samples. As a result, the derived polygenic risk scores (PRS) show decreased predictive power when applied to non-European populations.
Objectives: A long-term scientific cooperation between the Charité Universitätsmedizin Berlin and the Hanoi Medical University aims to address this limitation by recruiting a large genetic cohort of comprehensively phenotyped schizophrenia patients and controls in Vietnam.
Methods: A pilot study was conducted at the Department of Psychiatry of the Medical University Hanoi in 2017. Data collection encompassed i) genome-wide SNP genotyping of 200 schizophrenia patients and 200 control subjects ii) structured interviews to assess symptom severity (PANSS), iii) clinical parameters (e.g. duration of illness, medication) and demography.
Results: SCZ-PRS of the pilot sample (N=400) were generated using different training data sets: i) European, ii) East-Asian and iii) mixed GWAS summary statistics from the Psychiatric Genomics Consortium's latest discovery sample. Most variance explained was observed using a mixed discovery sample (R^2liability=0.053, p=3.11*10^{-8}, Pd <0.5), followed by PRS based on the East-Asian summary statistics (R^2liability=0.0503, p=6.78*10^{-8}, Pd <1) and the European sample (R^2liability=0.0363, p = 4.26*10^{-6}, Pd <0.01).
Conclusions: With this pilot project we established an efficient recruitment, genotyping and data analysis pipeline. Our results corroborate previous findings indicating that transferability of PRS across populations depends on the ancestral composition of the initial discovery dataset. We therefore aim to expand data collection efforts in the future in order to improve risk prediction across diverse populations.

Disclosure: No significant relationships.
Keywords: Vietnam; genetics; schizophrénia

EPV0616

What does static electricity has to do with schizophrenia?

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Introduction: The suspiciousness of a paranoid patient could reach extremes.
Objectives: To present the lessons learned after an interview with a similar patient.
Methods: Case report.
Results: Fifty-two year old woman suffering from paranoid schizophrenia (F20.0). Symptoms almost identical to her previous (two) hospitalizations: delusions of thought reading and of being surveilled by electronic equipment in her house/neighborhood. This time, though, she was additionally convinced of being the object of medical experiments and of being electronically surveilled even within the ward. Treatment: risperidone 12mg/day, lorazepam 3.75mg/day, biperiden 2mg/day. Three weeks after admission, the author noted a slight tremor in her hands (most certainly of extrapyramidal origin). I asked her to place both hands in front of her, fingers wide open, to assess it better. The patient followed with the fingers attached, though. Consequently, I approached my hands to hers -to show how it should be done correctly-, touching them lightly. Then, a spark was generated between our hands. Evidently, it was an electrostatic discharge (I was wearing a wool sweater that day; static electricity could easily accumulate on wool). She became outraged: "what kind of experiments are you doing to me?", "what electronic devices are you using?", "this is the proof of what I have been constantly saying".
Conclusions: The symptoms of psychotic relapses could evolve over time. A clinician should refrain from any strictly unnecessary physical contact with an exceedingly paranoid patient, particularly when the latter claims that is the object of "medical experiments". The elaborative "ability" of such patients could be, simply, astounding.

Disclosure: No significant relationships.
Keywords: paranoid; psychopathology; schizophrénia; Delusion

EPV0617

Clozapine prescribing during follow-up of a first-episode psychosis cohort

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Introduction: Of those with schizophrenia, one third develop treatment-resistant illness. Nearly 60% of these benefit from clozapine- the only antipsychotic medication licensed in this group.
Objectives: As treatment-resistant illness developed in the follow-up of a first-episode psychosis (FEP) cohort, clozapine was prescribed. This study retrospectively compared the clozapine prescribing patterns, within this cohort, to National Institute for Health and Care Excellence (NICE) guidelines. In addition, impact on hospitalisation, physical health monitoring and augmentation strategies employed following clozapine initiation were examined. Factors delaying initiation of clozapine treatment or contributing to its discontinuation were also explored.
Methods: The study included 339 individuals resident within an Irish community mental health team catchment area, referred with FEP from 1 January 2005 to 31 August 2016. Data were extracted from electronic medical records.
Results: Within the cohort, clozapine was prescribed to 32 individuals (9.4%). The mean number of adequate trials of antipsychotic prior to starting clozapine was 2.74 (SD 1.13; range 1–5). The mean time to clozapine trial was 2.1 years (SD 1.95; range 0.17–6.25). Following initiation of clozapine, mean hospital admissions per year fell from 2.3 to 0.3 (p=0.00). Mean inpatient days pre- and post-clozapine also decreased (147 vs. 53; p=0.00). In all, 18 patients ceased use of clozapine, 5 temporarily and 13 permanently.
Conclusions: Patients are being prescribed clozapine earlier than previously demonstrated. However, delayed treatment remains common, and many patients discontinue clozapine. Further research is necessary to describe and address factors which contribute to its discontinuation.

Disclosure: No significant relationships.
Keywords: first-episode psychosis; psychosis; treatment-resistant schizophrenia; clozapine