Conclusion The results of the present study are in favor of the choice of SGA in SZ patients with aggressiveness, but these results need further investigation in longitudinal studies. Given the potent side effects of benzodiazepines (especially dependency and cognitive impairment) and the results of the present study, their long-term prescription is not recommended in patients with schizophrenia and aggressive behavior.

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

EW494
Emotional recognition during the course of schizophrenia

D. Bošnjak [1,*], P. Makarić [2], M. Rojnić Kuzman [3]
[1] University psychiatric hospital Vrapce, The Addictions Department, Zagreb, Croatia
[2] University psychiatric hospital Vrapce, The Department for Diagnostics and Intensive Care, Zagreb, Croatia
[3] Zagreb university hospital centre, department of psychiatry, Zagreb, Croatia
* Corresponding author.

Introduction Adequate emotion identification ability facilitates forming emotional relationships and effective communication. Patients suffering from schizophrenia have deficits in emotional recognition (ER), which leads to impaired social and occupational functioning.

Objectives To compare the differences in ER between the healthy control group (HC) and two patient groups at different phases of illness: first episode psychosis (FEP) and chronic, multi-episode schizophrenia (MEP).

Aims To investigate the pattern of emotional recognition deficit during the course of schizophrenia.

Methods We compared three groups of participants: MEP, FEP and HC, each containing 50 participants, based on their emotional recognition abilities using the Penn Emotion Recognition Task and The I FEEL Pictures. Patients were diagnosed using Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria for schizophrenia (schizophreniform disorder) with their psychopathology rated with the Positive and Negative Syndrome Scale (PANSS) scale. Besides ER tasks, patients were administered self-evaluation scales for the assessment of quality of life, depression, suicidality, impulsivity, aggression, and relationship with their parents.

Results Our findings showed deficits in emotional recognition ability of both patient groups in comparison with HC, especially in the identification of negative emotions: sadness, fear and anger. There was no statistically significant difference between groups in the identification of happiness. First episode patients showed better results than the MEP group.

Conclusions Although the FEP group was more successful than the ME group, our results showed that the emotional recognition impairment exists at a significant level even at the beginning of the illness.

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

EW496
Virtual reality insights into schizophrenic patients' way to interpret an Avatar's help

E. Brunet-Gouet [1,*], A. Oker [2], Z. Berrada-Baby [2], M. Courgeon [3], M. Urbach [4], N. Bazin [4], J.C. Martin [5], M.A. Amorim [6], P. Roux [1], C. Passerieux [1]
[1] Centre hospitalier de Versailles, université Versailles-Saint-Quentin, Psychiatrie/HANDIRESP, Le Chesnay, France
[2] Centre hospitalier de Versailles, Psychiatrie/HANDIRESP, Le Chesnay, France
[3] Université Paris-Sud, université Bretagne-Sud, LIMSI UPR3251-LabSTICC- UMR6285, Orsay, France
[4] Centre hospitalier de Versailles, Psychiatrie, Le Chesnay, France
[5] Université Paris Sud, LIMSI UPR3251, Orsay, France
[6] Université Paris Sud, CIAMS, Orsay, France
* Corresponding author.

With regards to the neurocognitive deficits and cognitive bias of schizophrenic disorders, it may be hypothesized that these patients suffer a deficit in recognizing helping intentions in others. To investigate help recognition, new technologies allowing to control an interaction with virtual affective agents were used with an adaptation of a previously described card-guessing paradigm (project COMPARSE ANR-11-EMCO-0007). We investigated whether the same game proposed successively by two virtual agents asking either empathetic (i.e. on the subject's feelings) or non-empathetic (i.e. on technical aspects of the game) questions to the participant would elicit different interpretations on their intentions. Dependent variables consisted of monetary allocation to the virtual agent, of questionnaires assessing the agent's help, interest, attention, etc. A group of 20 individuals with schizophrenia and one of 20 healthy controls, matched on gender, with comparable age, estimated verbal-IQ and educational level were recruited. The healthy subjects' ratings of the virtual agent's behavior demonstrated that they interpreted empathetic questioning as helping and rewarded it positively with an increased monetary allocation. Schizophrenic patients had a qualitatively reduced perception of the differences between the two agents. Only the rating concerning the "interest/attention" of the agent toward them exhibited medium effect size when contrasting conditions. Hypothetically, schizophrenic patients take into account the fact they are the object of another's attention, but may fail to infer the intentional meaning and to provide an increased monetary allocation.

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

EW497
Clinical experience with aripiprazole long-acting injection

M.P. Calvo Rivera [1,*], B. Girela Serrano [2], A. Porras Segovia [1], L. Gutiérrez Rojas [1]
[1] San Cecilio university hospital, psychiatry service, Granada, Spain
[2] Santa Ana hospital, psychiatry service, Motril-Granada, Spain
* Corresponding author.

Introduction Aripiprazole long-acting injection is the latest long-acting injectable (LAI) antipsychotic medication released in the market which requires a monthly injection.

Objectives The aim of our study is to present our experience in the use of Aripiprazole long-acting injection as maintenance therapy in patients with schizophrenia and other psychotic disorders.

Methodology Our sample consists of 20 patients who started treatment with long acting aripiprazole during the last 6 months of its release. Validated scales for collecting information on sociodemographic, clinical evaluation (CGI scale), quality of life (health questionnaire SF-36) and function (Sheehan Disability Inventory and social relationship scale SBS) were used.

