 first-episode psychosis patients (FEP) and same patients in remission (REM) after 6–18 months were analysed. Control group included healthy subjects matched with patient group by gender, age and years of education.
Results The resting state SP values did not differ in FEP and REM. When performing a task, FEP theta SP was decreased compared to the resting state values in F7, F8, P3, T6 sites ($P < 0.05$), while gamma2 SP was increased in Fz ($P < 0.001$) and Pz ($P < 0.01$). REM theta, alpha, and beta1 SP was decreased in the same way as in norm in all sites ($P < 0.05$). Gamma2 SP increase was found in sites Fp1, F8, Fz ($P < 0.05$). FEP theta and beta1 SP changes during cognitive load positively correlated with the PANSS scales (delusions, thought disorders, hallucinations). REM did not have significant correlations between SP and PANSS parameters.
Conclusions The analysed REM EEG characteristics differ less from the norm than the FEP. Based on the results, the performance of the task is related to the stage of the illness.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1344

Serum testosterone level and its relation to aggressive behavior in schizophrenia

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This work is presenting partial preliminary outcomes of our study focused on evaluating the levels of testosterone in psychotic patients and its relationship to aggressive behavior.
Our study group included 10 male patients (from planned 20), with history of aggressive behavior at baseline and 24 male patients (from planned 40), without history of aggressive behavior. Non-aggressive patients were considered as control group. All included patients were hospitalized in psychiatric hospital Hronovce with diagnose of psychotic disorder. Levels of testosterone were measured by laboratory evaluation. Aggressive behavior was assessed by HCR scale, which was linked with every TSH evaluation. The level of testosterone was measured in all subjects at the baseline and in

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the group of aggressive patients was realized next measurement after 14 days of hospitalization.
According to our preliminary findings, the average level of TSH in our whole study group was 478.66 ng/dl (range from 158.06 to 767.81). The control group showed average value of TSH 486,84 ng/dl (range from 158.06 to 767.81). The group of patients with history of aggressive behavior showed average value of TSH 459.04 ng/dl (range from 191.81 to 638.02) and after 14 days of cure the levels were of average value 452.55 ng/dl (range from 253.53 to 657.92).
These preliminary findings don't show significant intergroup differences, but there are some clear casuistic declines in TSH. After collecting the envisaged group of patients we plan to correlate values of testosterone level with the score of HCR, intergroup comparison and detailed analysis (including demography, pharmacology).
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EV1345

Belief inflexibility and dimensions of delusional beliefs in non-affective psychosis: Comparison with non-clinical meaningful beliefs

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Introduction Belief inflexibility (BI) has been considered as a crucial factor for delusional conviction, but less is known about other dimensions of delusional beliefs. Question has been raised regarding the extent to which BI distinguishes delusions from strongly held (non-deluded) personally meaningful beliefs.
Objectives We examined the association between BI and major dimensions of delusional beliefs/non-clinical personally meaningful beliefs, and compared results from two BI measures (Maudsley assessment of delusions schedule [MADS] and bias against disconfirmatory evidence [BADE] task).
Methods Idiosyncratic delusional beliefs from 40 outpatients with non-affective psychosis and personally meaningful beliefs from 30 healthy controls were assessed in an interview. Belief dimensions (conviction, preoccupation, and distress) and BI were measured.
Results Compared with controls, patients reported higher levels of distress and preoccupation but a comparable level of conviction (3.30/4 vs. 3.00/4, t(66.967) = 1.928. *P* = n.s.). Patients exhibited lower belief flexibility than controls on MADS but not on BADE. In patients, delusional conviction was associated with lower flexibility on a MADS item ("possibility of being mistaken": t(38) = 4.808, *P* < 001) and the BADE evidence integration index (*r* = 0.463, *P* = 01). In healthy controls, belief conviction was associated with lower flexibility on a MADS item ("reaction to hypothetical contradiction": t(27) = 3.345, *P*=.002). Two-way ANOVA revealed that the association between possibility of being mistaken and conviction was stronger in patients than controls (F(1) = 6.718, *P* = 012). In both groups, BI on either measure did not correlate with distress or preoccupation.
Conclusions BI was specifically associated with belief conviction. The association was significant for both groups, and was stronger in patients than controls.
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