mation. Check inclusion criteria and propose inclusion in the study. Give structured forms for reporting effects and adverse events.
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Schizophrenia

EV1132

Self-continuity across time in schizophrenia: An exploration of phenomenological and narrative continuity in the past and future

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Disorders of the self, such as the "loss of continuity" of the self in time, are a core symptom of schizophrenia, but one, which is still poorly understood. In the present study, we investigated two complementary aspects of self-continuity, namely phenomenological and narrative continuity, in 27 patients with schizophrenia, and compared them with 27 control participants. Participants were asked to identify 7 important past events and to narrate a story taken from their life that included these events. They were then asked to imagine 3 important events that might happen in their personal future and to build a narrative of their future life. The memory vividness of these important life-events and the proportion of self-event connections in the narratives were used as a measure of phenomenological and narrative continuity, respectively. Our results showed that the difficulty for patients to construct vivid representations of personally significant events was observed in both temporal directions, past and future. Patients' ability to establish explicit connections between personal events and attributes of self in life narratives was also impaired, but only in the case of past narratives. Our results yield a fresh understanding of the cognitive mechanisms of self-disorders in schizophrenia. The clinical and therapeutic implications of these findings are discussed.
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EV1133

Population pharmacokinetic modeling and simulations of dopamine Dd2 receptor occupancy of long-acting intramuscular risperidone-ISM

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Introduction Risperidone-ISM is a new long-acting intramuscular formulation intended to achieve sustained plasma concentrations over 4 weeks without oral supplementation. The clinical efficacy to risperidone has been associated with 65–80% occupancy of dopamine D2 receptor (D2RO) and a mean C_{max} between 7.5 ng/mL and 80 ng/mL.
Aim Use a population PK/PD model to predict the PK and the D2RO for Risperidone-ISM in schizophrenic patients and to characterize the relationship among doses, in order to guide dose selection for a future Phase-III trial.
Methods A population PK/PD analysis for Risperidone-ISM using Monolix software was conducted based on 6641 plasma samples from two Phase-I studies (17 healthy subjects and 31 schizophrenic subjects, respectively) and 1 Phase-II study (60 schizophrenic subjects). Simulations were subsequently undertaken predicting the steady state PK and D2RO after multiple Risperidone-ISM doses administered every 28 days for 12 weeks.
Results Doses of 75 and 100 mg, administered either in gluteal or deltoid muscle, were predicted to result in median C_{max} and C_{trough} that stayed between 7.5 ng/mL and 80 ng/mL. At steady state 75 mg and 100 mg dose (gluteal) achieved a D2RO average [min–max] of 70.8% [61.4–80.4] and 74.3% [66.2–82.1], respectively; a 75-mg and 100-mg dose (deltoid) achieved a D2RO average [min–max] of 69.3% [56.5–80.3] and 73.0% [61.8–82.1], respectively. The model estimated that the 65% D2RO occurs within first 8 h after treatment.
Conclusions Simulations were carried out supporting doses of 75 mg and 100 mg Risperidone-ISM to show the greatest efficacy and safety potential to be assessed in the future Phase-III trial.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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Electroconvulsive treatment in Parkinson's disease and psychosis: A case report

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Background Drug induced parkinsonism is a common side effect.
Objective The present report describes the case of a schizophrenic patient who developed a parkinsonism after receiving antipsychotic drugs and who had improved his schizophrenia and parkinsonism after electrovulsive therapy.
Case summary We report the case of a man, who is 35 years old and was admitted to a psychiatric ward, due to decompensated schizophrenia with psychotic features. The patient developed pronounced parkinsonian features, which did not improve with discontinuation of the drug or with carbidopa/levodopa. After several unsuccessful treatments, the patient was treated with ECT and showed improvement in both diseases.
Results The patient's response to this treatment justifies the use of ECT in patients with both syndromes: a psychosis productive and Parkinson's disease. Even the maintenance therapy can establish the initial response achieved and keep it through time. We should keep in mind that the management of these patients, can be extremely difficult because the medications used to both disorders are antagonistic.
Conclusion ECT can be considered in patients with a psychiatric illness associated with parkinsonism.
Disclosure of interest The authors have not supplied their declaration of competing interest.
Further readings
Popeo D, Kellner CH. ECT for Parkinson's disease. Med Hypotheses 2009;73:468–9.
Haryan P, Adams CE. Terapia electroconvulsiva para la esquizofrenia (Cochrane Review). La Biblioteca Cochrane Plus, número 3, 2008. Oxford, Update Software Ltd. http://www.updatesoftware.com [Translated by The Cochrane Library, Issue. Chichester, UK: John Wiley & Sons, Ltd].