Results The health condition of the patients was generally good and 68% reported feeling better than during the last year. Social functioning was adequate (level 1 or 2) in about 70% of the patients. Social, employment and family's disability was mild in 57% of cases, the average stress' perception was 23% and the average social support perception was 72%. Regarding the clinical evaluation, in

comparison to the initiation of the treatment 18% of the patients were slightly better, 45% moderately better and 36% much better.

Conclusion A remarkable clinical improvement was observed, maintaining good health, with an acceptable level of functionality. This study shows that the incorporation of long-acting Aripiprazole to the treatment of our sample has been a significant improvement in overall functioning of the patient.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.615

EW499

A multicentric study on cognitive functions in a large sample of patients with schizophrenia and their unaffected first-degree relatives

M. Chieffi [1,*], A. Mucci [1], A. Rossi [2], P. Rocca [3], A. Bertolino [4], S. Galderisi [1], M. Maj [1]
[1] *University of Naples SUN, psychiatry, Naples, Italy*
[2] *University of L'Aquila, department of biotechnological and applied clinical sciences - section of psychiatry, L'Aquila, Italy*
[3] *University of Turin, department of neuroscience - section of psychiatry, Turin, Italy*
[4] *University of Bari, department of neurological and psychiatric sciences, Bari, Italy*
* *Corresponding author.*

Introduction Neurocognition may represent an indicator of genetic risk and poor outcome in schizophrenia patients (SCZ) predicting real life functioning.

Objectives As cognitive performance of unaffected first-degree relatives (UR) is intermediate between SCZ and healthy controls (HC), neurocognitive impairment may represent a marker of vulnerability to schizophrenia.

Aims To investigate social and neurocognition in all subjects and their impact on functional capacity of patients as markers of vulnerability.

Methods Sample: 922 SCZ, 379 UR and 780 HC. Assessment: MATRICS Consensus Cognitive Battery (neurocognition), Facial Emotion Identification Test and Awareness of Social Inference Test (social cognition) and Specific Level of Functioning Scale (social functioning). Analyses: Structural Equation Model (SEM) analyses to model the impact of all variables on functional outcome.

Results SCZ scored worse in all domains than UR and HC. UR had significant impairments in all cognitive domains with respect to HC. Cognitive functioning had direct and indirect impacts on functional outcome mainly through social cognition and functional capacity. Social cognition had a direct impact on outcome, independent of neurocognition.

Conclusion SCZ and UR display similar patterns of social and neurocognition deficits. Our results confirm a strong impact of neurocogniton on functional outcome. Social cognition has become an interesting object of study and its conceptualization as trait variable and the existence of a continuum between SCZ and UR are hypotheses for further research.

Acknowledgements The study was carried out within the project "Multicenter study on factors influencing real-life social functioning of people with a diagnosis of schizophrenia" of the Italian Network for Research on Psychoses.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.617

EW500

Validation of the remission criteria in a Chinese population with chronic schizophrenia

Y.H. Chou
Taipei Veterans general hospital, psychiatry, Taipei, Taiwan

Background A consensus definition of symptomatic remission in schizophrenia was recently established based on a fixed threshold for symptom severity and a time component. The objective of this study was to determine the clinical relevance of this definition in a Chinese population and find the predictors of symptomatic remission, functional outcome and cognition.

Methods Seventy-five schizophrenic patients were recruited within a period of 2 years. All patients need to prospectively be followed up in an outpatient clinic for at least 6 months. During this period, it was not allowed to adjust their medications. Three different definitions of symptomatic remission included the Remission in Schizophrenia Working Group (RSWG), clinical global impression (CGI) and brief psychiatric rating scale (BPRS) was evaluated. In addition, the function and cognition was assessed as the measured outcomes. The prediction model of outcomes measurement was used for statistic analysis.

Results The cumulative percentage of achieving remission criteria among three different definitions of symptomatic remission was 52% in RSWG criteria, 63% in CGI and 65% in BPRS, respectively. In comparison of remitted and non-remitted groups, there were significant differences in sex, education, function and cognition in terms of RSWG definition but not in CGI and BPRS. Female gender and education were two factors for predicting symptomatic remission and function, whereas body mass index and education were two factors for prediction of better cognition.

Conclusions Our study indicates that the definition of RSWG was more clinical relevant compared with CGI and BPRS in Chinese schizophrenia.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.618

EW501

Association between implicit motor learning and neurological soft signs in schizophrenia

A. Chrobak [1,*], K. Siuda-Krzywicka [2], G. Siwek [1], A. Tereszko [1], M. Siwek [3], D. Dudek [3]
[1] *Jagiellonian university medical college, faculty of medicine, Cracow, Poland*
[2] *École des neurosciences à Paris, Paris, France*
[3] *Jagiellonian university medical college, department of affective disorders, Cracow, Poland*
* *Corresponding author.*

Introduction Schizophrenia (SZ) patients present subtle motor deficits known as Neurological Soft Signs (NSS). Those deficits encompass impairments of motor coordination, sequencing of complex motor acts and sensory integration. It has been shown that SZ patients present also deficits of higher motor functions as implicit motor learning. Growing number of studies indicate that both NSS and implicit motor learning deficits are associated with impairments of common cortico-cerebellar pathways, however relationship between these two deficits has not been evaluated yet.

Objectives To assess NSS and implicit motor learning in SZ patients.

Aims To evaluate associations between NSS and implicit motor learning scores in SZ patients.

Methods Twenty schizophrenia patients and 20 healthy controls were examined. Patients were under olanzapine, clozapine or que-