

Conclusions A decreased ability to identify emotions is directly correlated with decreased social functioning in subjects with schizophrenia spectrum disorders.

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

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EW0241

Long acting antipsychotics treatment of schizophrenia: A 24-month prospective study on patient's attitude towards treatment

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Introduction Long-acting injectable (LAI) second-generation antipsychotics (SGAs) are considered an alternative to oral antipsychotics for schizophrenic patients with low adherence to therapy. However, it is still a matter of debate whether LAI-SGAs are able to significantly improve patient's attitudes towards treatment (ATT) [1].

Objective To investigate the impact of LAI on ATT over 24 months.

Methods Nineteen schizophrenic patients were switched from either oral olanzapine (11) or paliperidone (8) to the corresponding LAI. Patients were assessed at baseline (T0), after 6 (T1), 12 (T2) and 24 months (T3). Drug Attitude Inventory-10 (DAI-10) [2] was used to assess ATT. Young Mania Rating Scale (YMRS), Montgomery-Asberg Depression Rating Scale (MADRS), Positive and Negative Syndrome Scale (PANSS), and Short Form Health Survey (SF-36) were used for psychopathology evaluations.

Results Eleven patients reached T3. Eight patients were excluded (4 olanzapine, 4 paliperidone): 4 required a significant change in concomitant treatment, 4 a change of antipsychotic (metabolic comorbidity). No changes in psychopathology occurred between T2 and T3, some scales improved from baseline to T2. DAI-10 mean scores were improved after 12 months, thus not significantly, and were further improved at 24 months ($P = .008$ vs baseline).

Conclusions ATT keeps improving after one year of LAI treatment, unrelated to clinical response.

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

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EW0242

Relationship between cognition and primary negative symptoms sub-domains in schizophrenia

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Introduction The relationship between negative symptoms and cognition in schizophrenia is not clear, a number of authors whom

studied this relationship came up with inconsistent findings and meta-analyses show that there is a small moderate associations between the two domains.

Objectives and aims The aim of this study was to investigate the relationship between cognition and the primary negative symptoms sub-domains.

Methods Sixty-seven female patients with schizophrenia were evaluated using PANSS and NSA-16 scales. Correlation and regression analyses were used in the present study to investigate the relationship between the primary negative symptoms sub-domains obtained by using the principal component analysis, and cognition evaluated with the PANSS using the 5 factor model as described by Lindenmayer.

Results No relationship was found between the PANSS Cognitive factor and Negative factor, but when investigating the relationship of the Cognitive PANSS factor with the negative sub-domains: diminished expression (DE) and avolition-apathy (AA), it was shown that there is a significant association between cognition and AA domain, but there was shown no association with the DE domain, and there was just a small association with the composite score of the NAS-16.

Conclusions Our study reveals the relative independence of cognitive factor from the negative domain of the psychopathology, even though the association with AA domain was clear. These findings also support the need of using appropriate assessment tools in order to get a refined understanding of the phenomenology of schizophrenia.

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EW0243

Assessing suicide risk with the Clinical Interview for Psychotic Disorders (CIPD): Preliminary reliability and validity of the Suicide Risk Scale for Psychosis (SRS-P)

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Background Suicide risk is an important variable to consider both in assessment and throughout the therapeutic process in psychotic disorders. The SRS-P is an 18-item scale computed from the patient and clinician-rated scores obtained in the CIPD. The scale comprises lifetime assessment of depressed mood, anhedonia and its current interference and severity, current and past feelings of hopelessness, suicidal ideation, 'voices' about suicide, and suicide-related behaviors.

Aims To assess reliability and convergent validity of the SRS-P in a sample of participants with psychosis.

Methods The sample comprised 22 participants (68.2% male), single (72.7%), between 19 and 47 years old ($M = 31.05$; $SD = 7.088$), with 4–17 years of education ($M = 11.77$; $SD = 3.176$), employed (50%). The most prevalent diagnosis was schizophrenia (68.2%) and the participants had a mean of 1.90 hospitalizations ($SD = 2.548$). The mean age of illness onset was 23.57 years ($SD = 5.555$). The participants were assessed with the CIPD, Depression, Anxiety and Stress Scales-21, Forms of Self-Criticism and Reassurance Scale, Self-Compassion Scale, Other as Shamer Scale and the Empowerment with Psychotic Symptoms Scales.

Results The SRS-P has shown good reliability ($\alpha = .87$) and validity in relation to depressive symptoms ($r = .67$; $P = .001$), anxiety ($r = .74$; $P < .001$), stress ($r = .59$; $P = .004$), inadequate self ($r = .43$; $P = .046$), hated self ($r = .54$; $P = .009$), reassured self ($r = -.65$; $P = .001$), self-compassion ($r = -.63$; $P = .002$), shame ($r = .46$; $P = .033$) and empowerment regarding positive symptoms ($r = -.54$; $P = .015$).

