Methods A total of 984 patients meeting the DSM-IV criteria for schizophrenia who switched their antipsychotics to be paliperidone ER were recruited from 61 sites in five countries in Southeast Asia. We assessed patients in terms of demographic profile, sleep quality and daytime drowsiness as visual analog scale.
Results Patients in our studies received paliperidone ER treatment for 6 months. About 70% completed the treatment. Sleep quality and also daytime drowsiness were significantly increased in patients compared with their baseline. The predictive factors that have effect on sleep profile improvement were completion of the study and baseline PANSS score.
Conclusion Patients receiving paliperidone ER were found to have improvement in sleep quality and also improvement in daytime drowsiness, especially in patients within completion group and the higher baseline PANSS score.
Disclosure of interest The author has not supplied his/her declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.02.106

EW0493

Measuring motivation in patients with schizophrenia with apathy evaluation Scale (AES). Pilot study of the Russian version

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Introduction Reduction of mental productivity and motivation in patients with schizophrenia is one of the core features of negative symptoms of schizophrenia spectrum disorders. Lack of motivation affects social functioning and outcomes, reduces effects of psychosocial treatment and rehabilitation.
Objectives To research AES abilities in measuring motivation in patients with schizophrenia spectrum disorders. The aim of the study was to investigate correlations of Russian translation of clinician-rated and self-rated versions with PANSS amotivation subscale and negative subscale items.
Methods Fifty patients with schizophrenia spectrum disorders were recruited to participate in the study and were assessed with PANSS, AES-C and AES-S by trained raters. Only patients in "stabilized" state that met inclusion criteria of PANSS total score ≤ 80 points were eligible for consecutive AES assessment.
Results Overall, moderate positive correlations were established between AES-C and PANSS amotivation subscale N2 and N4 items, N6 item and total PANSS negative subscale. No significant correlations with G16 item were registered. AES-C and AES-S versions also showed positive Spearman correlations ($r = 0.43$; $P < 0.05$), while no correlations between AES-S and amotivation PANSS items were registered.
Discussion Moderately strong correlations between AES-C and PANSS N2, N4 and N6 items show feasibility of AES-C version in terms of measuring motivation in patients with schizophrenia spectrum disorders. Results of AES-S analysis demonstrate certain problems in patients' abilities in self-assessing motivation. Patients with prevailing paranoid syndrome showed poorer results in AES-S scores.
Conclusions AES-C is a sensitive psychometric tool with good properties in measuring amotivation in patients with schizophrenia.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.02.107

EW0494

Efficacy and quality of life in patients with schizophrenia and schizoaffective disorders treated with long-acting paliperidone palmitate: A naturalistic longitudinal study

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Introduction Intramuscular paliperidone palmitate (PP) is a long-acting, atypical antipsychotic for ntramuscular (IM) administration in the treatment of patients with schizophrenia.
Objective To study efficacy and quality of life in patients with schizophrenia and schizoaffective disorders treated with long-acting paliperidone palmitate.
Method A non-randomized, prospective naturalistic study was performed in out-patients with schizophrenia and schizoaffective disorder unsuccessfully treated with oral antipsychotics. Efficacy of PP over time was evaluated by using BPRS 24-items (Brief Psychiatric Rating Scale) Quality of life was evaluated by the QL-Index (Quality of life Index) at T0 and at most recent visit (T1).
Results Data were available for 16 outpatients consecutively prescribed PP and naturalistically treated attending at the Psychiatric Clinic, University of Sassari. Patients were predominantly male ($n = 9$; 56.2%), with schizophenia ($n = 10$; 62.5%). Three patients dropped out (18.8%). Mean time on PP treatment was 870.0 days (sd 217.02) at a mean PP maintenance dose of 97.82 ± 37.17 mg eq. BPRS mean total score at T0 was 55 (sd 14.5) and at T1 was 44.8 (sd 11.8). Ql-Index mean total score was 5 (sd 1.6) at T0 and 7.2 (sd 2.4) at T1. Paired sample test showed a statistically significant difference in deacreasing symptoms at BPRS over time ($P = 0.009$) and in improving Quality of life at QL-Index ($P = 0.017$). The analyses showed a significant improving at the following BPRS sub-items: Depression ($P = 0.021$), Hostility ($P = 0.022$), Suspiciousness ($P = 0.005$), Hallucinations ($P = 0.050$), Unusual thought content ($P = 0.029$), Self-neglet ($P = 0.028$), Conceptual disorganization ($P = 0.044$), Emotional withdrawal ($P = 0.028$) and Distractibility ($P = 0.014$).
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.02.108

EW0495

A randomized single-blind placebo controlled trial of memantine, as addjunctive therapy for treatment of negative symptoms of paranoid schizophrenia

