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EW511

Clinical and functional outcomes of patients with severe schizophrenia undergoing comprehensive treatment: A 6-year follow-up

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Introduction To increase treatment compliance and consequently to reach clinical and rehabilitation goals in people with schizophrenia is a main challenge in their treatment.
Objectives and aims To know the retention in treatment (and reasons for discharge) of people with severe schizophrenia enrolled in a specific, intensive, comprehensive and community programme for them; and also to know treatment (clinical and functional) outcomes.
Methods A 6-year prospective, observational study of patients with severe schizophrenia (ICD 10: F 20; CGI-S ≥ 5) undergoing specific severe mental illness programme ($n = 200$). Assessment included the Clinical Global Impression-Severity scale (CGI-S), the Camberwell Assessment of Needs (CAN) and the WHO Disability Assessment Schedule (WHO-DAS). Time in treatment and reasons of discharge were measured. Laboratory tests, weight and medications were reported. Hospital admissions were measured.
Results CGI at baseline was 5.86 ± 0.7. After 6 years 48% of patients continued under treatment (CGI = 4.31 ± 0.8; $P < 0.01$); 31% were medical discharged (CGI = 3.62 ± 1.6; $P < 0.001$); DAS decreased in the four areas ($P < 0.01$) and also CAN ($P < 0.01$); 7% had moved to other places; 8% were voluntary discharges. Eight patients dead; three of them committed suicide. Forty-five percent of all of them were treated with atypical long-acting antipsychotics, with good tolerability. There were significantly less hospital admissions than during the previous 6 years ($P < 0.001$).
Conclusions Retention of severe mentally ill patients with schizophrenia in a specific and intensive care programme was really high; and seemed to help getting in remarkable clinical and functional improvement. Long-acting medication also seemed to be useful on improving treatment adherence, mainly due to their good tolerability.
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EW512

Depressive symptoms in a sample of patients diagnosed with schizophrenia

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Introduction Previous studies highlight the difficulty of correctly diagnosing depressive symptoms in schizophrenic patients, as well as the impact on clinical progression among patients who present with both syndromes, worsening treatment adherence and overall prognosis.
Aims To determine the prevalence of depressive symptoms in patients diagnosed with schizophrenia. To analyze the relationship of depressive symptoms with other demographic and clinical variables.
Material and methods Eighty-four patients diagnosed with schizophrenia according to ICD-10 criteria and treated in an Outpatient Mental Health Clinic were recruited for this study. Symptom severity was assessed using The Positive and Negative Syndrome Scale (PANSS; Kay et al., 1987); classifying patients as positive, negative or mixed schizophrenia subtypes. Data from clinical and sociodemographic variables was obtained from clinical records.
Results The mean age was 43.2 years (SD: 10.2). Depression is objectively detected in 10.3% of the sample, and presented as subjective depression in 29.5%. The prevalence of depressive symptoms is higher among women, unmarried patients, lower social classes and patients who met criteria for predominantly positive Schizophrenia subtype. Higher prevalence of depressive symptoms was found in patients with a shorter course of disease.
Conclusions Depressive symptoms present with a high prevalence among patients diagnosed with schizophrenia, especially during the early years of the disease. Given the severe impact of depression on both the evolution and prognosis of patients with severe mental illness, screening and early treatment must be carried out.
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EW513

Problems in long-term treatment with atypical antipsychotics: hyperprolactinemia

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Introduction Schizophrenia and other psychotic disorders are associated with high rates of morbidity and mortality, caused by the use of specific treatments as well as health factors directly related to those processes. One of the high-frequency side effects in patients treated with classic and atypical antipsychotics is hyperprolactinemia. It causes alterations in neuroendocrine sphere (amenorrhea, galactorrhea, gynecomastia...), and other mid- and long-term effects (osteoporosis, cardiovascular risk increase and increased risk of developing cancers - specifically in breasts and endometrium).
Objectives Check hyperprolactinemia induction by maintained treatment with atypical antipsychotics.
Methodology A naturalistic prospective study was conducted following 75 patients on maintenance treatment with a single atypical antipsychotic during 24 months. Anthropometric and laboratory data were collected, along with the presence of different endocrine-metabolic during the 2-year study alterations.
Results Changes in prolactin levels were found in a large number of patients, with statistically significant differences between 0 (basal) and 24 months (Basal [M = 26.27; SD = 21], 2 years [M = 38.08, SD = 34.65]; $t = -2.758$; $P = 0.013$], with hyperprolactinemia increasing from 46.6% of patients at baseline to 65.5% at 2 years, mainly with paliperidone and risperidone long acting injection (statistically significant increase in both cases) (Fig. 1).
Conclusions Paliperidone and risperidone long acting injectable induce increased prolactin levels in patients in long-term antipsychotic treatment.

