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#### EW532

### Serum hormone levels and cognitive functioning in male schizophrenia patients

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**Background** Hormones deregulation is a common feature in schizophrenia. Among the hormones that gained increased interest are sex hormones, thyroid hormones and prolactin. However, the question whether there is an impact of the hormonal disturbances on cognitive functioning of schizophrenia patients is rarely addressed.

**Objective** To assess the relationship between serum levels of hormones and cognitive abilities in male schizophrenic patients.

**Subjects and methods** In the index group, there were 15 schizophrenia male patients, mean age 36. The control group was formed by 15 healthy volunteers, mean age 36. In the two groups, serum hormones levels were measured and neuropsychological tests were performed. Analysed hormones included thyroid-stimulating hormone (TSH), luteinizing hormone (LH), follicle-stimulating hormone (FSH), estradiol, testosterone, progesterone and prolactin. Cognitive abilities were measured with the following tests: Trail Making Test (TMT) Part A and B, Semantic Category Fluency (SCF), Initial Letter Fluency (ILF) and Stroop Task Part 1 and 2.

**Results** The levels of FSH, LH and testosterone were lower in the index group than in the control group (3.01 mIU/mL vs 5.90 mIU/mL; 3.83 mIU/mL vs 5.28 mIU/mL; 2.76 ng/mL vs 4.69 ng/mL; accordingly) while the level of prolactin was higher in the index group (620 uIU/mL vs 118 uIU/mL). Patients performed worse than controls in all neuropsychological tests. The differences in scores of TMT Part B, ILF and Stroop Task Part 2 were found to be statistically significant.

**Conclusions** There was no significant relationship between serum level of analysed hormones and performance on cognitive tasks.

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#### EW533

### Reaction time, processing speed and sustained attention in patients with schizophrenia: Impact on functioning

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**Introduction** Some studies have related processing speed with functionality. A more discriminative analysis of different components of this neuropsychological construct is needed.

**Objectives/Aims** To measure the performance of a group of patients with schizophrenia in reaction time, processing velocity and sustained attention. To compare the impact on functioning of these three measures.

**Methods** Ninety-eight outpatients between 18 and 65 years diagnosed with schizophrenia, based on the DSM-V, with a 3-

month period of clinical stability, were recruited. Sociodemographic and clinical data were collected: PANSS scale, Akathisia Simpson-Angus Brief Scale, State-Trait Anxiety Inventory (STAI) and Global Functioning Scale (GAF). The following variables were measured: reaction time (SUPERLAB PRO), processing speed (TMT-A, subtest of symbol coding BACS, verbal fluency) and sustained attention (Continuous Performance Test).

**Results** Functionality of patients was correlated to Elective Reaction Time (the subject must react to different types of stimuli and to choose between several possible answers) [ $P = -0.205$ ;  $P = 0.047$ ], but NOT with Simple Reaction Time [ $P = 0.109$ ;  $P = 0.293$ ]. Functionality was significantly correlated to Symbols Coding ( $P = 0.328$ ;  $P = 0.001$ ), and a trend was observed regarding semantic fluency ( $P = 0.190$ ;  $P = 0.06$ ) and the TMT-A ( $P = -0.179$ ;  $P = 0.08$ ). In CPT, Correct Detection was correlated with GAF score ( $P = 0.380$ ;  $P = 0.000$ ) but not omission errors. The model of lineal regression shows a differential impact of every measure in global functioning.

**Conclusions** Reaction time, processing speed and sustained attention are different variables and each of them have impact on functioning in schizophrenia.

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#### EW534

### Monotherapy treatment with cariprazine for the treatment of predominant negative symptoms of patients with schizophrenia: A double-blind, active comparator-controlled trial

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**Objective** To examine the effect of cariprazine, a dopamine D<sub>3</sub>/D<sub>2</sub> receptor partial agonist with preferential binding to D<sub>3</sub> receptors, on predominant negative symptoms of schizophrenia.

**Methods** Subjects with schizophrenia and PANSS factor score for negative symptoms (PANSS-FSNS)  $\geq 24$  and no pseudospecific factors (e.g. extrapyramidal symptoms, depression) were randomized to cariprazine 4.5 mg/d (dose range: 3–6 mg/d) or risperidone 4 mg/d (dose range: 3–6 mg/d) for 6 months.

**Results** Four hundred and sixty-one patients were randomized 1:1 to double-blind risperidone ( $n = 231$ ) or cariprazine ( $n = 230$ ) treatment. Change from Baseline (CfB) at week 26 in the primary parameter, PANSS-FSNS, was larger in the cariprazine group than in the risperidone group (LSMD =  $-1.47$ ; 95% CI: [ $-2.39$ ,  $-0.53$ ];  $P = 0.002$ ) significant from week 14 onwards. CfB at week 26 in the functional parameter, Personal and Social Performance (PSP) total score, showed similarly greater improvement with cariprazine than risperidone (LSMD =  $4.63$ ; 95% CI: [ $2.71$ ,  $6.56$ ];  $P < 0.001$ ) significant from week 10 onward. Statistically significant differences in favor of cariprazine at week 26 were shown in the PSP areas of self-care, socially useful activities and personal and social relationships. Most patients tolerated the study treatment well, as reflected by low discontinuation rates due to adverse events (AEs). Adverse event profiles of cariprazine and risperidone were similar. The most common AEs during study treatment were insomnia (10.0%), and headache (10.4%), both in the risperidone group.

