Instrument Inventory SCL-90-R, which evaluating a wide range of psychological and psychopathological symptoms was used.
Statistics analysis Two groups were compared with respect to perceived psychopathological symptoms.
Results Statistically significant differences were observed between both groups. Patients with psychotic disorders showed lower scores in most clinical scales. It reflects less emotional suffering and psychological distress perceived in this group against the other. It could be related to the lack of awareness of illness by psychotic patient.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1186

A pilot early psychosis intervention programme in Bolivia

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The problem Less than half of the more than 250 adolescents and young adults who are estimated to experience a first episode of psychosis in the city of Santa Cruz each year are ever diagnosed and receive treatment.
Of those patients who are eventually diagnosed, the average duration of their symptoms of psychosis prior to receiving treatment is estimated to be over 2 years.
The opportunity Multiple psychosocial variables, such as the reaction of patients and their families to symptoms of psychosis, which play a vital role in determining long-term outcomes, demonstrate their highest degree of flexibility during the period of early psychosis. Psychological, social and evidence-based pharmacological interventions undertaken during this time frame can have a profound impact on the life-course of an individual with psychosis.
Our solution We propose to establish a pilot early psychosis intervention program that will provide age appropriate biopsychosocial treatment and support for 15–25 years old with first episode psychosis and their families in Santa Cruz. This will improve short and long-term outcomes for those with psychosis, increase speed of recovery, decrease the need for hospitalization, reduce family disruption and decrease rates of relapse.
By utilizing a mobile, multidisciplinary treatment team that emphasizes the roles of trained case managers focused on providing intensive individual and family support in the home, this program will provide culturally appropriate care that will leverage contributions from a limited supply of psychiatrists and shift dependence away from a fragmented medical system.
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EV1187

Impact of vulnerability to stress in the development and course of first psychotic episode

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Introduction The stress diathesis hypothesis is one of the leading models of etiology of psychotic disorders. Cortisol is one of the most researched stress hormone; yet its role in first psychotic episode is currently subject of many researches. Psychotic disorder occurs when "enough" stress attacks vulnerable personality. Stress response activates HPA axis that results in cascade effects on several body systems (immune, neuroendocrine and inflammatory). Dysregulation of the HPA axis and increased cortisol levels have been implicated in psychotic as well as in other psychiatric disorders.
Objective To follow treatment response through changes in clinical status and stress biomarkers evaluation in longitudinal 18 months research in drug naive FEP.
Aim To assess endocrine and autonomic responses to acute psychosocial stress, their associations with onset of the first psychotic episode and their subsequent remission.
Methods We studied 17 subjects with FEP and age and gender matched controls who were exposed to the Trier Social Stress Test. Other materials have explored clinical status through standardized clinical psychiatric interview and validated psychiatry scales as well as measured laboratory biomarkers (cortisol, prolactin, insulin).
Results Our preliminary findings on a sample of 40 participants indicate a differences between patients and controls in terms of response to stress measured by TSST.
Conclusion In our continued longitudinal research, we plan to further explore the role of hypothalamic-pituitary-adrenal activity in onset and course of psychotic disorder and its relation with other biomarkers.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1188

A case of rare allele T 126, 30,32 base pairs in a schizophrenic patient: A study case

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Introduction Schizophrenia is a severe and complex disease clinically characterized by disturbed thought processes, delusions, hallucinations and reduced social skills. Gene coding for neregulin 1 (NRG 1) located in 8 p21chromosomeand single nucleotide polymorphism (SNPs) have been identified strongly supporting *NRG1* gene as a susceptibility gene for schizophrenia.
Objective The present preliminary study, determines the relationship between polymorphism nucleotide sites (SNPs2) of *NRG1* gene and schizophrenia.
Aims Identifying rare allele T of neregulin 1 genein schizophrenic patients.
Method We analyzed the polymorphism (SNPs2) of *NRG1* gene in 20 patients recruited from Psychiatry Department of Emergency Clinical Hospital of Arad diagnosed with schizophrenia according to DSM-5-TM and ICD-10 criteria and 10 healthy controls. From all subjects, we obtained 2 mL of peripheral blood samples. Genomic DNA was extracted using the phenol-chloroform method. Genotyping was performed byPCR-based RFLP analysis for all subjects. The obtained PCR product mixture was completely digested with restriction enzyme, separated on SNP1 and SNP2 agarose gel. We present the case of a 31 years old, male, schizophrenic patient with the SNPs2 polymorphism and rare allele T 126.
Results In both groups, common allele G 127 and 60 base pairs was identified but only 2 schizophrenic patients presented rare allele T 126 and 30,32 base pairs.
Conclusions The polymorphism SNPs2 of *NRG1* gene with rare allele T 126 and 30,32 base pairs, may play a role in predisposing an individual to schizophrenia. Further and extended replicating studies with multiple sequencing of *NRG1* gene are necessary.
Keywords Schizophrenia; *Neregulin 1*(*NRG1*) gene; Allele T 126

