

(21.88%;  $a = 0.88$ ). Pearson correlations of EA total score with BCPQ2 and F1 were significant and moderate ( $r@.50$ ) and with F2 was non-significant.

**Conclusions** Although the Portuguese version of the extended version of BCPQ has good reliability and validity, the low pride-related dimension seems to be relatively independent of regret.

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## Schizophrenia

EW485

### Frequency of subtypes of irritable bowel syndrome in positive and negative subtypes of schizophrenia

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**Objective** The aim of the study was to determine the frequency of subtypes of irritable bowel syndrome in positive and negative subtypes of schizophrenia.

**Methods** Sixty-two drug naïve hospitalized patients between 18 and 65 years (mean age: 33.6) with first episode of schizophrenia based on DSM IV-TR and 69 control subjects matched for age and sex completed this study. A semi-structured clinical interview was used to assess both groups. Clinical data were obtained and basic lab investigations and ultrasonography of abdomen were done in all subjects to exclude any related abdominal pathology. Axis-I disorders of DSM IV-TR were excluded in control subjects. Positive and Negative Syndrome Scale (PANSS) and Rome III Urdu language version scale (cross-validation obtained) for irritable bowel syndrome (IBS) were administered to assess the severity of positive and negative symptoms of schizophrenia and subtypes of irritable bowel syndrome, IBS constipation (IBS-C), IBS Diarrhoea (IBS-D) and IBS Mix (IBS-M) in case and control groups respectively.

**Results** Forty-seven patients (75.8%) and 15 patients (24.2%) had positive and negative schizophrenia respectively. Patients with positive and negative schizophrenia had higher rate of IBS-C 6.5% ( $n = 4$ ), IBS-D 8.1% ( $n = 5$ ), IBS-M 12.9% ( $n = 8$ ), non-IBS 72.6% ( $n = 45$ ) versus healthy subjects IBS-C 1.4% ( $n = 1$ ), IBS-D 2.9% ( $n = 2$ ), IBS-M 2.9% ( $n = 2$ ), and non-IBS 92.8% ( $n = 64$ ), OR = 4.8; 95% CI.

**Conclusion** Irritable bowel syndrome is more frequent in patients with schizophrenia than in general population. This functional gastrointestinal disorder associated with psychotic symptoms requires attention and management while managing patients with subtypes of schizophrenia.

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

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EW486

### Cognitive dysfunctions in first episode psychosis

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Cognitive dysfunctions are one of the main domains of symptom clusters in schizophrenia that are strongly related to poor prognosis and psychosocial impairment. We conducted a study to investigate the level of cognitive functions in patients with first episode psychosis (FEP) and effect of psychosocial factors related to psychosis and cognitive dysfunctions in this population. We included 60 FEP patients and 60 healthy control subjects. Cognitive functions of the study population were evaluated by using neuropsychological test battery including Stroop, Rey Verbal Learning and Memory, Digit Span, Trail Making, Digit Symbols, Controlled Word Association etc. Psychosocial risk factors were assessed using Childhood Trauma Questionnaire, Social Environment Measurement Tool, Life Events Scale, Tobacco Alcohol Use Scale and Substance/Marijuana Use Scale. Cognitive functions were significantly impaired in FEP patients compared to normal controls. Patients had poor performance in verbal memory, attention, processing speed, working memory and executive functions that is similar to the previous literature findings. Stressful life events in the last year and familial liability of schizophrenia and psychosis in 1st degree relatives were strong predictors to develop psychosis in patients with FEP. Both factors also seemed to be related to cognitive dysfunctions. In this study, patients with stressful life events in the last year were likely to have memory and executive dysfunctions. It has been shown that psychosocial risk factors had played an important role in developing psychosis. However, these factors also may negatively affect cognitive functions that may make the patient predispose to develop psychosis in FEP patients.

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EW487

### Pharmacokinetics, safety, and tolerability of four 28-day cycle intramuscular injections for risperidone-ISM 75 mg in patients with schizophrenia: A phase-2 randomized study (PRISMA-2)

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**Introduction** Risperidone-ISM is a new long acting intramuscular formulation of risperidone, for monthly administration without oral supplementation.

**Objective** To characterize the pharmacokinetic of risperidone over multiple intramuscular injections in patients with schizophrenia.

**Method** A multicenter, open label, two-arm, parallel design clinical trial was performed. Each patient received 4 intramuscular injections of 75 mg of risperidone-ISM in either, gluteal or deltoid muscle at 28-day intervals.

**Results** A total of 70 patients were randomized, 67 received at least one dose of study medication. Preliminary data show that mean  $C_{max}$  of the active moiety was achieved 24-48 hours ( $T_{max}$ ) after each administration and ranged over four consecutive doses from 39.6-53.2 ng/mL and 54.1-61 ng/mL, when given in gluteal or deltoid, respectively. All subjects achieved therapeutic levels (>7.5 ng/mL for the active moiety) between 2-8 hours after drug administration. The mean concentrations were maintained above therapeutic levels throughout the 4-week dosing period. No significance changes across the study were observed, either on Positive and Negative Syndrome Scale or Extrapyramidal Symptoms Scale. Overall, 63 subjects (94%) experienced at least 1 Treatment Emergent Adverse Event (TEAE) during the study. One serious TEAE (dystonia) was related to study treatment. One death not related

to study medication was informed. The most frequently reported TEAEs were hyperprolactinaemia (57.7%) and injection site pain (32.8%).

