

with delusions was associated with the other dimensions, excepting for empowerment with negative symptoms (which in turn was not associated significantly with any dimension). Empowerment regarding hallucinations and with disorganization were only associated with empowerment with delusions, which was also associated with anxiety symptoms ( $r = -.52, P = .016$ ).

**Conclusions** The EWPSS presented adequate reliability and validity. Further studies intended to explore the factorial structure of the EWPSS are under development.

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

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## EW0502

### Audit on prescribing practice of depot antipsychotic injections in the adult community mental health service

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**Introduction** There are a number of good standard practices available for prescribing long acting antipsychotics. Adherence to these guidelines will minimise any harm to the service users.

**Aims** To compare depot antipsychotic prescribing practice with good standard practice guidelines of BNF, Trust and Maudsley guidelines.

**Objectives** To compare practice with standards in the areas of:

- licensed indication;
- dose/frequency range;
- avoiding poly-pharmacy;
- regular review of clinical and side effects.

**Methods** Case notes of a randomly selected sample of 30 patients from the depot clinic at the City East Adult Community Mental Health Team Leicester, UK were retrospectively investigated. The data collected was analysed and the results were produced. Compliance with the best practice guidelines was calculated and recommendations made based on the findings.

**Results** One hundred percent compliance was noticed in licensed indications and dose/frequency within BNF range. However, 14% patients received poly-pharmacotherapy, 86% had regular outpatient review, but only 46% had review of side effects.

**Conclusions** Better quality of documentations by the clinicians, improvised technology to elicit automatic review reminders, introduction of checklist for clinics to include review of all clinically important information, wider dissemination of the findings of this investigation, and re-auditing practice to explore impact of this investigation was recommended.

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

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## EW0503

### The role of cannabinoids in schizophrenia: Where have we been and where are we going?

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**Introduction** Several studies have shown that both endocannabinoid system (ECS) and synthetic cannabinoids (SC) might be involved in schizophrenia.

**Objectives** To review recent literature on the role of cannabinoids in schizophrenia. The review includes the evidence of cannabis use as a risk factor for the development of schizophrenia, but also the preliminary evidence for the use of cannabinoid-based compounds in the treatment of psychosis.

**Methods** The authors made an online search on PubMed for clinical trials and reviews published in the last 12 months, using the keywords: “cannabinoids”, “endocannabinoids”, “phytocannabinoids” and “schizophrenia”.

**Results** The use of *Cannabis sativa* is associated with increased risk of developing psychotic disorders, including schizophrenia, and earlier age at onset of psychosis.  $\Delta 9$ -Tetrahydrocannabinol (THC) has multiple actions in the brain development, including impairment of neuroplasticity, dysregulation of dopamine and glutamate signaling, and, possibly, neurotoxicity. The ECS has been implicated in psychosis both related and unrelated to cannabis exposure. Cannabinoid receptors type 1 (CB1 R) and type 2 (CB2 R), as well as the endogenous ligand N-arachidonylethanolamine (AEA) and 2-arachidonylglycerol (2-AG) levels, are most likely to be involved in the pathophysiology of this disorder. On the other hand, the antipsychotic effects of some cannabinoids have been investigated in recent studies. Cannabidiol (CBD) and  $\Delta 9$ -tetrahydrocannabivarin (THCV) may have therapeutic potential for the treatment of psychosis.

**Conclusions** Emerging evidence suggests an important role of ECB system and SC on schizophrenia. On the other hand, recent studies have shown some phytocannabinoids might represent therapeutic promises in this disorder.

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

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## EW0504

### Impact of environmental influence and vulnerability to stress in the development of first psychotic episode

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**Introduction** Some findings in patients with first psychotic episode (FEP) could be related to alterations of stress responses. Alterations of stress response are reflected in the alterations of the HPA axis.

**Objective** To assess the difference in stress response in FEP patients and healthy controls as well as implications of environment to vulnerability to psychosis.

**Aim** To assess endocrine and autonomic responses to acute psychosocial stress, their associations with onset of the first psychotic episode as well as the influence of the environmental factors.

**Methods** We have assessed clinical status through clinical psychiatric interviews, standardized psychiatric scales and validated psychological scales, (LEQ, WHOQOL-BREF, PBI, Rosenberg) in 45 subjects with FEP and 50 age and gender matched controls. All participants were then exposed to the Trier Social Stress Test (TSST).

**Results** Our preliminary findings on a sample of 95 participants indicate a differences between patients and controls in salivatory