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American Psychiatric Association. Andersen K, Balldin J, Gottfries CG, et al. A double-blind ealuation of electroconvulsive therapy in Parkinson's disease with "on-off" phenomena. Acta Neurol Scand 1987;76:191–9.
Fink M. ECT for Parkinson'disease? (Editorial) Convul Ther 1988;4:189–91.

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EV1135

Intramuscular maintenance treatment with ultra-high-dose long-acting injectable aripiprazole in an elderly patient suffering from chronic refractory schizophrenia: A case report

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Long-acting injectable (LAI) aripiprazole is increasingly appreciated in the course of a maintenance treatment of schizophrenia due to efficacy in delaying – and decreasing relapse, and low rates of feared side effects. In line with the prescribing information, the maximal starting – as well as maintenance dose was restricted to 400 mg following a 26-day interval between the single doses.
We present a 72-year-old female inpatient (66 kg) with an acute exacerbation of chronic refractory schizophrenia, exhibiting primarily positive symptoms including excessive persecutory delusions, self-care deficit, poor insight and insufficient adherence to continuous intake of oral medication. Since she developed a post-injection syndrome after an accidental intravascular administration of olanzapine LAI 405 mg, the antipsychotic treatment was switched to aripiprazole LAI 300 mg once monthly. Due to insufficient clinical response, aripiprazole LAI was gradually increased up to 1200 mg per month under continuous plasma level monitoring. Here, 2 single injections of aripiprazole LAI 300 mg were delivered into both gluteal muscles concurrently, every 14 days.
Consequently, we observed a clinically meaningful improvement (a total-score reduction from 111 to 75 on the Positive and Negative Syndrome Scale), as well as no objectifiable side effects, assessed by "The Dosage Record Treatment Emergent Symptom Scale" and "The Barnes Akathisia Rating Scale", despite multi-morbidity and rather advanced age of the patient.
Our safe experience with applying the almost threefold higher monthly dose over 12 weeks may encourage researchers to further investigate the efficacy, tolerability as well as handling of highly dosed aripiprazole LAI in refractory schizophrenia.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1136

Neurological symptoms in schizophrenia: A case report

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Introduction Patients with epilepsy and schizophrenia could present atypical clinical presentations with neurological symptoms that are not frequently presented in schizophrenia.
Case Report We report the case of a 41-year-old male who was diagnosed of schizophrenia and was admitted into a long-stay psychiatric unit. He started at 33 years old with a depressive disorder. After prescribing venlafaxine, symptoms did not remit and the patient started to present apathy, anhedony, impoverished speech, social isolation and blunted affect. Then, the patient started to present behavioral disturbances consisted in regressive behavior, aggressive behavior, inappropriate language, echolalia, sexual disinhibition, impulsivity, worsening of executive functions and soliloquies. A neurological study was made with CT scan and electroencephalography, and no evidences of neurological abnormalities were found. After that, clozapine was prescribed, with an improvement of some symptoms like apathy, anhedony and aggressive behavior, but persisting the impulsivity, regressive behavior, inappropriate language, sexual disinhibition and echolalia.
Discussion Patients with schizophrenia and epilepsy could not respond appropriately to antipsychotic drugs. In this patient, the psychiatric symptoms more frequently seen in schizophrenia responded well to clozapine, but neurological symptoms did not improve with the standard treatment, causing a severe disability to the patient that was the main reason for his prolonged admission.
Conclusions It is recommended to make a detailed neurological exploration in all psychiatric patients, in order to explore atypical symptoms and comorbidities that could reveal new diagnosis and therapeutic objectives.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1137

Obsessive symptoms in schizophrenia: A case report

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Introduction Schizophrenia could be presented with obsessive thoughts or an obsessive-compulsive disorder. It is known that some antipsychotics like clozapine could cause obsessive symptoms or worsen them.
Case Report We report the case of a 53-year-old male who was diagnosed of schizophrenia. The patient was admitted into a long-stay psychiatric unit due to the impossibility of outpatient treatment. He presented a chronic psychosis consisted in delusions of reference, grandiose religious delusions, and auditory pseudohallucinations. He often presented behavioral disturbances consisted in auto and heteroaggressive behavior, being needed the physical restraint. Various treatments were used, including clozapine, but obsessive and ruminative thoughts went worse. Because of that, clozapine dose was lowed, and it was prescribed sertraline and clomipramine. With this treatment the patient presented a considerable improvement of his symptoms, ceasing the auto and heteroaggressive behavior, presenting a better mood state, and being possible the coexistence with other patients. Psychotic symptoms did not disappeared, but the emotional and behavioral impact caused by them was lower.
Discussion This case report shows how a patient with schizophrenia could present severe behavioral disturbances due to obsessive symptoms. If obsessive symptoms are presented, clozapine must be at the minimum effective dose and antidepressants with a good antiobsessive profile.

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