

EV1178

Implications of immunity and inflammation in schizophrenia and related psychotic disorders

J. Perestrelo*, D. Mota, A. Coutinho, M. Santos, G. Lapa
 Centro Hospitalar de Vila Nova de Gaia/Espinho, Psychiatry, Porto, Portugal

* Corresponding author.

Introduction Intricate interactions between the immune system and the brain might have important etiological and therapeutic implications for neuropsychiatric brain disorders. A probable association between schizophrenia and the immune system was postulated over a century ago, and is supported by epidemiological and genetic studies pointing to links with infection and inflammation.

Objective To describe some important areas of research regarding immune response in schizophrenia and related psychotic disorders and discuss potential mechanisms and therapeutic implications of these findings.

Aims Associations between immune response, inflammation and schizophrenia and related psychotic disorders are reviewed.

Methods A literature review of the theme is surveyed. Several articles were searched on MEDLINE with the keywords: schizophrenia, psychosis, inflammation, immunity, infection.

Results Schizophrenia is a multifactorial disease. It is associated with multiple genetic loci that confer risk, in addition to developmental and postnatal risk factors. Antipsychotic-naïve first-episode psychosis and acute psychotic relapse seems to be associated with increased serum concentrations of interleukin 6 and other proinflammatory cytokines, which are normalized after remission of symptoms with antipsychotic treatment.

Conclusions Inflammation and immune dysfunction might contribute to cognitive, negative, and positive symptoms in schizophrenia. Identification of specific inflammatory pathways for neuropsychiatric symptoms would provide novel targets for therapeutic intervention.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2163>

EV1180

LAI versus oral antipsychotic maintenance treatment of schizophrenia: A case-control study on subjective experience of treatment

F. Pietrini^{1,*}, M. Spadafora¹, L. Tatini¹, G.A. Talamba¹, E. Burchi¹, E. Calderani¹, S. Gemignani¹, L. Mallardo¹, C. Andrisano², G. Boncompagni³, M. Manetti⁴, A. Ballerini¹, V. Ricca¹

¹ University of Florence, Department of Neuroscience, Psychology, Drug Research and Child Health, section of Neuroscience, Florence, Italy

² University of Bologna, Department of Biomedical and Neuromotor Sciences, Bologna, Italy

³ Local Health Trust of Bologna, Department of Mental Health and Substance Abuse, Bologna, Italy

⁴ Campo del Vescovo Union, Therapeutic Psychiatric Community, La Spezia, Italy

* Corresponding author.

Introduction Limited research has been devoted to the subjective impact of switching antipsychotic maintenance treatment (AMT) from oral to LAI formulation in schizophrenia.

Objective To compare LAI AMT with oral AMT in terms of subjective experience of treatment, taking into account the effects on psychopathology.

Methods Twenty outpatients (7 males, mean age 40.55 ± 11.00 years) with remitted schizophrenia treated with either olanzapine or paliperidone and switching from oral to LAI AMT were recruited before the switch (LAI-AMT group). A group of 20 remitted schizophrenic subjects with oral AMT and matched for the main socio-demographic, clinical and treatment variables made up the controls (oral-AMT group). All participants were assessed by means of the PANSS and of the SWN-K at baseline (T0) and after 6 months (T1).

Results Between T0 and T1, general psychopathology of the PANSS and all but one of the SWN-K dimensions (except for “social integration”), showed significantly higher percent improvements in the LAI-AMT group compared to the oral-AMT group. After 6 months (T1), the LAI-AMT group showed significantly lower PANSS total and general psychopathology scores, as well as higher mean score of perceived “mental functioning” compared to the oral-AMT group. Item analysis of the general PANSS at T1 showed significant differences between the two groups in anxiety, tension, depression, guilt feelings, poor attention, and active social avoidance.