Conclusions The SRS-P presented adequate reliability and convergent-divergent validity. Further studies are planned in order to test the factorial structure of the scale and confirm the presented results in a larger sample.

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

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EW0244

Internal and external responsiveness of the personal and social performance scale in patients with schizophrenia

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Introduction The Personal and Social Performance scale (PSP) is widely used to assess social functioning with 4-domain scores and a global score in patients with schizophrenia. However, internal and external responsiveness of the PSP is largely unknown limiting its use as an outcome measure.

Objectives The purpose of this study was to examine internal and external responsiveness of the PSP in inpatients with schizophrenia receiving treatments in the acute phase.

Methods Eighty patients were conducted the PSP and the Clinical Global Impression-Severity (CGI-S) at admission and at discharge. The standardized effect size (ES), the standardized response mean (SRM), and paired *t*-test were used for examining internal responsiveness. We estimated correlations between the changes in scores of the PSP and those of the CGI-S using Pearson's *r* for investigated external responsiveness.

Results For internal responsiveness, the ESs and the SRMs of the domains were 0.74–1.74 and 0.68–1.72, respectively. The values of the ES and the SRM in the global score were 1.72 and 1.74, respectively. The paired *t*-tests showed statistically significant difference ($P < 0.001$) for the score changes of the four domains and the global score. Regarding external responsiveness, fair and moderate to good correlations ($r = 0.35$ – 0.74) were found among the changes in the 4-domain scores and the global score with the those of the CGI-S.

Conclusions The PSP has sufficient internal responsiveness and substantial external responsiveness in inpatients with schizophrenia receiving treatments at the acute wards. The PSP is useful as an outcome measure for detecting changes of social functioning over time.

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EW0245

Cognitive outcomes of Bergamot Polyphenolic Fraction (BPF) supplementation in schizophrenia: Preliminary data

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Background Cognitive deficits in schizophrenia significantly affect illness and community outcomes, and quality of life. Several studies support the neuroprotective properties of polyphenolic compounds resulting in neuronal protection, suppression of neuroinflammation and the potential to promote memory, learning and cognitive functions. Bergamot differs from other citrus fruits for flavonoids and flavonoid glycosides composition (neohesperidin, neohesperidin, naringin, rutin, neodesmina, roifolina and poncirina), and for their high amount. For these features, BPF may represent a potential supplement for improving cognitive functions.

Aims The present study was aimed to explore the efficacy of BPF supplementation on clinical symptoms and cognitive functioning in a sample of schizophrenic subjects receiving atypical antipsychotics (APs).

Methods Ten schizophrenic outpatients treated with atypical APs assumed BPF at the oral daily dose of 1000 mg/day for 30 days. Brief Psychiatric Rating Scale, Wisconsin Card Sorting Test, Verbal Fluency Task-Controlled Oral Word Association Test, and Stroop Color-Word Test were administered.

Results The results obtained indicate that BPF administration substantially improved WCST performances (perseverative responses, $P = 0.008$; perseverative errors, $P = 0.012$; total errors, $P = 0.011$; categories, $P = 0.023$). Moreover, a trend for others clinical (BPRS) and cognitive variables (Verbal Fluency Task-Controlled Oral Word Association Test, and Stroop Color-Word Test) decrease was observed.

Conclusions The findings provide evidence that BPF administration may be proposed as an effective therapeutic strategy to improve cognitive outcome in schizophrenia. Further clinical trials with adequately powered and well-designed methodology are needed to better explore the BPF effectiveness on cognitive impairments in schizophrenic patients.

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EW0246

Neuropsychological profile of patients in the first episode of psychosis

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Neurocognitive dysfunction in patients presenting psychotic symptoms for the first time has been repeatedly noted by researchers. However, there is still much diversity in data concerning the performance of these patients in specific cognitive domains and their degree of impairment. We used the Cambridge Neuropsychological Test Automated Battery (CANTAB), in order to administer a comprehensive battery of neuropsychological tests. A series of tests was selected measuring attention, memory, planning, inhibition, shifting ability, mental flexibility, working memory and visuospatial ability. The sample comprised 64 patients (37 male) with first episode of psychosis and 14 healthy individuals (9 male). Patients' performance was lower in all cognitive domains, in relation to the performance of controls. More specifically, impairments in sustained attention ($-.6$ SD), memory ($-.7$ SD), planning ($-.6$ SD), working memory ($-.7$ SD), shifting ability ($-.6$ SD) and visuospatial ability ($-.6$ SD) were prominent. Also, patients presented a severe deficit in speed of processing ($-.7$ SD) and selective attention ($-.6$