

O081

Current smoking in real world schizophrenia: Relationship to psychopathology and clinical characteristics. Results from the FACE dataset

J. Mallet^{1,*}, G. Fond², Y. Le-Strat³, P.-M. Llorca⁴, C. Dubertret⁵

¹ Hospital Louis-Mourier–University Paris Diderot, AP–HP and Fondation FondaMental and Inserm U894, Department of Psychiatry, Paris, France

² GHU Créteil Mondor–Créteil, AP–HP and Fondation FondaMental, Department of Psychiatry, Créteil, France

³ Hospital Louis-Mourier–University Paris Diderot–Colombes, AP–HP and Inserm U894, Department of Psychiatry, Colombes, France

⁴ CHU Clermont-ferrand–Université d’Auvergne and Fondation FondaMental, Department of Psychiatry, Clermont-Ferrand, France

⁵ Hospital Louis-Mourier–University Paris diderot, AP–HP and Inserm U894 and Fondation FondaMental, Department of Psychiatry, Colombes, France

* Corresponding author.

Background Tobacco smoking is common in schizophrenia. Some characteristics are usually associated to tobacco smoking in schizophrenia, such as younger age, earlier onset of the disease, number of hospitalizations or higher treatment doses. However, little is known about positive symptoms or aggressiveness, as well as trauma history.

Objectives to study the relationship between smoking status and clinical characteristics in patients with schizophrenia.

Method A total of 474 patients with were consecutively included in the network of FondaMental Expert Center (FACE) for schizophrenia and assessed with the structural clinical interview for DSM-IV axis 1 disorders (SCID), validated scales for psychotic symptomatology and childhood trauma questionnaire. Tobacco abuse or dependence was defined according to the SCID. Ongoing antipsychotic treatment was recorded. Aggressiveness was measured with Buss-Perry Aggression Questionnaire (BPAQ).

Results A sample of 474 patients with schizophrenia was included in this study (non-smokers, $n=215$; smokers, $n=259$). Mean age at tobacco onset was 17.19 years old ($SD=3.93$). In multivariate analysis, smoking was associated with SGA use ($P=0.028$), with higher scores of physical aggressiveness ($P=0.042$), with current alcohol-dependence ($P=0.002$). However, no association was observed with sex, age of onset, trauma history, global functioning, observance or psychotic symptomatology.

Conclusions Tobacco smoking was associated with physical aggressiveness, but not with earlier onset of the disease nor traumas or psychotic symptomatology. Besides, the results of the present study are in favor of a superior efficacy of second-generation antipsychotics in the treatment of comorbid tobacco use. These results need further investigation in longitudinal studies.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.303>

O082

How could affect stress, PEP and sex in working memory?

C.-R. Maria Isabel^{1,*}, C.-R. Manuel², M. Andrea¹, R.-V. Miguel¹

¹ Hospital Virgen del Rocío, Psychiatry, Sevilla, Spain

² Hospital Virgen del Rocío, Mental Health, Sevilla, Spain

* Corresponding author.

Background The first episode of psychosis is a crucial period when early intervention can alter the trajectory of the young person’s ongoing mental health and general functioning. Cognitive abilities are nuclear for the social recovery. Stress impairs

higher cognitive processes, dependent on the prefrontal cortex (PFC) and that involve maintenance and integration of information over extended periods, including working memory and attention. Different mechanism are involved such as HPA-Axis hyperactivity, affecting PFC. Recently, investigations show the different evolution of cognitive abilities between different sex in WM.

Methods A sample of 41 FEPs and 39 healthy subjects were evaluated. The variables assessed were verbal and visual memory, attention, working memory, processing speed, mental flexibility, verbal fluency, motor coordination, planning ability and intelligence.

Results We found an interaction between age (<16 years and >16 years) and group (psychosis vs. controls) in working memory ($P=0.04$). There were no difference in men <16 years old control group and men with same age plus psychosis (5.87 ± 1.57 vs. 5.83 ± 1 ; $P=0.1$) in WM. However, this work was found to be significantly different in the univariate analysis of working memory in the group <16 years old women control (7.30 ± 1.56) and women psychosis group (5.61 ± 1.91).

