Over 50 patients with a diagnosis of a psychotic-spectrum disorder taking antipsychotic medication will be assessed with the "AMAS" and the Medication Adherence Rating Scale. Additionally, each patient's psychiatrist will fill in a form with demographic and clinical variables (such as type of symptoms, previous adherence problems, current adherence, insight and other relevant variables).

*Results*    This is an ongoing study and the sample is still being collected (scheduled finish date: February/2016). Our statistical analysis' plan includes: reliability analysis (Chronbach's alpha, alpha if item deleted, inter item correlations and covariances and item-total correlations); validity (convergent validity); factorial analysis.

*Conclusions*    It is hypothesized that the "AMAS" will be a practical, reliable and valid unidimentional instrument with clinical utility assessing adherence to antipsychotics. The "AMAS" can be also useful in assessing intervention targets (e.g. psychoterapeutical, psychoeducational) to enhance adherence.

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

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## EW541

### Quality of Life Assessment in schizophrenia - development of a short version of the QLiS

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The QLiS (Quality of Life in Schizophrenia) is a disease-specific questionnaire with high content validity and sound psychometric properties. It comprises 54 items related to 12 subscales. However, its use in surveys or clinical studies is limited due to its length. Our aim was to develop and validate a short form of the QLiS.

Four steps were taken to develop the short form (QLiS-SF) using samples from the Clinical Analysis of the Treatment of Schizophrenia study. 1. A model with second order scales was developed using exploratory factor analysis. 2. The resulting model was tested in an independent sample using confirmative factor analysis (CFA). 3. Based on this model, items were selected on grounds of distributional properties, content reviews, and item loadings. 4. The resulting short form was validated independently through CFA.

*Results*    Three second order scales were constructed: illness-related quality of life, social life, and global subjective well-being. CFA of the new theoretical model resulted in a CFI of 0.67 and absolute fit indices of CMIN/df = 2.55, RMSEA = 0.08, SRMR = 0.09. We selected 13 items that showed good statistical properties and good fit of content to subscale. Fit of the underlying theoretical model with the 13 items was satisfactory (CFI = 0.95, CMIN/df = 2.23, RMSEA = 0.06, SRMR = 0.04). Composite reliability scores for the three subscales were above 0.70.

The QLiS-SF showed adequate model fit and reliability. It offers a novel, well-founded opportunity to assess quality of life in persons with schizophrenia in situations in which the application of the long version is not considered possible.

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

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## EW542

### The relationship between childhood trauma and theory of mind in schizophrenia

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*Introduction*    A history of childhood trauma is reportedly more prevalent in people suffering from psychosis than in the general population. Previous studies linked childhood trauma (CT) to neurocognitive impairments in schizophrenia (SCZ), but rarely to theory of mind (TOM) deficits.

*Objectives*    To investigate the relationship between TOM deficits and CT in SCZ.

*Methods*    Fifty-eight outpatients with stable SCZ completed the Childhood Trauma Questionnaire retrospectively assessing five types of childhood trauma (emotional, physical and sexual abuse, and emotional and physical neglect). They also completed an intention-inferencing task, in which the ability to infer a character's intentions from information in a short story is assessed.

*Results*    Our results suggest a relationship between specific kinds of CT and TOM deficits. A history of childhood physical neglect was significantly correlated to a worse performance in the intention-inferencing task ($P = 0,001$). Patients with higher scores of CT denial also had less correct answers ($P = 0,035$) and more false answers ($P = 0,013$).

*Conclusions*    Our results need replication but underline the necessity of investigating psychosocial mechanisms underlying the development of social cognition deficits, including deficits in TOM.

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

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## EW544

### Effectiveness of Brief Individual Cognitive Behavioral Therapy for auditory hallucinations in a sample of Egyptian patients with schizophrenia

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*Background*    Auditory hallucination is one of the most common symptoms in schizophrenia. The frequency of the auditory hallucinations and ensuing distress make the individual believe that these voices are not able to be controlled and to be coped with.

*Aim*    Testing the effectiveness of brief cognitive behavioral therapy for psychosis (CBTp) for auditory hallucinations, using it in modifying the beliefs about the voices and improving symptom severity and overall functioning.

*Methods*    Forty participants with schizophrenia were randomized into intervention and control groups. Intervention group were 20 patients who received 8 individual sessions of CBTp plus Treatment As Usual (TAU) over 8 weeks and the control group were the other 20 patients who received TAU only. The Positive and Negative Syndrome Scale (PANSS), the Arabic version of Beliefs About Voices Questionnaire (BAVQ) and the General Assessment of Functioning scale (GAF) were assessed at baseline and at the end of the study.

*Results*    Intervention group showed a statistically significant increase in GAF ($P = 0.012$), a statistically significant reduction regarding the Positive ($P < 0.001$), Negative ($P = 0.008$), General ($P < 00.001$) and total ($P \leq 00.001$) sub-scales of PANSS. Regarding