

Results The SRS-P has shown good reliability ($\alpha = .87$) and validity in relation to depressive symptoms ($r = .67$; $P = .001$), anxiety ($r = .74$; $P < .001$), stress ($r = .59$; $P = .004$), inadequate self ($r = .43$; $P = .046$), hated self ($r = .54$; $P = .009$), reassured self ($r = -.65$; $P = .001$), self-compassion ($r = -.63$; $P = .002$), shame ($r = .46$; $P = .033$) and empowerment regarding positive symptoms ($r = -.54$; $P = .015$).

Conclusions The SRS-P presented adequate reliability and convergent-divergent validity. Further studies are planned in order to test the factorial structure of the scale and confirm the presented results in a larger sample.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2113>

EW0244

Internal and external responsiveness of the personal and social performance scale in patients with schizophrenia

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Introduction The Personal and Social Performance scale (PSP) is widely used to assess social functioning with 4-domain scores and a global score in patients with schizophrenia. However, internal and external responsiveness of the PSP is largely unknown limiting its use as an outcome measure.

Objectives The purpose of this study was to examine internal and external responsiveness of the PSP in inpatients with schizophrenia receiving treatments in the acute phase.

Methods Eighty patients were conducted the PSP and the Clinical Global Impression-Severity (CGI-S) at admission and at discharge. The standardized effect size (ES), the standardized response mean (SRM), and paired *t*-test were used for examining internal responsiveness. We estimated correlations between the changes in scores of the PSP and those of the CGI-S using Pearson's *r* for investigated external responsiveness.

Results For internal responsiveness, the ESs and the SRMs of the domains were 0.74–1.74 and 0.68–1.72, respectively. The values of the ES and the SRM in the global score were 1.72 and 1.74, respectively. The paired *t*-tests showed statistically significant difference ($P < 0.001$) for the score changes of the four domains and the global score. Regarding external responsiveness, fair and moderate to good correlations ($r = 0.35$ – 0.74) were found among the changes in the 4-domain scores and the global score with the those of the CGI-S.

Conclusions The PSP has sufficient internal responsiveness and substantial external responsiveness in inpatients with schizophrenia receiving treatments at the acute wards. The PSP is useful as an outcome measure for detecting changes of social functioning over time.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2114>

EW0245

Cognitive outcomes of Bergamot Polyphenolic Fraction (BPF) supplementation in schizophrenia: Preliminary data

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Background Cognitive deficits in schizophrenia significantly affect illness and community outcomes, and quality of life. Several studies support the neuroprotective properties of polyphenolic compounds resulting in neuronal protection, suppression of neuroinflammation and the potential to promote memory, learning and cognitive functions. Bergamot differs from other citrus fruits for flavonoids and flavonoid glycosides composition (neohesperidin, neohesperidin, naringin, rutin, neodesmina, roifolina and poncirina), and for their high amount. For these features, BPF may represent a potential supplement for improving cognitive functions.

Aims The present study was aimed to explore the efficacy of BPF supplementation on clinical symptoms and cognitive functioning in a sample of schizophrenic subjects receiving atypical antipsychotics (APs).

Methods Ten schizophrenic outpatients treated with atypical APs assumed BPF at the oral daily dose of 1000 mg/day for 30 days. Brief Psychiatric Rating Scale, Wisconsin Card Sorting Test, Verbal Fluency Task-Controlled Oral Word Association Test, and Stroop Color-Word Test were administered.

Results The results obtained indicate that BPF administration substantially improved WCST performances (perseverative responses, $P = 0.008$; perseverative errors, $P = 0.012$; total errors, $P = 0.011$; categories, $P = 0.023$). Moreover, a trend for others clinical (BPRS) and cognitive variables (Verbal Fluency Task-Controlled Oral Word Association Test, and Stroop Color-Word Test) decrease was observed.

Conclusions The findings provide evidence that BPF administration may be proposed as an effective therapeutic strategy to improve cognitive outcome in schizophrenia. Further clinical trials with adequately powered and well-designed methodology are needed to better explore the BPF effectiveness on cognitive impairments in schizophrenic patients.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2115>

EW0246

Neuropsychological profile of patients in the first episode of psychosis

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Neurocognitive dysfunction in patients presenting psychotic symptoms for the first time has been repeatedly noted by researchers. However, there is still much diversity in data concerning the performance of these patients in specific cognitive domains and their degree of impairment. We used the Cambridge Neuropsychological Test Automated Battery (CANTAB), in order to administer a comprehensive battery of neuropsychological tests. A series of tests was selected measuring attention, memory, planning, inhibition, shifting ability, mental flexibility, working memory and visuospatial ability. The sample comprised 64 patients (37 male) with first episode of psychosis and 14 healthy individuals (9 male). Patients' performance was lower in all cognitive domains, in relation to the performance of controls. More specifically, impairments in sustained attention ($-.6$ SD), memory ($-.7$ SD), planning ($-.6$ SD), working memory ($-.7$ SD), shifting ability ($-.6$ SD) and visuospatial ability ($-.6$ SD) were prominent. Also, patients presented a severe deficit in speed of processing ($-.7$ SD) and selective attention ($-.6$