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EV1190

What do we know about treatment-resistant schizophrenia? – A systematic review

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Introduction Treatment-resistant schizophrenia (TRS) is a severe form of schizophrenia. From one fifth to one third of all patients with schizophrenia are resistant to treatment.
Objective To determine the knowledge on TRS and to find out the extent and the quality of research on TRS.
Aims To conduct a systematic review of the current literature on TRS.
Methods Original studies and reviews on TRS were systematically collected from PubMed and Scopus databases. The following search strategy was used as a title search; ("ultra-resistant" OR "treatment-refractory" OR "treatment-resistant") AND (schizophrenia). The search was restricted to English language articles.
Results The literature search identified 403 studies. After abstract and title review, 324 studies were included. The included studies considered medication (*n* 213), electroconvulsive therapy and repetitive transcranial magnetic stimulation (15), prognosis (15), genetics (15), studies on neurobiology (15), definitions (14), psychotherapy (12), brain structures and functioning (10), cognition (7) and other miscellaneous studies (6) on TRS. Definitions of TRS varied notably and in most of the non-pharmacological studies, the samples were fairly small. Regarding treatments, clozapine, ECT, and cognitive-behavioral therapy have shown effectiveness, though the quality of research on interventions is limited. Very little is known about risk factors and predictors of outcome in TRS.
Conclusions Our findings suggest TRS is poorly studied and understood condition contrasted to its high prevalence, clinical importance and poor prognosis. There is a lack of studies on epidemiology, for example risk factors of TRS, as well as on outcomes and longitudinal course. Most of the studies considered medication.
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EV1192

Preventable schizophrenia

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Introduction Schizophrenia is a psychiatric disorder with multiple causes, including genetic, immune, environmental causes of various kinds, which all increase the vulnerability and predisposition to the disorder. Among them stand out prenatal infections, thus being a preventable risk potential factor in our daily clinical practice.
Objectives To analyze the relation between prenatal infections and schizophrenia.
Methods Review of the subject and recent articles on schizophrenia in psychiatric guides and magazines.
Results After analyzing several studies, it have shown that prenatal infections, where the nervous system is not yet fully developed, may be a risk factor for the development of schizophrenia in adults, in relation with genetically predisposed individuals. Infections such as influenza, especially during the first quarter of gestation; rubella, toxoplasma and herpes simplex virus-type 2 are related to potentially increase risk of suffer schizophrenia.
Conclusions Prenatal infections, especially in the first quarter and the periconceptional period, constitute a risk factor in individuals with vulnerability to develop schizophrenia. Awareness and prevention is important in the pregnant population of the influence of these infections on the possible origin of psychotic episodes.
Disclosure of interest The authors have not supplied their declaration of competing interest.
Further readings
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EV1193

Medication adherence in schizophrenia

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Introduction Compliance is a major issue in the treatment of schizophrenia. Many studies have attempted to identify factors that influence it.
Objective To assess treatment adherence in patients with schizophrenia. To identify factors correlated with poor adherence.
Methods It was a cross-sectional, descriptive and analytical study, involving 37 outpatients with DSM-IV diagnosis of schizophrenia, followed in the psychiatry department at the Hédi Chaker University Hospital of Sfax (Tunisia). The questionnaire included socio-demographic, clinical and therapeutic data. We also used the Medication Adherence Rating Scale "MARS", the Insight Scale "IS" and the Stigma Scale (9 items).
Results The average age was 36.4 years. The majority of patients was male (68.8%), did not exceed the level of secondary education (89.2%) and had a low socioeconomic level (84.4%).
Paranoid schizophrenia was the most frequent type of schizophrenia (54.1%). Atypical antipsychotic were prescribed in 40.5% of cases.
Patients were non-adherent to treatment in 56.8% of cases. The factors correlated with poor adherence were: psychoactive substance use ($P = 0.036$), sexual dysfunction ($P = 0.036$), complexity of treatment ($P = 0.036$), poor insight according to the subscale "awareness of the need for treatment" of the IS ($P = 0.047$) and high score on the subscale "discrimination" of the Stigma Scale ($P = 0.008$).
Conclusion Tunisian schizophrenic patients have a poor adherence to treatment. Acting on risk factors (such as substance use, sexual side effects, poor insight and discrimination perception) would improve patient compliance and management of schizophrenia.
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