

The accurate identification of accelerated, agitated and anxious states is of paramount relevance for the correct diagnosis and the selection of a suitable psychopharmacological treatment. Choosing antidepressants, antipsychotics and/or mood stabilizers is presently contingent to the identification of specific phenotypic profiles in anxiety disorders, mixed and manic episodes and/or delirium states. Today, the anamnesis and psychopathological examination are hindered by the vagueness of the conceptualization of these experiences in diagnostic textbooks. We propose a selective review of literature of how these have been conceptualised aiming at increasing the segregation of specific phenomenological profiles across these phenomena.

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S72

Phenomenology of emotions

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This symposium analyses the psychopathological phenomenon “anxiety”, a classical concept, which has returned to be central in the recent psychiatric debate. Some of the most important international phenomenologists will discuss anxiety in the context of major psychopathological areas. Clinical and research insight will be presented in the context of a philosophically deep understanding of the fundamental qualitative features of the psychopathology of anxiety.

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Physical activity for people with psychotic disorders: Realities and prospects

S73

Studies on PA in schizophrenia: What did we learn? What is effective?

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Schizophrenia is frequently associated with abnormal physical activity (PA) per se (e.g., hypokinesia, motor retardation, etc.) or related to antipsychotic medications (e.g., extrapyramidal symptoms including bradykinesia, tremor, etc.). Daily amounts of PA for subjects diagnosed with schizophrenia tend to decrease over the illness course and contribute to metabolic and cognitive disturbances. PA intervention for schizophrenia patients may result in increased well-being, improved cognitive functioning, fewer negative symptoms and increased self-efficacy, leading to improved management of psychosocial life domains. However, PA trials conducted among people suffering from schizophrenia show several methodological limits: small sample sizes, lack of randomized patients’ allocation, heterogeneity of interventions and inappropriate outcome measures.

Firth et al. (2015) have recently conducted a systematic review and meta-analysis of 11 trials on structured PA in schizophrenia ($n = 659$, median age of 33 years). The conclusions of this recent review are the following:

- aerobic exercise (for instance exercise bike) of moderate-to-vigorous intensity done at least 90 minutes per week is effective in improving cardiovascular fitness; studies ($n = 7$) using VO_{2max} as an assessment of fitness have reported clinically significant increases in VO_{2max} , “defined as sufficient to reduce cardiovascular disease risk by 15% and mortality by 20%”;
- several low-dose aerobic interventions did not show any effect;
- there was a “strong effect of exercise on total psychiatric symptoms” (both positive and negative symptoms were reduced);
- total attrition rate was 32%. Group exercise showed a much lower attrition rate than solitary exercise;
- caregivers’ supervision increased compliance as compared to unsupervised intervention;
- in the only study that compared per-protocol and intention-to-treat analysis, a significant improvement in fitness, psychiatric symptoms and overall functioning only occurred in participants who attended > 50% of exercise sessions.

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S74

Clinical and neurobiological effects of aerobic endurance training in multi-episode schizophrenia patients

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Schizophrenia is a severe brain disorder characterised by positive, negative, affective and cognitive symptoms and can be viewed as a disorder of impaired neural plasticity. Aerobic exercise has a profound impact on the plasticity of the brain of both rodents and humans such as inducing the proliferation and differentiation of neural progenitor cells of the hippocampus in mice and rats. Aerobic exercise enhances LTP and leads to a better performance in hippocampus related memory tasks, eventually by increasing metabolic and synaptic plasticity related proteins in the hippocampus. In healthy humans, regular aerobic exercise increases hippocampal volume and seems to diminish processes of ageing like brain atrophy and cognitive decline.

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S75

Feasibility and effectiveness of aerobic exercise training interventions in schizophrenia

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Patients with schizophrenia might benefit from exercise via multiple ways. It can be assumed that positive effects observed in healthy people counteract different pathological dimensions of

schizophrenia or add to a better compensation. E.g. exercise may serve as a coping strategy, produces changes in brain structure and function and is already known to improve mood and cardiovascular health. First studies have shown beneficial effects of exercise in schizophrenia. These studies feature a multitude of exercise types and diagnostic tests and also lay emphasis on different research questions.

