Over 50 patients with a diagnosis of a psychotic-spectrum disorder taking antipsychotic medication will be assessed with the "AMAS" and the Medication Adherence Rating Scale. Additionally, each patient's psychiatrist will fill in a form with demographic and clinical variables (such as type of symptoms, previous adherence problems, current adherence, insight and other relevant variables).

Results　This is an ongoing study and the sample is still being collected (scheduled finish date: February/2016). Our statistical analysis' plan includes: reliability analysis (Chronbach's alpha, alpha if item deleted, inter item correlations and covariances and item-total correlations); validity (convergent validity); factorial analysis.

Conclusions　It is hypothesized that the "AMAS" will be a practical, reliable and valid unidimentional instrument with clinical utility assessing adherence to antipsychotics. The "AMAS" can be also useful in assessing intervention targets (e.g. psychoterapeutical, psychoeducational) to enhance adherence.

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

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EW541

Quality of Life Assessment in schizophrenia - development of a short version of the QLiS

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The QLiS (Quality of Life in Schizophrenia) is a disease-specific questionnaire with high content validity and sound psychometric properties. It comprises 54 items related to 12 subscales. However, its use in surveys or clinical studies is limited due to its length. Our aim was to develop and validate a short form of the QLiS.

Four steps were taken to develop the short form (QLiS-SF) using samples from the Clinical Analysis of the Treatment of Schizophrenia study. 1. A model with second order scales was developed using exploratory factor analysis. 2. The resulting model was tested in an independent sample using confirmative factor analysis (CFA). 3. Based on this model, items were selected on grounds of distributional properties, content reviews, and item loadings. 4. The resulting short form was validated independently through CFA.

Results　Three second order scales were constructed: illness-related quality of life, social life, and global subjective well-being. CFA of the new theoretical model resulted in a CFI of 0.67 and absolute fit indices of CMIN/df = 2.55, RMSEA = 0.08, SRMR = 0.09. We selected 13 items that showed good statistical properties and good fit of content to subscale. Fit of the underlying theoretical model with the 13 items was satisfactory (CFI = 0.95, CMIN/df = 2.23, RMSEA = 0.06, SRMR = 0.04). Composite reliability scores for the three subscales were above 0.70.

The QLiS-SF showed adequate model fit and reliability. It offers a novel, well-founded opportunity to assess quality of life in persons with schizophrenia in situations in which the application of the long version is not considered possible.

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

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EW542

The relationship between childhood trauma and theory of mind in schizophrenia

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Introduction　A history of childhood trauma is reportedly more prevalent in people suffering from psychosis than in the general population. Previous studies linked childhood trauma (CT) to neurocognitive impairments in schizophrenia (SCZ), but rarely to theory of mind (TOM) deficits.

Objectives　To investigate the relationship between TOM deficits 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 an intention-inferencing task, in which the ability to infer a character's intentions from information in a short story is assessed.

Results　Our results suggest a relationship between specific kinds of CT and TOM deficits. A history of childhood physical neglect was significantly correlated to a worse performance in the intention-inferencing task ($P = 0,001$). Patients with higher scores of CT denial also had less correct answers ($P = 0,035$) and more false answers ($P = 0,013$).

Conclusions　Our results need replication but underline the necessity of investigating psychosocial mechanisms underlying the development of social cognition deficits, including deficits in TOM.

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

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EW544

Effectiveness of Brief Individual Cognitive Behavioral Therapy for auditory hallucinations in a sample of Egyptian patients with schizophrenia

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Background　Auditory hallucination is one of the most common symptoms in schizophrenia. The frequency of the auditory hallucinations and ensuing distress make the individual believe that these voices are not able to be controlled and to be coped with.

Aim　Testing the effectiveness of brief cognitive behavioral therapy for psychosis (CBTp) for auditory hallucinations, using it in modifying the beliefs about the voices and improving symptom severity and overall functioning.

Methods　Forty participants with schizophrenia were randomized into intervention and control groups. Intervention group were 20 patients who received 8 individual sessions of CBTp plus Treatment As Usual (TAU) over 8 weeks and the control group were the other 20 patients who received TAU only. The Positive and Negative Syndrome Scale (PANSS), the Arabic version of Beliefs About Voices Questionnaire (BAVQ) and the General Assessment of Functioning scale (GAF) were assessed at baseline and at the end of the study.

Results　Intervention group showed a statistically significant increase in GAF ($P = 0.012$), a statistically significant reduction regarding the Positive ($P < 0.001$), Negative ($P = 0.008$), General ($P < 00.001$) and total ($P \leq 00.001$) sub-scales of PANSS. Regarding

BAVQ, Intervention group showed a statistically significant reduction in Malevolence ($P = 0.008$), Engagement ($P = 0.001$); and showed a statistically significant increase in Resistance ($P = 0.049$) compared to control.