Conclusions Our data on switching from oral to LAI AMT in remitted schizophrenia suggest a better efficacy of the latter in terms of improvement of general psychopathology and subjective experience of treatment.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2165>

EV1181

LAI versus oral antipsychotic treatment of schizophrenia: A 12-month prospective study on patient's attitude towards treatment and quality of life

F. Pietrini*, A. Ballerini, I. Burian, B. Campone, F. Chiarello, E. Ciampi, E. Corsi, N. Ferruccio, M. Moneglia, L. Poli, A. Santangelo, S. Spitoni, V. Ricca

University of Florence, Department of Neuroscience, Psychology, Drug Research and Child Health, section of Neuroscience, Florence, Italy

* Corresponding author.

Introduction It is still a matter of debate whether LAI antipsychotics are able to significantly improve patient's attitude towards treatment.

Objective The aim of this 12-month observational study was to investigate the impact of switching antipsychotic treatment from oral to LAI formulation on patient's attitude towards treatment and quality of life.

Methods A total of 41 schizophrenic patients (25 males, mean age 42.10 ± 11.88 years) were recruited. Patients were expected not to need significant changes in concomitant treatments. All patients were under a stabilized therapy with a single oral antipsychotic (either olanzapine or paliperidone) and were switched to the equivalent maintenance regimen with the long-acting formulation of the same antipsychotic (olanzapine pamoate or paliperidone palmitate). Patients were assessed before the switch (T0), and after 6 (T1) and 12 months (T2) of LAI antipsychotic treatment by means of the YMRS, MADRS, PANSS, DAI-10 and SF-36.

Results Our data evidenced an overall significant improvement of psychopathology, adherence and quality of life over the 12-month period (T0 vs. T2). In particular, while all of the measures significantly improved in the first semester (T0 vs. T1), only YMRS, positive PANSS and DAI-10 improved both in the first and in the second semester (T1 vs. T2), indicating an additional advantage of a prolonged LAI treatment on these clinical dimensions.

Conclusions The switch from oral to long-acting antipsychotic treatment may provide considerable advantages in improving patient's attitude towards (and therefore adherence to) treatment.

Part of this improvement could be related with a better efficacy on psychopathology and quality of life.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2166>

EV1183

Catatonic schizophrenia vs anti-NMDA receptor encephalitis – A video case report

A. Ponte^{1,*}, J. Gama Marques¹, L. Carvalhão Gil¹, C. Nobrega², S. Pinheiro³, A. Brito³

¹ Centro Hospitalar Psiquiátrico de Lisboa, Psychiatry, Lisbon, Portugal

² Centro Hospitalar Psiquiátrico de Lisboa, Neurology, Lisbon, Portugal

³ Hospital de Santo António dos Capuchos, Internal Medicine, Lisbon, Portugal

* Corresponding author.

Introduction Anti-N-methyl-D-aspartate receptor (anti-NMDAR) encephalitis is a treatable autoimmune disease of the CNS with prominent neuropsychiatric features that primarily affects young adults and children.

Objective To present the diagnosis course of a case of anti-NMDAR encephalitis in a patient with previous diagnosis of Schizophrenia.

Methods Analysis of the patient's clinical records and of a PubMed database review, using "anti-NMDAR encephalitis" as keywords.

Results We report a single case of a 33-year-old man diagnosed with Paranoid Schizophrenia in 2009 that after 1 year of treatment abandoned follow-up. Six years later, the patient presented to the psychiatric emergency department with persistent headaches, abnormal behavior and loss of motor skill. He was admitted to the psychiatric ward with a presumptive diagnosis of "Catatonic Schizophrenia" and began to manifest fluctuating catatonic symptoms (captured in video). Neuroleptics and benzodiazepines were tried without success. There was a clinical deterioration with autonomic dysfunction, breathing instability and seizures. Complementary exams revealed: EEG with slow base activity; brain MRI with right temporal pole and right frontobasal lesions compatible with head trauma; CSF with pleocytosis; and positive anti-NMDAR antibodies. Occult neoplasm was excluded. Treatment with high-dose steroids, intravenous immunoglobulins, followed by cyclophosphamide resulted in relevant clinical improvement.

