Conclusions Obsessive symptoms could be presented as a part of schizophrenia. Clozapine could worsen this symptoms and it is necessary to adjust its dose to the minimum effective dose.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1138

Treatment of schizophrenia with aripiprazole may contribute to improved functions

A. Björner[1,*], N. Erixon-Lindroth[2], S. Öberg Jansdotter[3], A. Flatla[4]
[1] *Gothenburgh, Sweden*
[2] *Otsuka Pharmaceuticals, Scandinavia, Stockholm, Sweden*
[3] *Bristol-Myers Squibb at time of study, Stockholm, Sweden*
[4] *Bristol-Myers Squibb, Oslo, Norway*
[*] *Corresponding author.*

Introduction The goals with modern treatment of schizophrenia are to achieve remission of clinical symptoms, prevent relapse, and to restore the patients' functions.
Objectives/aims The objective of this study was to investigate the impact of treatment with the partial dopamine agonist aripiprazole on functions, measured as time spent for work or studies, in patients with schizophrenia or schizoaffective disorder.
Methods Retrospective data on employment and study activities were collected for all patients between 18–65 years with schizophrenia or schizoaffective disorder at an open care psychosis clinic in Sweden ($n = 104$). Possible impact of treatment with aripiprazole and of other variables, such as age, gender, and disease severity, was analysed.
Results Among patients who worked or studied at Day of admission ($n = 36$), the probability of maintaining or increasing time for work or studies was significantly higher in patients treated with aripiprazole compared with patients who were not (88% versus 53%; $P = 0.020$). This difference remained significant after controlling for severity of symptoms, age and sex. A secondary analysis, including all patients (independent of work or study status at Day of admission) also showed a significant difference in favour of aripiprazole (53% versus 26%, $P = 0.005$).
Conclusions The results indicate that patients treated with aripiprazole (monotherapy or add-on) have higher probability of maintaining functional capacity. A plausible explanation might be aripiprazole's favourable effect on cognitive functions.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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A comprehensive systematic screening protocol for assessment of medical comorbidities in schizophrenia

P. Bucci[1,*], E. Durante Mangoni[2], P.C. Pafundi[2], S. De Simone[1], U. Malgeri[2], A. Mucci[1], S. Galderisi[1], M. Maj[1]
[1] *University of Naples SUN, Department of Psychiatry, Naples, Italy*
[2] *University of Naples SUN, Internal Medicine Section, Department of Cardiothoracic Sciences, and Division of Infectious and Transplant Medicine, Naples, Italy*
[*] *Corresponding author.*

Introduction Difficult access and low quality of health care are recognized as factors that may account for the excess deaths widely reported in patients with schizophrenia. As a matter of fact, psychiatrists not always possess adequate competences in the assessment of physical health, while non-psychiatric physicians receive little training in psychiatry and are not prepared to take care of subjects with severe mental illnesses.
Objectives We present a comprehensive and systematic algorithm for screening medical comorbidities, conceived to be easy to use for psychiatrists, after a brief training.
Aims The study is aimed to implement an instrument for proper detection and management of physical illnesses in people with schizophrenia.
Methods The screening protocol, developed by internal medicine specialists, was applied to 15 subjects in two independent assessments, one performed by trainees in psychiatry, after a brief training, and one carried out by one specialist and two trainees in internal medicine. The analysis of the inter-rater reliability was carried out by calculating the Cohen's kappa coefficient and the intraclass correlation coefficient as appropriate.
Results The agreement among raters resulted excellent for 61% of items, good for 17%, moderate for 18% and scarce for 4%. The few items showing scarce inter-rater reliability were excluded. The final algorithm is being tested for feasibility in psychiatric settings.
Conclusions The proposed screening protocol resulted in a suitable tool, showing moderate to excellent inter-rater reliability, that can be used in clinical practice by psychiatrists after a brief training.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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Internalized stigma, negative symptoms and global functioning in schizophrenia

O.O. Capatina[*], I.V. Miclutia
University of Medicine and Pharmacy "Iuliu Hatieganu" Cluj-Napoca, Neuroscience Psychiatry, Cluj-Napoca, Romania
[*] *Corresponding author.*

Introduction Negative symptoms (NS) of schizophrenia were usually described as a unitary construct and as a separable domain of pathology; however recent studies suggest, that they encompass 2 separable domains: Diminished Expression (DE) and Avolition-Apathy (AA). Research into the relationship between internalized stigma and NS have yielded mixed results up to present.
Objective The objectives of this study was to assess the factor structure of NS and to examine the relationship between these factors and internalized stigma, global functioning and sociodemographic characteristics.
Aims The broad aim of this study was to gather greater understanding of the relationship between internalized stigma, NS and global functioning.
Methods A sample of 50 consecutive subjects were recruited from outpatient psychiatric hospitals meeting the criteria for schizophrenia according to ICD-10. The patients were evaluated using the Positive and Negative Symptoms Scale (PANSS), Negative Symptoms Assessment-16 items (NSA-16), Global Assessment of Functioning (GAF), Clinical Global Impression-Severity Scale (CGI-s), Internalized Stigma of Mental Illness Scale (ISMI) and were interviewed to assess sociodemographic characteristics.
Results A two-factor structure for the domain of NS was found: an AA and DE profile group. AA and DE subgroups significantly differed on clinically relevant external validators and greater resistance to stigma is related to both fewer AA and DE symptoms in people with schizophrenia.
Conclusions Our findings suggest that the different subdomains of NS can be identified within the broader diagnosis of schizophrenia and that they should be analyzed as distinct domains and that stigma resistance can be a possible intervention target to ameliorate NS.

