

free, secure video conference application, makes this technology available literally and virtually everywhere, anywhere, in the world at any time.

Results Medical History clearly supports the value of the “house call” as a means of getting to “see the entire picture”. Chronically ill patients are frequently visited by home health nurses and or “in home” medical monitoring programs. Psychiatrically ill patients may now receive their medication management and behavioral intervention and assessment right in the privacy of their own home. Psychiatrists and psychologists merely schedule “in home” appointments with their patients in the same manner as they would if the patient were being seen in their office.

Conclusion Chronically ill patients favored treatment rendered in “their private space” as well as providers tended to learn much more about their patients when the provider is the “guest” in the patients home versus the patient as the “customer” in the providers office. The convenience and cost savings for both provider and patient is significant. Availability of spouses, parents etc. was a valuable addition to the Tele-Home-Behavioral Medicine model.

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Social cognition in schizophrenia: Relationship with neurocognition, functional capacity and functional outcome

W36

Relationships between neurocognition, social cognition and functional outcome in schizophrenia

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Introduction The inter-relationships of neurocognition, social cognition, residual psychopathology and real-life functioning are poorly understood. A large multicenter study was carried out by the Italian Network for Research on Psychoses to model relationships between neurocognitive deficits, psychopathology and real-life functioning, taking into account the role of functional capacity and social cognition.

Methods A structural equation model was used to investigate direct and indirect effects of neurocognition and psychopathology on real-life functioning. Social cognition and functional capacity were modeled as mediators.

Results In 921 patients with schizophrenia, neurocognition had both direct and indirect effects, through functional capacity and social cognition, on real-life functioning. Neurocognition predicted to a large extent social cognition on which depression and disorganization had a modest effect. Social cognition showed a significant direct impact on real-life functioning.

Conclusion Our results support a strong link between neurocognition and functional outcome, independent of psychopathology. Social cognition accounted for unique incremental variance in real-life functioning.

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W37

Social cognition, functional capacity and symptoms in the longitudinal prediction of outcome in subjects with first-episode schizophrenia

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Background Several national guidelines recommend continuous use of antipsychotic medication after a psychotic episode in order to minimize the risk of relapse. However some studies have identified a subgroup of patients who can obtain remission of psychotic symptoms while not being on antipsychotic medication for a long period of time. This study investigated the long-term outcome and characteristics of patients in remission of psychotic symptoms with no use of antipsychotic medication at the 10-year follow-up.

Methods The study was a cohort study including 496 patients diagnosed with schizophrenia spectrum disorders (ICD 10: F20 and F22–29). Patients were included in the Danish OPUS Trial and followed up 10 years after inclusion, where patient data was collected on socio-demographic factors, psychopathology, level of functioning and medication.

Findings Among the patients, 30% had remission of psychotic symptoms at the time of the 10-year follow up with no current use of antipsychotic medication. This favorable outcome was associated with female gender, high GAF-F score, participation in the labor market and absence of substance abuse.

Interpretation Results from several RCTs advise against discontinuation of antipsychotic medication, but our results from the 10-year follow-up indicate that a subgroup do obtain long-term remission while not being on antipsychotic medication. Hence, guidelines on antipsychotic medication do not pay sufficient attention to patients who discontinue antipsychotic medication and are still able to obtain remission of psychotic symptoms.

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W38

The impact of the different dimensions of social cognition on functional outcome in schizophrenia

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Social cognition (SC) refers broadly to the domains of cognitive functions that are employed in socially relevant situations. These include three primary domains (i.e., emotion perception, Theory of Mind-TOM-, and attributional style), as well as more complex and developing concepts such as social metacognition.

Patients with schizophrenia demonstrate significant deficits across multiple dimensions of SC and throughout all phases of the illness. The correlation between SC and real-life functioning ranged from small to large, mainly depending on the examined aspect of SC, with largest effects observed for TOM. Indeed, it has been suggested that TOM difficulties may lead to social misperceptions that influence how an individual reacts to others, which in turn may lead to maladaptive social patterns and/or social withdrawal, which both may influence real-life vocational outcome more than neurocognition (NC) abilities. Moreover, SC appears to act as a mediator between nonsocial basic NC and community functioning.