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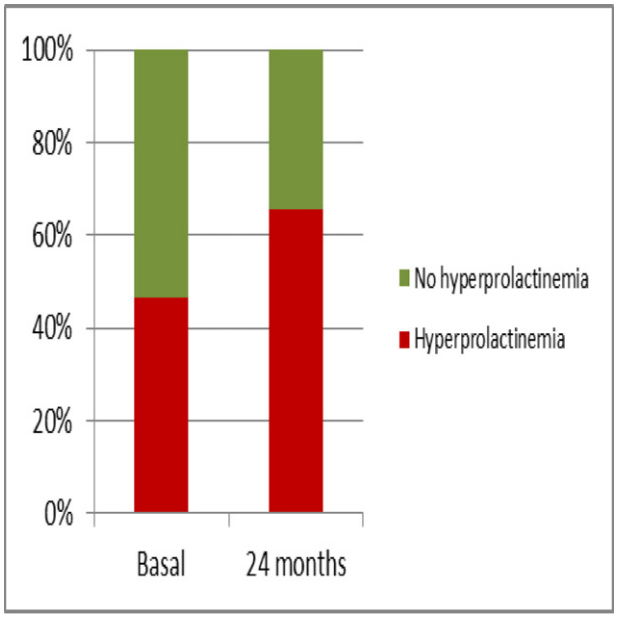

Fig. 1 Prolactine variation at 24 months.

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EW514

Cortical and subcortical morphology deficits in cerebral gray matter in patients with schizophrenia and not affected siblings

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Objective Explore the basis of cortical morphometry in patients with schizophrenia and non-affected siblings by Magnetic Resonance Structural analyzing cortical thickness.
Methods Twenty-nine patients with schizophrenia treated with atypical antipsychotics and clinically stable in the last 6 months were recruited. Twenty-three not affected siblings of patients with schizophrenia and 37 healthy volunteers were recruited. Magnetic Resonance Structural was performed. FreeSurfer the brain imaging software package for analysis of Cortical Thickness is used. In the analysis of group differences in cortical thickness (CT) with the general linear model (GLM), the *P*-value was established in 0003 following the Bonferroni correction to control for multiple comparisons (seven regions of interest a priori in each hemisphere).
Results Significant differences in cortical thickness between patients and healthy controls. Differences between groups were calculated by general linear model (GLM) with age and sex as covairables (Table 1).
Conclusions In applying the correction for multiple comparisons, differences in bilateral-lateral orbitofrontal, medial orbitofrontal-right and left temporal transverse frontal cortex are significant. Our study replicates previous findings and provides further evidence of abnormalities in the cerebral cortex, particularly in the frontal and temporal regions, being characteristic of schizophrenia.

Table 1 Significant differences in cortical thickness in healthy controls, not affected siblings and patients with schizophrenia.

		Controls	Siblings	Patients	F	P	
		n=37	n=23	n=29			
Frontal	L caudalmiddlefrontal	2.41	2.36	2.27	4,65	<0.05*	P<C=S
	L lateralorbitofrontal	2.66	2.57	2.5	8,5	<0.001***	P<C= S
	R lateralorbitofrontal	2.59	2.45	1.96	9,28	<0.001***	P<S<C
	L medialorbitofrontal	2.44	2.41	2.3	5,72	<0.01**	P<S<C
	R medialorbitofrontal	2.57	2.51	2.36	14,32	<0.001***	P<S<C
	L rostralmiddlefrontal	2.2	2.21	2.17	5,39	<0.01**	P<C=S
	R rostralmiddlefrontal	2.33	2.27	2.2	4,19	<0.05*	P<C=S
	L superiorfrontal	2.62	2.58	2.46	5,56	<0.01**	P<C=S
	R superiorfrontal	2.65	2.6	2.54	3,1	0.051	P<C=S
Temporal	L superiortemporal	2.78	2.71	2.65	4,01	<0.05*	P<C=S
	R superiortemporal	2.83	2.78	2.67	4,59	<0.05*	P<C=S
	L transverseltemporal	2.43	2.24	2.19	7,68	<0.001***	P<S<C
	R transverseltemporal	2.4	2.36	2.2	5,82	<0.01**	P<C=S
	R middletemporal	2.89	2.83	2.76	4,35	<0.05*	P<C=S

P: patients; S: siblings; C: controls.

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EW516

Paliperidone palmitate log-acting injection in patients with psychotic active clinic: start, change or increase of dose

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The aim is to describe the experience of treatment with Paliperidone Palmitate long acting injection (PP) in patients with psychotic active clinic, whether diagnoses with schizophrenia or in patients with the first episode psychosis, as well as to reflect the improvement in the control of the symptoms that the patients can improve increasing the dose.
Methods We have done a descriptive study of 34 patients hospitalized in psychiatry between January and July 2015 for psychotic active clinic who started treatment with PP or the previous dose was increased.
Results 91.2% of patients admitted for acute exacerbation of their usual pathology and 8.8% for a first episode psychosis. In the CGI scale, all the patients admitted scored as severe or markedly ill; going mostly mildly ill at discharge. For 55.9% of patients, the treatment was changed to PP, 29.4% of the dose was increased PP and 14.7% antipsychotic treatment was started with PP. Among patients change treatment, the main reason was non-adherence (47.4%). 70.6% of our patients were discharged with PP as only antipsychotic