comparison to the initiation of the treatment 18% of the patients were slightly better, 45% moderately better and 36% much better.
Conclusion   A remarkable clinical improvement was observed, maintaining good health, with an acceptable level of functionality. This study shows that the incorporation of long-acting Aripiprazole to the treatment of our sample has been a significant improvement in overall functioning of the patient.
Disclosure of interest   The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.615

EW499

A multicentric study on cognitive functions in a large sample of patients with schizophrenia and their unaffected first-degree relatives

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Introduction   Neurocognition may represent an indicator of genetic risk and poor outcome in schizophrenia patients (SCZ) predicting real life functioning.
Objectives   As cognitive performance of unaffected first-degree relatives (UR) is intermediate between SCZ and healthy controls (HC), neurocognitive impairment may represent a marker of vulnerability to schizophrenia.
Aims   To investigate social and neurocognition in all subjects and their impact on functional capacity of patients as markers of vulnerability.
Methods   Sample: 922 SCZ, 379 UR and 780 HC. Assessment: MATRICS Consensus Cognitive Battery (neurocognition), Facial Emotion Identification Test and Awareness of Social Inference Test (social cognition) and Specific Level of Functioning Scale (social functioning). Analyses: Structural Equation Model (SEM) analyses to model the impact of all variables on functional outcome.
Results   SCZ scored worse in all domains than UR and HC. UR had significant impairments in all cognitive domains with respect to HC. Cognitive functioning had direct and indirect impacts on functional outcome mainly through social cognition and functional capacity. Social cognition had a direct impact on outcome, independent of neurocognition.
Conclusion   SCZ and UR display similar patterns of social and neurocognition deficits. Our results confirm a strong impact of neurocogniton on functional outcome. Social cognition has become an interesting object of study and its conceptualization as trait variable and the existence of a continuum between SCZ and UR are hypotheses for further research.
Acknowledgements   The study was carried out within the project "Multicenter study on factors influencing real-life social functioning of people with a diagnosis of schizophrenia" of the Italian Network for Research on Psychoses.
Disclosure of interest   The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.617

EW500

Validation of the remission criteria in a Chinese population with chronic schizophrenia

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Background   A consensus definition of symptomatic remission in schizophrenia was recently established based on a fixed threshold for symptom severity and a time component. The objective of this study was to determine the clinical relevance of this definition in a Chinese population and find the predictors of symptomatic remission, functional outcome and cognition.
Methods   Seventy-five schizophrenic patients were recruited within a period of 2 years. All patients need to prospectively be followed up in an outpatient clinic for at least 6 months. During this period, it was not allowed to adjust their medications. Three different definitions of symptomatic remission included the Remission in Schizophrenia Working Group (RSWG), clinical global impression (CGI) and brief psychiatric rating scale (BPRS) was evaluated. In addition, the function and cognition was assessed as the measured outcomes. The prediction model of outcomes measurement was used for statistic analysis.
Results   The cumulative percentage of achieving remission criteria among three different definitions of symptomatic remission was 52% in RSWG criteria, 63% in CGI and 65% in BPRS, respectively. In comparison of remitted and non-remitted groups, there were significant differences in sex, education, function and cognition in terms of RSWG definition but not in CGI and BPRS. Female gender and education were two factors for predicting symptomatic remission and function, whereas body mass index and education were two factors for prediction of better cognition.
Conclusions   Our study indicates that the definition of RSWG was more clinical relevant compared with CGI and BPRS in Chinese schizophrenia.
Disclosure of interest   The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.618

EW501

Association between implicit motor learning and neurological soft signs in schizophrenia

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Introduction   Schizophrenia (SZ) patients present subtle motor deficits known as Neurological Soft Signs (NSS). Those deficits encompass impairments of motor coordination, sequencing of complex motor acts and sensory integration. It has been shown that SZ patients present also deficits of higher motor functions as implicit motor learning. Growing number of studies indicate that both NSS and implicit motor learning deficits are associated with impairments of common cortico-cerebellar pathways, however relationship between these two deficits has not been evaluated yet.
Objectives   To assess NSS and implicit motor learning in SZ patients.
Aims   To evaluate associations between NSS and implicit motor learning scores in SZ patients.
Methods   Twenty schizophrenia patients and 20 healthy controls were examined. Patients were under olanzapine, clozapine or que-