Conclusion Social cognition and stress seem to be directly relation. Some studies show that stress enhance cognition performance in men while impairing it in women. Stress affect a variety of cognitive processes such attention and working memory. Deficit in social cognition are present in the prodromal phases of psychosis.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.304>

O083

Identification of novel genes associated to major mental disease by whole exome sequencing in families with high prevalence

J. Pol Fuster^{1,*}, L. Ruiz Guerra¹, B. Ortega Vila¹, A. Medina Dols¹,

B. Bisbal Carrió¹, J. Lladó², G. Olmos², D. Heine Suñer³,

F. Cañellas⁴, C. Vives Bauzá¹

¹ Hospital Universitario Son Espases, Research Unit, Palma de Mallorca, Illes Balear, Spain

² Universitat de les Illes Balears, Biología, Palma de Mallorca, Spain

³ Hospital Universitario Son Espases, Servicio de Genética, Palma de Mallorca, Illes Balear, Spain

⁴ Hospital Universitario Son Espases, Servicio de Psiquiatría, Palma de Mallorca, Illes Balear, Spain

* Corresponding author.

Introduction The identification of new genetic variants underlying psychosis is crucial to improve its molecular diagnosis and to determine the disease etiology, which is necessary to develop new therapeutic targets.

Aim To identify novel rare genetic variants associated to mental disorders, using whole exome sequencing (WES).

Methods Two families with high prevalence of mental disease were genotyped using WES. The first family has 5 members affected, the mother with a bipolar disorder, three sons, two with schizophrenia and one with schizoaffective disorder, and a cousin with major depression and psychotic symptoms. The second family is constituted by 38 members affected by major mental diseases in three generations. Key affected members of each family were genotyped by WES. Shared rare variants, with allelic frequencies below 0.5% in general population, were identified among the affected members of the family. The segregation of those variants was confirmed by Sanger sequencing.

Results In family 1, thirty-seven genetic variants related to neurodevelopment were identified. Two of those variants in the genes *TRIP12* and *RNF25* segregated with psychosis. In family 2, seven rare genetic variants contained in genes related to neurodevelopment were identified. A mutation in the gene *ARHGAP19* segregated with psychosis.

Conclusions Three new genes have been found to be associated with psychosis. *TRIP12* and *RNF25* encode two E3-ubiquitin ligases which modulate the Wnt pathway, mutations in which lead to neurodevelopmental defects. *ARHGAP19* encodes a GTPase which regulates the RhoA protein, involved in the regulation of the cytoskeleton.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.305>

0084

L-dopa modulates striatal functional connectivity in adults with psychotic-like experiences: A randomized double-blind placebo-controlled study

J. Rössler^{1,*}, L. Unterrassner¹, T. Wyss¹, H. Haker², P. Brugger³, W. Rössler¹, D. Wotruba⁴

¹ University of Zurich, Collegium Helveticum, Zurich, Switzerland

² Institute for Biomedical Engineering–University of Zurich and ETH Zurich, Translational Neuromodeling Unit TNU, Zurich, Switzerland

³ University Hospital Zurich, Department of Neurology, Zurich, Switzerland

⁴ Swiss Federal Institute of Technology ETH, Collegium Helveticum, Zurich, Switzerland

* Corresponding author.

Introduction According to the dopamine hypothesis functional brain abnormalities and neurochemical alterations may converge to cause psychosis through aberrant salience attribution. Indeed, resting-state functional magnetic resonance imaging (rs-fMRI) has revealed widespread brain disconnectivity across the psychotic spectrum.

Objectives To advance the understanding of the dopaminergic involvement in intrinsic functional connectivity (iFC) and its putative relationship to the development of psychotic disorders we aimed to investigate the link between L-Dopa, a dopamine precursor, and its modulation of striatal iFC in subthreshold psychosis, i.e. non-clinical psychosis.

