

also have evidence-based studies that depression for example is an independent risk factor of heart infarct onset. On the other hand, we observe the somatization of clinical picture of mental disorders, the increase of atypical forms manifesting through pain or other somatic syndromes that leads to the increase of mental illnesses in the primary care. The research of common pathways of mental and somatic pathology should be the subject of further interdisciplinary research programs. The other issue is the patient's compliance that plays an important role in the success of every kind of treatment. Personality traits and status of mental health can influence one's attitude to illness as well as motivation to therapy. We cannot assess the population state of health without taking into consideration the evaluation of mental status as well as such definitions like subjective well being, life quality and stigmatization.

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## **Oral communications: Epidemiology and social psychiatry; migration and mental health of immigrants; forensic psychiatry; suicidology and suicide prevention; prevention of mental disorders and promotion of mental health**

**0060**

### **Personality disorders and perinatal psychiatry: Food for thoughts from perinatal psychiatric department experience**

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**Background** Pregnancy and postpartum are sensitive unique moments in women's life. Perinatal psychiatry is focused on depression and psychosis, but personality issues is often neglected as well as risk factors for personality disorders instead of being considered causative of onset or recrudescence of psychiatric symptoms in perinatal.

**Methods** In total, 129 women were referred to perinatal psychiatric department during their pregnancy or postpartum in the last three years. They were administered SCID II, Childhood Trauma Questionnaire (CTQ), Beck Depression and Anxiety Inventories (BDI and BAI), Edinburgh Postnatal Depression Scale (EPDS) and World Health Organization Quality of Life (WHOQOL). Their interaction with babies was monitored at birth and during follow up. Children's behavioral development is under evaluation through structured tests.

**Results** BDI and BAI scored moderate or severe in 31 and 27% of women, EPDS was significant in 36%, while SCID II highlighted 24% of borderline, 17% narcissistic, 4% schizoid, 4% paranoid and 9% obsessive/compulsive PD. Nineteen of them suffered physical abuse during childhood, 26 sexual abuse, 89 emotional neglect and only 15 out of 129 were negative to any kind of abuse during childhood.

**Conclusion** Personality disorders appears to influence maternal adjustment to pregnancy and motherhood. Abuses suffered during childhood confirm their role as potential risk factor in personality issues which clearly express their effect in adaptation to change in personal role and in emphatic interactions.

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**0061**

### **What do patients want? Correlates of patient satisfaction and treatment engagement**

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**Introduction** Motivation and ability to engage with treatment may deteriorate or falter if a patient is not satisfied with their protocols or provider. Improving patient satisfaction may more effectively strengthen treatment engagement.

**Objectives** 1) Determining what patients want from their provider relationship; and 2) identifying means for a provider to effectively assess and evaluate patient satisfaction in relation to treatment engagement.

**Methods** A systematic review of published meta-analyses, systematic reviews, and literature reviews between 1996 and 2016 was conducted across three databases (Medline, PsycINFO, CINAHL). Using variations of the search terms patient; satisfaction; medication, medical and psychiatric treatment; and engagement/adherence, a total of 1667 articles were identified. After removing duplications, 1582 articles were independently screened for eligibility (e.g. conceptual focus, methodological limitations) by two research assistants, resulting in the final inclusion of 50 meta-analysis, systematic review, or literature review articles that focused on predictors or barriers to patient satisfaction and/or predictors or barriers affecting engagement/adherence.

**Results** Barriers and predictors of patient satisfaction centered on two fundamental domains:

– relationship with Provider (sub-factors: multicultural competence, shared decision making, communication skills, continuity of care, empathy) and;

– outcomes (sub-factors: therapeutic outcome, patient expectations).

Eight treatment engagement/adherence barrier and predictor domains were identified, specifically treatment regimens; illness beliefs, emotional/cognitive factors; financial and logistic; social support; symptom/illness characteristics; demographics and patient-provider relationship.

**Conclusions** Key findings highlight actions psychiatrists and other clinical providers may consider in addressing barriers and highlighting promoters to improve patient satisfaction and overall engagement and adherence.

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

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**0062**

### **The efficacy of lurasidone on PANSS subscales in adolescent patients with schizophrenia: Results from a 6-week, double-blind, placebo-controlled, multicenter study**

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**Introduction** Lurasidone is an atypical antipsychotic that demonstrated efficacy in the treatment of adults with schizophrenia in the dose range of 37–148 mg/day.

**Objective/Aims** The objective of this analysis was to evaluate the efficacy of lurasidone in adolescent patients with schizophrenia.

**Methods** Adolescents (13–17 years old) diagnosed with schizophrenia were randomly assigned to six weeks of double-blind treatment with lurasidone 37 mg/day, 74 mg/day or placebo. Changes from baseline to week 6 in PANSS total and subscale (positive, negative, general psychopathology, excitability) scores were evaluated using mixed-model repeated-measures analysis.