From the diverse information of the studies, heterogenic character conclusions for future therapy and research can be derived. From the point of view of sports science, feasibility and effectiveness of endurance training will be discussed on the basis of current literature and results from our own research. In a controlled trial 22 patients with schizophrenia participated in 12 weeks of endurance training using bicycle ergometers resulting, e. g., in improvements of endurance capacity and functioning. A special focus was laid on analyzing the differences between the adaptations of patients and healthy controls to test the transferability of methods and effects of endurance training. The exercise intervention was feasible and effective for both healthy controls and patients but some interesting differences could be found.

Additionally, ideas and special circumstances regarding the implementation of endurance training in clinical settings or for outpatients will be considered. From the current knowledge it can be concluded, that the implementation of endurance training in multimodal therapy strategies can be recommended to promote recovery.

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S76

Adopting and maintaining physical activity behaviour in people with severe mental illness: The importance of autonomous motivation

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Background Physiotherapy can improve the health of people with serious mental illness (SMI) but many are inactive. Adopting theoretically-based evidence considering the motivational processes linked to the adoption and maintenance of an active lifestyle can assist physiotherapists in facilitating lifestyle changes in people with SMI.

Purpose Within the Self-Determination Theory (SDT) and the Trans-Theoretical Model (TTM) (stages of change) frameworks, we investigated differences in motives for physical activity between different diagnostic SMI groups.

Methods All participants with SMI from 15 different centers completed the Behavioral Regulation in Exercise Questionnaire 2 (BREQ-2), the International Physical Activity Questionnaire (IPAQ) and the Patient-centered Assessment and Counseling for Exercise (PACE) questionnaire.

Results Overall 294 persons with SMI (190♀) (43.6 ± 13.6 years) agreed to participate. People with affective disorders had higher levels of introjected regulations than people with schizophrenia. No significant differences were found for other motivational regulations. Moreover, no significant differences were found according to gender, setting and educational level. Multivariate analyses showed significantly higher levels of amotivation and external regulations and lower levels of identified and intrinsic regulations in the earlier stages of change. Strongest correlations with the IPAQ were found for motivational regulations towards walking.

Conclusions Our results suggest that in all people with SMI the level of identified and intrinsic motivation may play an important role in the adoption and maintenance of health promoting behaviours.

Implications The study provides a platform for future research to investigate the relationships between autonomy support, motivational regulations and physical and mental health variables within physiotherapy interventions for this population.

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Problematic sexual behaviours: Diagnostic, categorical, epidemiological, imaging, psychopathological and treatment considerations

S77

Gender-related differences in the associations between sexual impulsivity, psychiatric disorders and trauma

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Introduction Sexual impulsivity (SI) has been associated with conditions that have substantial public health costs, such as sexually transmitted infections and unintended pregnancies. However, SI has not been examined systematically with respect to its relationships to psychopathology. The literature regarding associations between SI and history of different types of trauma also scarce.

Aims We aimed to deepen the understanding of the roots of SI, both through the prism of history of trauma and through the prism of psychopathology as an explanation for SI.

Objectives We intended to investigate associations between SI and psychopathology, and between SI and personal history of trauma of different types, including gender-related differences.

Methods We performed a secondary data analysis of Wave-2 of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), a national sample of 34,653 adults in the United States. DSM-IV based diagnoses of mood; anxiety, drug and personality disorders were assessed using the Alcohol Use Disorder and Associated Disabilities Interview Schedule DSM-IV Version.

Results For both women and men, SI was positively associated with most Axis-I and Axis-II psychiatric disorders. Significant gender-related differences (GRD) were observed. Among women as compared to men, SI was more strongly associated with social phobia, alcohol abuse/dependence and most personality disorders. As for trauma, SI was positively associated with any trauma for both women and men. Among women as compared to men, SI was more strongly associated with sexual assault and kidnapping.

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S78

Classification and clinical issues relating to hypersexuality

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Multiple terms have been used to describe excessive and interfering patterns of non-paraphilic sexual behaviors including sex addiction, compulsive sexual behavior (CSB) and hypersexual disorder