

Methods An observational cohort study of unselected patients with schizophrenia visiting outpatient facilities in the Region of Central Jutland, Denmark. Patients were enrolled from January 2013 through March 2015 with follow-up until June 2015. Data was collected from clinical interviews and clinical case records.

Results ECGs were available in 58 patients receiving antipsychotic treatment. We observed no difference in average QTc interval for the whole sample of patients receiving monotherapy or polypharmacy ($P=0.29$). However, women presented longer QTc-interval on polypharmacy than on monotherapy ($P=0.01$).

Conclusion We recommend an increased focus on monitoring the QTc interval in woman with schizophrenia receiving antipsychotics as polypharmacy.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2131>

EW0262

Postural control and executive functioning in patients with schizophrenia

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Introduction Patients with schizophrenia commonly show deficits in executive functioning that allow a person to make plans, solve problems, do many tasks simultaneously and adapt to unexpected conditions. Executive dysfunction is associated with very simple and automatic activities, such as walking in schizophrenia patients. However, no study exists about its relation to postural control in these patients.

Aim To investigate the effect of executive functioning on postural control using dual task paradigms.

Methods Fifteen clinically stable schizophrenia outpatients and 15 healthy controls were enrolled in the study. Postural control was assessed with bilateral stance test using the Balance Master system under three different conditions with eyes open and eyes closed (EC): without a task, during a cognitive task (verbal fluency) and during a motor task (holding a cup of water).

Results Standing on a foam surface with EC resulted in higher postural sway velocities in schizophrenia patients under all conditions ($P=0.009$, $P=0.032$, $P=0.013$). During a cognitive task, both schizophrenia patients and healthy controls showed higher velocities on firm surface with EC in comparison to the condition without a task ($P=0.023$). Both schizophrenia patients and healthy controls did not show higher postural sway velocities during the motor task.

Conclusion The effect of verbal fluency on postural sway shows the relationship between executive functioning and postural control in schizophrenia patients. Foam surface also higher postural sway velocities in schizophrenia patients in EC condition suggesting the difficulties in integrating the proprioceptive information in the absence of visual input.

Keywords Executive functioning; Schizophrenia; Postural control

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2132>

EW0263

Patients with severe schizophrenia. functioning improvement after 7-year of comprehensive treatment

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Introduction To reach not only clinical but also rehabilitation (especially to improve psychosocial functioning) goals in people with schizophrenia is a need.

Objective To know the retention in treatment and functional outcomes of patients with severe schizophrenia enrolled in a specific and comprehensive programme for 7 years.

Method A 7-year prospective, observational study of patients with severe schizophrenia (CGI-S of 5 or over) undergoing comprehensive programme ($n=200$). Assessment included at the beginning and after 3, 6, 12, 24, 36 and 84 months: the CGI-S, the Camberwell Assessment of Needs (CAN) and the WHO-DAS. Time in treatment, reasons for discharge, laboratory tests, weight, medications, adverse effects and hospital admissions in the previous six years and during the follow-up were registered.

Results CGI at baseline was 5.9 (0.7). After seven years, 44% of patients continued under treatment (CGI=4.3 (0.8); $P<0.01$); 36% were medical discharged (CGI=3.4 (1.5); $P<0.001$); WHO-DAS decreased in the four areas ($P<0.005$) and also CAN ($P<0.01$); 8% were voluntary discharges. Ten patients dead; three of them committed suicide (1.5%). Hospital admission decreased significantly ($P<0.001$), and also antipsychotic combinations and antiparkinsonian medications. Fifty-five percent of all of them were treated with atypical long-acting antipsychotics, with good tolerability and few side effects (among them, only 4% were voluntary discharges).

Conclusion Retention of patients with schizophrenia with severe symptoms and impairment in a specific and comprehensive programme was really high. Such good treatment adherence helped to get remarkable clinical and functional improvement. Long-acting medication seemed to be useful in improving treatment adherence.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2133>

EW0264

Extrapyramidal side effects and functional remission in schizophrenia

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Treating patients with schizophrenia has evolved towards including, as an effective goal, their functional remission. Beyond the discrepancies in this concept definition, a plethora of studies has been conducted trying to identify predictors of functioning in schizophrenia. Among which antipsychotic prescription and related side effects.

Aim Explore extrapyramidal side effects link with functional prognosis of patients with schizophrenia spectrum disorder.

Methods We conducted a cross-sectional, retrospective and descriptive study in the psychiatry department "C", in Razi hospital (Tunis), between October 2014 and March 2015. Sixty patients suffering from schizophrenia spectrum disorder (DSM IV-R) were included. Functional status was explored with the Global Assessment of Functioning Scale (GAF), the Social and Occupational Functioning Assessment Scale (SOFAS) and the Social Autonomy Scale (EAS). Extrapyramidal side effects (EPS) were evaluated using the Simpson and Angus Rating Scale (SAS).