Methods We used a randomized, double-blind placebo controlled study design including in our sample 56 healthy, male, right-handed, subjects with no familiar risk factors for psychosis who were assessed with the Schizotypal Personality Questionnaire (SPQ) and underwent 10 minutes of rs-fMRI scanning. All subjects received either 250 mg of Madopar DR[®] (200 mg L-Dopa plus 50 mg benserazid, dual release form) or a placebo. We analysed resting-state iFC of 6 striatal seeds, known to evoke dopamine related networks.

Results The main effect of L-Dopa presented itself (FWE-corrected) as a significant decrease in iFC from the right ventral striatum to the cerebellum and the precuneus cortex, and an increase in iFC to the occipital cortex. Subjects with high SPQ positive symptom sub-scores showed a significant increase of L-Dopa induced connectivity.

Conclusion We identified striatal functional connectivity being modulated by augmented dopamine availability, and in support of the dopamine hypothesis, we found that those iFC patterns are associated to high scores of psychotic like experiences.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.306>

0085

5-years follow-up of antipsychotic medication and hospitalizations after first episode hospital-treated psychosis in a Swedish nation-wide cohort

P. Strålin^{1,*}, J. Hetta²

¹ Karolinska University hospital, Psychiatry, Stockholm, Sweden

² Karolinska Institutet, Clinical Neuroscience/Psychiatry, Stockholm, Sweden

* Corresponding author.

Introduction Outcome after first episode psychosis is heterogeneous, but knowledge about the distribution and predictive factors is limited.

Objective To investigate medication and rehospitalizations for five years after first episode hospital treated psychosis.

Method Swedish population registers were used to select a nation-wide cohort of 962 cases (589 or 61% men) with a first hospitalization for psychosis at ages between 16–25 years. Cases were categorized year by year for 5 years after the initial hospitalization with regard to rehospitalizations and dispensations of antipsychotics and other medications.

Results The 5-years mortality was 4% ($n=39$) with suicides in 16 cases (1.6%, 11 of which were men). Additionally, 139 cases (23% of women and 10% of men) had hospitalizations for suicide attempts within 5 years. A bimodal distribution of years with medication was found indicating two different trajectories of outcome. One peak was seen for cases with dispensations of antipsychotics 5 of 5 years (40% of the cohort). Another peak was seen at dispensations during at most 1 of 5 year (30%). During year 5, 514 (56% of 923 cases surviving 5 years) had dispensations of neuroleptics and 257 (28%) were hospitalized, whereas 356 cases (39%) had no dispensation of neuroleptics or hospitalization.

Conclusions The population of young cases with first episode psychosis is heterogeneous with at least two clearly separable trajectories based on medication and hospitalizations. The high mortality and high incidence of suicide attempts during a five-year period demonstrate a need for careful monitoring of these patients.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.307>

0086

Cognitive screening scale for schizophrenia (CSSS): The development and the structure of the scale

A. Szulc^{*}, J. Gierus, T. Koweszeko, A. Mosiolek

Medical University of Warsaw, Department of Psychiatry, Pruszkow, Poland

* Corresponding author.

Objectives The study presents the construction of CSSS: a short screening scale intended for diagnosis of cognitive deficits among people with schizophrenia. The final version of the scale consist of 6 subscales which measure basic cognitive functions.

Methods A total of 160 persons (124 with schizophrenia and 36 healthy controls) were tested using the initial version of the CSSS scale consisting of 11 subscales. Correlation analysis between the subscale results was carried out, as well as confirmatory factor analysis, internal consistency analysis of the scale, IRT (item response theory) analysis of the item's difficulty, and analysis of the scale's accuracy as a classifier.

Results One factor explains 37% of the variance of the subscales' results. The scale has satisfactory internal consistency (0,83). Subjects with schizophrenia achieved significantly lower scores than