**Results** A total of 326 patients (mean age, 15.4 years) were randomized and received lurasidone 37 mg/day ( $n=108$ ), 74 mg/day ( $n=106$ ), or placebo ( $n=112$ ). The PANSS total score at week 6 demonstrated a placebo-adjusted, least-squares (LS) mean improvement of  $-8.0$  ( $P<0.001$ ; effect size [ES], 0.51) for the 37 mg/day group and  $-7.7$  ( $P<0.001$ ; ES=0.48) for the 74 mg/day group. Placebo-adjusted LS mean change for lurasidone 37 mg/day and 74 mg/day, respectively, was  $-3.2$  ( $P<0.001$ ; ES=0.62) and  $-3.2$  ( $P<0.001$ ; ES=0.60) on the PANSS positive subscale,  $-1.7$  ( $P=0.011$ ; ES=0.41) and  $-1.6$  ( $P=0.022$ ; ES=0.35) on the PANSS negative subscale,  $-2.8$  ( $P=0.012$ ; ES=0.38) and  $-2.8$  ( $P=0.011$ ; ES=0.37) on the PANSS general psychopathology subscale, and  $-1.1$  ( $P=0.016$ ; ES=0.36) and  $-1.8$  ( $P<0.001$ ; ES=0.53) on the PANSS excitability subscale.

**Conclusions** In adolescent patients with schizophrenia, lurasidone (37 mg/day and 74 mg/day) demonstrated statistically significant efficacy and clinically meaningful improvement across a wide spectrum of symptoms associated with schizophrenia. Sponsored by Sunovion Pharmaceuticals Inc. ClinicalTrials.gov identifier: NCT01911429.

**Disclosure of interest** Dr Correll reports being a consultant and/or advisor for Alkermes, Forum Pharmaceuticals Inc., Gerson Lehrman Group, IntraCellular Therapies, Janssen/J&J, Lundbeck, Medavante, Medscape, Otsuka, Pfizer Inc, ProPhase, Sunovion Pharmaceuticals Inc., Supernus, Takeda, and Teva providing expert testimony for Bristol-Myers Squibb Company, Janssen, and Otsuka serving on a Data Safety Monitoring Board for Lundbeck and Pfizer Inc and receiving grant support from Takeda. Drs Goldman, Cucchiaro, Deng and Loebel are employees of Sunovion Pharmaceuticals Inc.

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## 0063

### Efficacy and safety of clozapine in patients with intellectual disability

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**Introduction** Aggression is common and a major behavioral problem in patients with intellectual disability (ID). Antipsychotics are frequently used for psychosis or challenging behavior. There is little literature regarding utilization of clozapine in patients with ID for aggressive behavior.

**Aims and objectives** The aims of the study were the evaluation of efficacy and safety of clozapine in treatment of aggression in patients with ID.

**Methods** A longitudinal naturalistic study including a cohort of 225 consecutive patients with intellectual disability admitted to an acute psychiatric unit between 1 January 2014 and 31 December 2015. Severity of symptoms was assessed at admission with Modified Overt Aggression Scale (MOAS) and Global Assessment of Functioning Scale (GAFS). The data included: demographics, main psychiatric diagnosis, IQ, alcohol/smoking, institutionalization,

antipsychotics and another psychotropics, restraint, readiness to discharge (RDQ), side-effects and length of stay.

**Results** Of 225 potentially eligible individuals, 205 (92.7%) were treated with antipsychotics and 110 male (53.56%) with mean age 32.37 (SD=9.9). Thirty-seven patients (18%), 18 male (48.65%) were treated with clozapine, mean dose 309.45 mg/day (range 100–450 mg/day). Clozapine reduced need for restraint and duration of hospitalization compared with haloperidol ( $P<0.05$ ).

**Conclusions** Clozapine was efficient and safety for treating persistent aggression in patients with intellectual disability. There were no seizures, myocarditis or agranulocytosis during study. Larger and randomized trials are needed to fully explore the anti-aggressive benefit of clozapine.

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

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## 0064

### Childhood trauma and cortisol response to the Trier Social Stress Test in symptomatic patients with eating disorders



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**Introduction** Childhood trauma exposure is associated with the risk of eating disorders (EDs) in adulthood. The biological basis of this link may involve a persistent dysregulation of the endogenous stress response system, in particular the hypothalamic-pituitary-adrenal (HPA) axis, as a consequence of early life maltreatment.

**Objective** Adult patients with EDs and history of childhood trauma may have a dysregulation of the HPA axis that could be different from EDs patients without childhood trauma exposure.

**Aims** In order to assess the effects of childhood trauma experiences on HPA-axis activity in EDs, we compared the salivary cortisol response to the Trier Social Stress Test (TSST) of adult patients with EDs according to their history of childhood trauma.

**Method** Twenty-seven EDs patients and 13 healthy women participated in the study. Salivary cortisol responses during exposure to the TSST was measured. Participants also completed the childhood trauma questionnaire (CTQ) and eating-related psychopathological rating scales.

**Results** According to CTQ, 15 individuals with EDs reported childhood maltreatment whereas 12 EDs patients and all the healthy women did not experience childhood maltreatment. Compared with the control group, non-maltreated EDs patient group exhibited a slightly enhanced cortisol response to TSST, whereas the group of non-maltreated EDs patients showed a normal cortisol response. Moreover, EDs patients with childhood maltreatment exhibited statistically significant blunting of cortisol compared to non-maltreated ones.

**Conclusions** The present findings support the evidence that, in patients with EDs, there is a dysregulation of HPA-axis activity and that childhood trauma exposure may contribute to this dysregulation.

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