Results Functional remission was achieved according to GAF, SOFAS and EAS in respectively: 63,30%, 48,30% and 51,70% of the patients. SAS mean score was 0.898 ± 0.29 (0.4–2). Although SAS showed no significant association with GAF, SOFAS and EAS global scores, patient with less EPS had better autonomy in EAS' dimension "Relationship with the outside" ($P=0.048$).

Conclusion EPS may influence functional remission at several levels starting from the neurobiological to the social stigmatization and the treatment adherence levels. Further research in this matter is required.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2134>

EW0265

Concomitant psychotropic medications and functional remission in schizophrenia patients

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Along with the rise of symptomatic and functional remission concepts in schizophrenia, multiple aspects of the disease treatment have been explored in their link to vocational prognosis. Although antipsychotics are the corner stone treatment, monotherapy is seldom. In fact, concomitant psychotropic medications (CPM) use during treatment of schizophrenia has dramatically increased worldwide.

Aim To examine whether concomitant psychotropic medications use is associated to functional remission in schizophrenia patients.

Methods A cross-sectional, retrospective and descriptive study was conducted in the psychiatry department "C", in Razi hospital (Tunis), between October 2014 and March 2015. Sixty patients suffering from schizophrenia spectrum disorder (DSM IV-R) were included. Functional status was explored with the Global Assessment of Functioning Scale (GAF), the Social and Occupational Functioning Assessment scale and the Social Autonomy Scale (EAS). Sociodemographic and therapeutic characteristics have been collected during a semi-structured interview.

Results Rates of functional remission were respectively: 63.30% at the GAF scale, 48.30% at the SOFAS and 51.70% at the SAS. Antipsychotics were prescribed alone in more than half patients (56.70%), mood stabilizers in 40% and antidepressants in 1.7% of the cases. Benzodiazepines were prescribed in 40% of the patients. There was no association between CPM use and functional remission, using three scales (GAF: $P=0.091$; SOFAS = 0.125; EAS = 0.728).

Conclusion Largely used, concomitant psychotropic medications can increase side effects, cause drug interactions, escalate treatment costs, and lead to non-adherence. That is said, their therapeutic effectiveness should be thoroughly investigated, aiming to recovery not only symptoms control.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2135>

EW0266

Functional connectivity of the ventral tegmental area and avolition in schizophrenia: A resting state functional MRI study

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Introduction Impaired motivation is considered a fundamental aspect of the Avolition domain of negative symptoms. The ventral

tegmental area (VTA) contains the highest number of DA neurons projecting to the brain areas involved in motivation-related processes.

Aim The aim of our study was to investigate by functional MRI the resting-state functional connectivity (RS-FC) of the VTA in patients with schizophrenia and its relationships with real-life motivation and avolition.

Method The RS-FC was investigated in 22 healthy controls (HC) and in 26 schizophrenia patients (SCZ) treated with second generation antipsychotics only and divided in high (HA = 13) and low avolition (LA = 13) subgroups. We used the Quality of Life Scale and the Schedule for the Deficit Syndrome to assess real-life motivation and avolition, respectively.

Results HA, as compared to LA and HC, showed a reduced RS-FC of VTA with the right ventrolateral prefrontal cortex (R VLPFC), right posterior insula (R pINS) and right lateral occipital cortex (R LOC). The RS-FC for these regions was positively correlated with motivation in the whole sample and negatively correlated with avolition in schizophrenia patients.

Conclusion Our findings demonstrate that motivational deficits in schizophrenia patients are linked to reduced functional connectivity in the DA circuit involved in retrieval of the outcome values of different actions to guide behavior. Further characterization of the factors modulating the functional connectivity in this circuit might foster the development of innovative treatments for avolition.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2136>

EW0267

The impact of cannabis in the early stages of schizophrenia: A 3-year longitudinal study on cannabis influence on relapse rates

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Introduction The first five years after the onset of a first episode of psychosis (FEP) are crucial for long term outcome. In this period, the risk of relapse is particularly high. Consequences of relapse include an increased risk of neurotoxicity, chronicity, hospitalization, decreased response to treatment, increased economic burden and functional impairment.

Objectives To discern the influence of cannabis on relapse as it may contribute to adopt specific measures in patients during early stages of the illness.

Material and methods PAFIP is an early intervention program for patients with a FEP. Between January 2005 and January 2011, 163 patients were recruited for this study. They were followed-up during 3 years at intervals of three months. The sample was divided into three groups: (1) those non-cannabis users neither before the FEP nor during follow-up (nn), (2) consumers before the FEP and during follow-up (ss) and (3) consumers before the FEP that gave up consumption during follow-up (sn).

Results No statistically significant differences between the three groups were observed but a trend ($P=0.057$) towards a more enduring survival in Group 3 (sn). (Kaplan–Meier curve and detailed Log Rank Test results will be included in the final poster).

Conclusions Cannabis has a detrimental effect on schizophrenia. The interruption of its use could contribute to improve the outcome of the disease, as the results of our study suggest.