Conclusions As early detection of antibodies may allow for earlier treatment of anti-NMDAR encephalitis, which is associated with better outcomes, we believe the present case underscores the importance of clinicians maintaining vigilance for neuropsychiatric symptoms that have not adequately responded to therapy.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2168>

EV1184

Study of the contributory factors to metabolic abnormalities in resistant schizophrenia

S. Ramos Perdigués^{1,*}, A. Mane Santacana², P. Salgado Serrano², E. Jove Badia³, X. Valiente Torrelles³, L. Ortiz Sanz³, J.R. Fortuny Olive³, V. Perez Sola², F. Dinamarca³

¹ Nuestra Señora de Jesus, Spain

² Hospital del Mar, Psychiatry, Barcelona, Spain

³ Centre Dr. Emili Mira, Psychiatry, Santa Coloma de Gramanet, Spain

* Corresponding author.

Introduction Schizophrenia is a developmental disorder that includes non-psychiatric abnormalities [2]. Metabolic abnormalities prior to antipsychotic treatment exist. The clozapine metabolic profile causes clozapine underuse in resistant schizophrenia [1].

Objectives To correlate metabolic profile with psychiatric severity and compare the correlations between clozapine/non-clozapine patients.

Aims To determine possible contributory factors to metabolic abnormalities in schizophrenia.

Methods We cross-sectionally analyzed all patients from a Spanish long-term mental care facility ($n=139$). Schizophrenic/schizoaffective patients were selected ($n=118$). $N=31$ used clozapine. We paired clozapine and non-clozapine patients by sex and age and assessed metabolic and psychopathologic variables.

We compared psychopathologic variables between patients with/without cardiometabolic treatment and the differences between clozapine/non-clozapine groups.

Results We analyzed: 27 clozapine/29 non-clozapine patients. A total of 67,9% males with a mean age of 51.3 (SD 9.6) years. In the whole sample TG negatively correlated with Negative-CGI ($r: -0,470, P: 0.049$) and HDL-cholesterol correlates with Global-CGI ($r: 0,505, P: 0.046$). Prolactin correlated with the number of antipsychotics ($r: 0.581, P: 0.023$) and IMC ($r: 0.575, P: 0.025$). Clozapine group took less antipsychotics [Fisher ($P: 0.045$)] and had higher scores in total BRPS scale [t -Student ($P: 0.036$)]. They did not use more cardiometabolic treatment. There were no psychopathological differences between cardiometabolic treated/non-treated patients. In the non-cardiometabolic treated group ($n=35/62,5\%$), IMC negatively correlated with positive and total BRPS, positive, cognitive and global-CGI. We found negative correlations between metabolic parameters and psychopathology in clozapine (40%) and non-clozapine subgroups (60%). In the cardiometabolic treated group ($n=21/37,5\%$), we did not find these correlations in either of clozapine (61.9%) or non-clozapine (38.1%) subgroups.

Conclusions Severity [2], prolactine [3] and treatment [1] could play a role in metabolic parameters. In our sample we found negative correlations between psychopathological and metabolic parameters.

References not available.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2169>

EV1185

Awareness of illness and psychosis

R. Remesal Cobrerros^{1,*}, R. Alonso Díaz², E. Cortázar Alonso², M. Andrés Villa³

¹ Hospital Juan Ramón Jiménez, Salud Mental, Aljaraque-Huelva, Spain

² Hospital Juan Ramon Jimenez, Salud Mental, Huelva, Spain

³ Universidad de Huelva, Psicología, Huelva, Spain

* Corresponding author.

Introduction One of the characteristics of Karl Jaspers approach to clinical practice was the importance he gave to the subjective experience by the patient. Patient's self-observation is one of the most important sources of knowledge of the psychic life of the patient. The lack of awareness of illness is quite common in psychotic spectrum.

Aim The aim of this paper was to examine and compare a group of patients diagnosed with psychosis disorder with another group with other mental disorders, in relation to their mental and emotional suffering,

Sample The sample was composed by 118 subjects with both sexes. It was divided into two groups: patients with a diagnosis of psychotic disorder and another one with other mental disorders.