**Conclusion** 26-week cariprazine treatment, given as antipsychotic monotherapy, was significantly more effective on negative

symptoms and on functioning than risperidone in patients with predominant negative symptoms of schizophrenia.

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#### EW535

### Identification of subtypes of Chinese schizophrenia patients before discharge: A cluster analysis

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**Introduction** People with schizophrenia is a highly heterogeneous group. Identifying subtypes of people with schizophrenia before discharge may help develop targeted discharge plans.

**Objectives** To explore possible subtypes among people with schizophrenia before discharge by their self-management ability, self-efficacy and cognitive function status.

**Aims** To identify possible subtypes among people with schizophrenia before discharge.

**Methods** Totally, 150 Chinese people with schizophrenia before discharged from a tertiary psychiatric hospital in Beijing were assessed by Self-management Instrument for People with Schizophrenia and Repeatable Battery for the Assessment of Neuropsychological Status (RBANS). Cluster analysis using SPSS 20.0 package was performed to categorize subjects based on their scores.

**Results** Four different types of subjects were revealed. Type I low cognition with no participation ( $n=25$ ), patients' self-management ability, self-efficacy and cognitive function were very poor; type II medium cognition with blind confidence ( $n=42$ ), patients' self-efficacy was good, while self-management ability was poor and cognitive function is medium; type III high cognition with high level skill ( $n=46$ ), patients' cognitive function, self-management ability and self-efficacy were good; type IV low cognition with medium level skill ( $n=37$ ), patients' cognition was very poor, while self-management ability and self-efficacy were medium. These four types of subjects had significant differences in long-term use of antipsychotics and primary caregivers' education level ( $P<0.05$ ).

**Conclusions** The finding of different subtypes of people with schizophrenia presenting in this sample may help health professionals give effective screening and targeted discharge measures which can further promote patients' recovery and reduce readmission rates.

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#### EW536

### Perceived and anticipated stigma in patients with schizophrenia according with the length of illness

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**Introduction** Perceived and anticipated stigma are relevant issues in patients with schizophrenia. Stigma has negative consequences both in quality of life and in the course of illness.

**Objectives** To analyze differences in perceived and anticipated discrimination in two groups of patients with schizophrenia: one with a recent diagnosis of illness and another with a long course of disease.

**Methods** A cross-sectional study was carried out in a sample of 100 patients with diagnosis of schizophrenia, 18 or more years old, clinically stabilized, without axis I DSM-IV comorbidity. Patients received treatment in the outpatient services of a catchment area in Madrid. Perceived and anticipated discrimination was evaluated through the DISC-12 (Discrimination and Stigma scale). Other study variables were: socio-demographic status, length of disease, symptoms of depression (Calgary Scale) and functionality degree measured by Global Assessment of Function (GAF). Two sub-groups of patients were compared: one with a length of illness below 5 years and a second one with a length of illness over 5 years.

**Results** Patients with a length of illness longer than 5 years showed elevated degree of perceived and anticipated discrimination compared with patients with less than 5 years of illness course. In the same way, patients with a recent diagnosis of illness showed increased scores in the measure of face the stigma.

**Conclusions** Preventive strategies to avoid the stigma in schizophrenia should consider some differences in patients in relationship with the length of evolution of illness in order to be more accurate. Early intervention programs about stigma are necessary.

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#### EW537

### Perceived and anticipating stigma in schizophrenia in relationship with depressive symptoms and functionality degree

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**Introduction** Perceived and anticipated stigma is relevant issues in patients with schizophrenia. Stigma has negative consequences both in quality of life and in the course of illness.

**Objectives** To analyze the degree of perceived and anticipated stigma and discrimination in patients with schizophrenia and their relationship with clinical and socio-demographic variables.

**Methods** A cross-sectional study was carried out in a sample of 100 patients with diagnosis of schizophrenia, 18 or more years old, clinically stabilized, without axis I DSM-IV comorbidity. Patients received treatment in the outpatient services of a catchment area in Madrid. Perceived and anticipated discrimination was evaluated through the DISC-12 (Discrimination and Stigma scale). Other study variables were: socio-demographic characteristics, symptoms of depression (Calgary Scale) and functionality degree measured by Global Assessment of Function (GAF).

**Results** The presence of symptoms of depression evaluated by the Calgary Scale and low degree of functionality measured by GAF are associated with greater feelings of discrimination and stigma, especially in the sub-scales of experienced and anticipated discrimination of the DISC 12. Anticipated stigma is higher in men than in women while the rest sub scales of the DISC-12 do not correlate with gender or other sociodemographic variables.

**Conclusions** Preventive strategies to avoid the stigma in schizophrenia should consider some characteristics associated with disease, especially the degree of functionality and presence of depressive symptoms.

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