**Conclusions** Risperidone-ISM achieved therapeutic levels from the first hours after drug administration and provided a sustained release throughout the 4-weeks dosing period over multiple intramuscular injections independently of the injection site. Risperidone-ISM was found to be safe and well tolerated.

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

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#### EW488

### The association between childhood trauma and empathy in patients with stable schizophrenia

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**Introduction** Empathy, which refers to the ability to understand and share the thoughts and feelings of others, has emerged as an important topic in the field of social neuroscience. It is one of the most understudied dimensions of social cognition in schizophrenia (SCZ).

**Objectives** To investigate the relationship between cognitive and affective empathy and CT in SCZ.

**Methods** Fifty-eight outpatients with stable SCZ completed the Childhood Trauma Questionnaire retrospectively assessing five types of childhood trauma (emotional, physical and sexual abuse, and emotional and physical neglect). They also completed the Questionnaire of Cognitive and Affective Empathy (QCAE) comprising five subscales intended to assess cognitive and affective components of empathy.

**Results** Patients with a history of sexual abuse better emotion contagion scores ( $P=0.048$ ) which means that develop more easily self-oriented emotional state matching the affective states of others. Patients with a history of emotional neglect or/and in denial of CT had higher scores in perspective taking score ( $P=0.017$ ). Perspective taking assesses the extent to which respondents can take another's perspective or see things from another's point-of-view.

**Conclusions** Investigating psychosocial mechanisms, specifically the role of CT, underlying the development of empathic capacities is important since empathy can represent a treatment-target.

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

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#### EW489

### How do social cognition dimensions relate to DSM-5 dimensions of psychosis?

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**Introduction** Existing research shows that individuals with schizophrenia (SCZ) show substantial deficits in social cognitive domains, including facial emotion recognition (FER), empathy, and Theory of Mind (ToM). Their exact relationship with the different dimensions included in the "Clinician-Rated Dimensions of Psychosis Symptom Severity" of the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) remains unexplored.

**Objectives** To investigate the relationship between different social cognition dimensions and the dimensions of psychosis included in the DSM-5.

**Methods** Fifty-eight outpatients with stable SCZ completed the Intention-Inferencing Task (IIT), a non-verbal ToM task and the Questionnaire of Cognitive and Affective Empathy (QCAE). They also completed a newly developed and validated FER task constructed from photographs of the face of a famous Tunisian actress and evaluating the ability to correctly identify Ekman's six basic facial emotions. The clinician-rated dimensions of psychosis symptom severity was used to evaluate 8 dimensions of psychosis.

**Results** The patients presenting higher cognitive empathy capacities had less present abnormal psychomotor behaviour scores ( $P=0.05$ ). Higher levels of affective empathy were correlated to lower present delusions score ( $P=0.037$ ). Better scores in the IIT were correlated to less present negative scores ( $P=0.013$ ) and less impaired cognition scores ( $P=0.009$ ). FER task score didn't correlated with any clinical dimension.

**Conclusions** Our results suggest the existence of specific relationships between social cognition dimensions and psychosis dimensions. Further studies are needed to confirm these relationships.

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

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#### EW490

### Evaluation of reproductive hormones relations with response to treatment in male patients with first episode psychosis

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**Objectives** Data regarding schizophrenia treatment has been increasing whereas the information about predictors of treatment response is limited. In this study, our aim is to investigate the serum levels of reproductive hormones as a biological predictor in terms.

**Methods** Thirty-three hospitalized male patients in GATA Haydarpaşa Training Hospital with the diagnosis of first episode psychosis were included into the study. The study was prospective and naturalistic in design. The clinical course was recorded by means of Positive and Negative Symptom Scale (PANSS) in pretreatment period, 2nd and 6th weeks of the study. Prolactin, FSH, LH, estrogen, testosterone and oxytocin serum levels were also measured at the same dates.

**Results** Treatment response was assessed as unresponsive when PANSS<sub>total</sub> scores were lower than 25%, partial response when PANSS<sub>total</sub> scores were between 25%-40% changes, and response when PANSS<sub>total</sub> scores were higher than 40%. Patients were grouped according to those cut-off points. There was a significant positive correlation between oxytocin, FSH serum levels and positive symptoms ( $\rho=0.437$ ,  $P=0.011$ ;  $r=0.385$ ,  $P=0.027$ ). There was also significant negative correlation between testosterone serum levels and negative and total psychopathology scores ( $r=-0.352$ ,  $P=0.044$ ;  $r=-0.429$ ,  $P=0.013$ ). It was seen that pretreatment testosterone levels had a significant biological marker on predicting remission when the serum levels were lower than 460,91 ng/dL.

**Conclusions** This study shows that hypothalamo-hypophysial-gonadal axis hormones and reproductive hormones, especially testosterone, may be an important biological marker of treatment response prediction in first episode psychosis.