Conclusions Brief cognitive behavioral therapy for auditory hallucinations can improve severity of schizophrenia, increase the level of functioning and improve the beliefs about the voices.

Keywords Schizophrenia; Auditory hallucinations; Brief cognitive behavioral therapy

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

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EW545

The effect of a 16-week walking program on biomarkers, physical fitness, health related quality of life and self-perceptions of adults with schizophrenia

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Introduction People with schizophrenia exhibit low levels of physical activity, which have impact on physical and mental health as well as overall quality of life (QOL). Mental and physical benefits of exercise are known, although the mechanisms through which physical exercise improves schizophrenia symptoms are not fully understood.

Objectives To assess the effect of a 16-week exercise program (EP) on the expression of BDNF and S100B biomarkers, physical fitness, health related quality of life and self-perceptions of adults with schizophrenia.

Methods Thirty-five patients with schizophrenia (PwSZ) were divided in three groups Institutionalized Patients ($n = 11$); Psychosocial Rehabilitation ($n = 13$); and Control Group ($n = 11$). The EP consisted of one-hour walking session three times a week during 16 weeks. All participants were assessed before and after EP using the six minutes walking test, a psychological tests battery including MOS Short Form 36, Rosenberg Self-Esteem Scale, Physical Self-Perception Profile, Satisfaction with Life Scale as well as the BDNF and S100B measurements using serum analysis.

Results No significant statistical differences were found both for BDNF and S100B levels as a result of exercise. Additionally, no significant statistical differences were found for Physical Self-concept and Global Self-esteem changes as a result of the walking program (WP). However, PwSZ showed significant statistical differences on the satisfaction with life ($P < 0.05$) and on the perceived health related QOL ($P < 0.05$) in all groups participating in the EP.

Conclusion In spite of the limited impact of the WP in PwSZ, this group may obtain positive outcomes of the exercise participation based on a more positive attitude towards life.

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EW546

Social cognition across stages and forms of schizophrenia

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Introduction Social cognition is considered as a main predictor of functional outcomes and a candidate for endophenotype of schizophrenia. We hypothesize that social cognition capacities follow the course of schizophrenia as a progredient disorder.

Objective To investigate social cognition across different groups of patients with schizophrenia and schizophrenia spectrum disorders.

Aims To evaluate social cognitive impairments in patients with first episode psychoses (FEP), chronic schizophrenia (CS) and schizophrenia-spectrum disorders (SSD).

Methods In a cross-sectional study, 71 patients with FEP, CS and SSD were assessed with a battery of clinical and social cognitive tests. Three key social cognitive domains were assessed: emotion perception, Theory of Mind and attributional style.

Results Patients with schizoaffective disorder and schizotypal disorder showed better scores in Hinting task (mean ranks: 47.0 and 39.9 respectively) than patients with less favourable forms of schizophrenia (mean ranks: 24.7 and 30.2 respectively) ($P = 0.003$). Patients with FEP showed better results in Hinting task (18.1 ± 2.4) versus CS patients (17.4 ± 2.0) ($P < 0.05$). No differences in emotion perception (Ekman-60 task) among FEP and CS patients were detected. Patients with schizoaffective disorder showed better scores in emotional processing comparing to all forms of schizophrenia patients (mean ranks 49.1 vs. 30.1, 34.5, 28.0, $P < 0.05$). No significant differences in attributional style were registered.

Conclusions Emotion perception and Theory of Mind domains show different level of impairment across FEP and CS patients and across forms of schizophrenia. Further longitudinal studies to establish how social cognition domains mirror the course and severity of schizophrenia and SSD are needed.

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

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EW548

Tolerability and safety of long-acting injectable aripiprazole

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Introduction Long-acting injectable aripiprazole is the most recently introduced depot treatment in schizophrenia.

Objectives The objective of this study is to determine the tolerability and safety of this new treatment.

Aims The aim is to provide useful information regarding the use of this new drug.

Methods Our sample consists on 20 patients treated with a monthly dose of long-acting ariprazole. They were previously stabilized on oral aripiprazole before the first injection. The data on tolerability and safety were obtained by face-to-face interviews, using the Hogan Drug Attitude Inventory, the Patient Satisfaction with Medication Questionnaire and the UKU Side Effects Scale.

Results Our sample consists of 20 patients, with a 50/50 gender distribution and a mean age of 39 years. The average score in the satisfaction scale Hogan was positive (an average of 7.25). In