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This study analyses the efficiency of memantine–an antagonist of N-methyl-D-aspartate receptors–as adjunctive therapy for the treatment of negative symptoms of paranoid schizophrenia. Fifty-two patients (30 males; age 20–50 years) were included with the diagnosis of F20.014 and F20.024 according to the international classification of diseases (version 10). The patients had been receiving neuroleptic monotherapy with a fixed dose for a period of at least 4 weeks prior to randomization. Clinical data were collected 8 weeks after memantine had been introduced as part of the treatment regimen. A patient was considered as responding to treatment if they:

https://doi.org/10.1016/j.eurpsy.2017.02.109 Published online by Cambridge University Press

– scored 1-2 on the Clinical Global Impression Scale;
– showed a greater than 25% reduction of the total score on the Positive and Negative Syndrome Scale (PANSS) or a greater than 20% reduction on the negative subscale of PANSS.
Forty-seven patients were randomized: treatment group (neuroleptic + memantine, $n = 24$), control group (neuroleptic + placebo, $n = 23$); 44 patients completed the study. Neither memantine nor placebo led to a reliable decrease of negative symptoms, and the groups did not differ from each other. Future studies should pay more attention not only to the treatment of already formed negative and cognitive symptoms, but the prevention of their occurrence. Including through antagonists of N-methyl-D-aspartate receptors.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.02.109

EW0496

Cannabis use in a first onset psychosis sample: Prevalence and clinical differences in relation to age of onset

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Introduction There is a wide range of studies focusing on the use of cannabis in first episode psychosis (PEP). Literature using child and adolescent samples is scarce.
Objectives and aims To determine the prevalence and clinical differences between cannabis users and non-cannabis users of early onset first episode psychosis (EOP), and adult onset first episode psychosis (AOP).
Method One hundred and forty patients were recruited in adult (AOP subsample, $n = 69$) and child and adolescent (EOP subsample, $n = 71$) mental health services. The Positive and Negative Syndrome Scale was used for psychotic symptoms and the Calgary Scale for affective symptoms. The Chi^2 test analysed clinical differences between users and nonusers within subsamples, and in the total sample a Pearson correlation was used for the relationship between age at cannabis use and PEP.
Results The prevalence of lifetime use of cannabis and the average age at first use were 48% and 13.82 years (± 1.15) in the EOP subsample, and 58% and 17.78 years (± 3.93) in the AOP subsample. Within EOP, cannabis users were older ($P = .001$), had fewer negative symptoms ($P = .045$) and less depressive symptoms ($P = .005$). Within AOP, cannabis users were younger ($P = .018$) and had greater severity of positive symptoms ($P = .021$). Age at first cannabis use and age at PEP were positively correlated.
Conclusions Cannabis use is prevalent in adult and early onset psychosis. Cannabis users differ clinically from non-users, and the earlier the use of cannabis, the earlier the onset of psychosis.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.02.110

EW0497

The regional project for the treatment of early psychosis implemented in the Reggio Emilia Mental Health Department: Preliminary data from a 2-year follow-up

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Introduction Several studies had shown the effectiveness of combined interventions in the treatment of young patients with a first episode of psychosis (FEP). More controversial are the evidence about the stability of the therapeutic outcomes in individuals ultra-high risk (UHR).
Aims To describe the regional project for the treatment of early psychosis implemented in the Reggio Emilia Mental Health Department (ReMHD) and also to report preliminary data from a 2-year follow-up.
Methods In addition with the treatment as usual (TAU), treatment implemented within the regional project for early psychosis (PREP) in the ReMHD comprises the following:
– pharmacotherapy according to international guidelines;
– a phase-specific individualized Cognitive-Behavioural therapy;
– a psycho-educational intervention addressed to family members;
– a case management recovery-oriented.
Action strategies are preceded by the administration of Reggio Emilia at Risk mental States Battery Checklist as a comprehensive assessment useful to define the severity and the quality of symptoms, the degree of functioning, the subjectivity of suffering, and the perceived quality of life.
Results The assessment carried out after 24 months of continuous treatment showed significant improvements in both the psychotic symptoms (positive, negative and general psychopathology PANSS subscales) that the daily functioning (SOFAS).
Conclusions Although our sample is still relatively small ($n = 50$) to draw definitive conclusions, it is emerging the good prognosis for UHR individuals and patients with FEP submitted on PREP treatment implemented in the ReMHD.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.02.111

EW0498

Neuropsychological profile of specific executive functions in patients with deficit and non-deficit schizophrenia

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Although it has been shown that there are more profound deficits present in the deficit schizophrenia (DS) patients compared with their non-deficit (NDS) counterparts, there still remain a few matters that require further investigation.
Aims (1) Comparison of executive functions between the investigated groups; (2) determining the relationship between their particular aspects within the groups; and (3) drawing up their neuropsychological profile.
Methods One hundred and forty-eight schizophrenia patients, divided into two groups: patients with DS ($n = 70$) and NDS ($n = 78$). Patients were matched for sex, age, number of years of education and their overall cognitive functioning. For the assessment of executive function, we used the Wisconsin Card Sorting Test (WCST), the Trail Making Test (TMT), Verbal Fluency Test Phonemic (VFT P), Stroop Color Word Test (SCWT) and Go/No Go task (GNG).
Results The DS patients compared with the NDS ones obtained lower scores in WCST and TMT (relative flexibility). We did not