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EV1143

Hypergraphia: Illustrating clinical pictures

L. Carvalhão Gil*, A. Ponte, J. Gama Marques
Centro Hospitalar Psiquiátrico de Lisboa, Psychiatry, Lisboa, Portugal
* *Corresponding author.*

Introduction Hypergraphia is an extensive writing tendency sometimes coupled with hyperreliogiosity and atypical sexuality, completing a syndrome described by Waxman and Geschwind in 1975 during interictal phases of patients with temporal lobe epilepsy. Nevertheless, it may arise from any temporolimbic lesion, usually in the right hemisphere, in contrast to the schizophreniform psychosis more often seen in left-sided lesions.
Objective A review on the lateralizing significance of temporolimbic lesions, highlighting the (un)specificity of hypergraphia, after a case report concerning a patient with both hypergraphia and schizophreniform psychosis.
Methods Analyse patient's clinical records and PubMed review, using hypergraphia, epilepsy and psychosis as keywords.
Results We report a 74-year-old male admitted due to aggressiveness. The patient had a traumatic brain injury in his 20s with secondary left temporal epilepsy. He lived in a psychiatric asylum, for almost 40 years, with the diagnosis of schizophrenia, showing fluctuant atypical sexual behavior. After being transinstitutionalized to community nursing-home he developed meningoencephalitis, leading to medication change and behavior relapse. He showed viscosity, circumstantiality, soliloquy, euthymic mood and normal cognition. He wrote profusely, e.g. lists of various categories and letters to eminent clerics and politics. His diary was scanned for illustrative purpose.
Conclusions Hypergraphia is an uncommon but easy to find symptom that deserves the full attention of the clinician, especially in the differential diagnosis between schizophreniform psychosis and temporal epilepsy.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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Schizencephaly and psychosis: A case report

L. Carvalhão Gil*, A. Ponte
Centro Hospitalar Psiquiátrico de Lisboa, Psychiatry, Lisboa, Portugal
* *Corresponding author.*

Introduction Schizencephaly is a rare malformation of the central nervous system, a congenital disorder of cerebral cortical development resulting in the formation of abnormal unilateral or bilateral clefts in the cerebral hemispheres that extends from the pial surface to the ventricle. It often manifests with partial seizures, mental retardation and hemiparesis.
Objective To illustrate a rare case of association between psychosis and schizencephaly and the implication of this association for understanding the biology of the psychosis.
Methods A literature search was performed on PubMed database using the key words schizencephaly, psychosis, brain diseases and retrieved papers were selected according to their relevance. The patient clinical record was reviewed.
Results The authors report a case of a 59-year-old male admitted into a psychiatric hospital with insomnia, disorganized behavior probably secondary to auditory hallucinations and mystic delusions. He also reported epilepsy and strabismus in his right eye since his childhood and right facial paresis. A head CT scan revealed a left deep cortico-ventricular parieto-occipital communication corresponding to schizencephaly.
Conclusions Considering the theory that schizophrenia is associated with abnormal brain development, this case report may provide an example of a neurodevelopment abnormality that manifests as psychosis.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1145

The evolution of emotional intelligence in schizophrenia: A comparative study of two groups at different times of the disorder

E. Chapela[1,*], J. Quintero[1,2,3], I. Morales[3], M. Félix-Alcántara[1], J. Correas[2,4], J. Gómez-Arnau[4]
[1] *Hospital Universitario Infanta Leonor, Psychiatry, Madrid, Spain*
[2] *Fundación Psiformación, Psychiatry, Madrid, Spain*
[3] *Psikids, Psychiatry, Madrid, Spain*
[4] *Hospital del Henares, Psychiatry, Madrid, Spain*
* *Corresponding author.*

Introduction People with schizophrenia show changes in the skills related to emotional intelligence, but little is known about the clinical course of these deficits. Few studies have examined the evolution of emotional intelligence in schizophrenia patients.
Objective To increase knowledge about emotional intelligence deficits in schizophrenia and to study its clinical course and factors related, with particular interest in neurocognitive deficits.
Aims To compare emotional intelligence and other clinical and neurocognitive data in patients with schizophrenia in a different moment of evolution.
Methods Twenty-five patients with schizophrenia for up to 5 years of evolution were compared to 24 patients with schizophrenia for more than 5 years of evolution. The assessment protocol consisted of a questionnaire on socio-demographic and clinical-care data, and a battery of assessment scales, including MSCEIT for emotional intelligence.
Results Both groups show a deterioration of emotional intelligence. Schizophrenia patients over 5 years of evolution have worse performance in emotional intelligence test that schizophrenic lower evolution. In the schizophrenia group of up to 5 years of evolution, none variables correlate with emotional intelligence. In the schizophrenia group of more than 5 years of evolution, there were moderate negative correlations with the severity of symptoms and depressive symptoms, and moderate correlation of positive sign with functionality, but none of the neurocognitive assessment scales.
Conclusions There are arguments for the existence of a progressive deterioration of emotional intelligence in schizophrenia. This deficit in emotional intelligence in schizophrenia appears to be present from the first years of the disease.
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EV1147

Integrated treatment in schizophrenia: A psychodynamic approach

M. Cianciulli[1], L. Ciampa[2,*], F. Gucci[2]
[1] *ASL Napoli 1centro, Psychiatrist Department of Mental Health, Naples, Italy*