

patients in their clinical trials. Older age, an increased percentage of men gender or inpatient status tend to escalate the score difference of decision-making competence compared to non-mentally-ill subjects in various dimensions of the decision-making capacity. The main limitations of the study are: (1) a decreased number of studies included in the analysis is small (2) only three studies included data about enhanced ways of informing potential subjects.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2128>

EW0259

Diagnostic stability in the first episode of psychosis

M. Duarte*, A. Batista, J. Maia

Centro Hospitalar de Leiria, Psychiatry, Leiria, Portugal

* Corresponding author.

Introduction Early intervention programs in psychosis have demonstrated efficiency in reduction the duration of untreated psychosis, relapse prevention, socio-professional integration and prognosis improvement. In daily practice, it is evident the clinical heterogeneity of the first episodes of psychosis (FEP), as well as the difficulty in initially assigning a specific diagnosis, being difficult to do the differential diagnosis and verifying, during follow-up, very different clinical outcomes among patients.

Objectives/aims Two years after the start of specific consultation for FEP, the authors intended to characterize the followed patients and their evolution, comparing socio-demographic and clinical parameters, with emphasis on diagnosis at the first visit and after two years assessing their variability/stability.

Methods Data research from a 48 patients sample followed up on the FEP consultation.

Results The diagnostics on the first consultation were 79% psychosis with no other specification (NOS), followed by cannabinoids addiction in 35%. After two years, in 29% of cases, there was a diagnostic change being actually 46% Psychosis NOS, 21% cannabinoids addiction and 17% schizophrenia. Initially, only 39% did not have previous history of toxic substances use, being 75% the current percentage. Six percent abandoned the consultation.

Conclusions The authors conclude that, in this specific psychiatry consultation, it is important to initially keep an unspecified diagnostic, with further progressive evaluation allowing a more accurate diagnostic, since the initial diagnostic specification is often found to be incorrect, with adverse consequences for the patient. It would be useful to compare the results with a sample of patients under “as usual” treatment.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2129>

EW0260

Auditory verbal hallucinations in first episode psychosis – an fMRI symptom capture study

T. Dunne^{1,*}, P. Mallikarjun², M. Broome³, B. Farmah⁴, K. Heinze⁵, R. Reniers⁵, S. Wood^{5,6}, F. Oyebo², R. Upthegrove²

¹ University of Birmingham, College of Medical and Dental Sciences, Birmingham, United Kingdom

² University of Birmingham, Barberray, Birmingham and Solihull Mental Health NHS Foundation Trust, Birmingham, United Kingdom

³ University of Oxford, Department of Psychiatry, Oxford, United Kingdom

⁴ Worcester Health and Care NHS Trust, Psychiatry, Worcester, United Kingdom

⁵ University of Birmingham, School of Psychology, Birmingham, United Kingdom

⁶ University of Melbourne, Department of Psychiatry, Melbourne, Australia

* Corresponding author.

Introduction Neurobiological models of auditory verbal hallucination (AVH) have been advanced by symptom capture functional magnetic resonance imaging (fMRI), where participants self-report hallucinations during scanning. To date, regions implicated are those involved with language, memory and emotion. However, previous studies focus on chronic schizophrenia, thus are limited by factors, such as medication use and illness duration. Studies also lack detailed phenomenological descriptions of AVHs. This study investigated the neural correlates of AVHs in patients with first episode psychosis (FEP) using symptom capture fMRI with a rich description of AVHs. We hypothesised that intrusive AVHs would be associated with dysfunctional salience network activity.

Methods Sixteen FEP patients with frequent AVH completed four psychometrically validated tools to provide an objective measure of the nature of their AVHs. They then underwent fMRI symptom capture, utilising general linear models analysis to compare activity during AVH to the resting brain.

Results Symptom capture of AVH was achieved in nine patients who reported intrusive, malevolent and uncontrollable AVHs. Significant activity in the right insula and superior temporal gyrus (cluster size 141 mm³), and the left parahippocampal and lingual gyri (cluster size 121 mm³), $P < 0.05$ FDR corrected, were recorded during the experience of AVHs.

Conclusions These results suggest salience network dysfunction (in the right insula) together with memory and language processing area activation in intrusive, malevolent AVHs in FEP. This finding concurs with others from chronic schizophrenia, suggesting these processes are intrinsic to psychosis itself and not related to length of illness or prolonged exposure to antipsychotic medication.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2130>

EW0261

QTc Interval in individuals with schizophrenia receiving antipsychotic as monotherapy or polypharmacy

A. Elliott^{1,2,*}, M. Højlund^{1,2}, T.J. Mørk¹, T. Christensen¹, R. Jeppesen¹, N.J. Madsen¹, A.G. Viuff³, P. Hjorth⁴, J.C. Nielsen⁵, P. Munk-Jørgensen^{1,2}

¹ Aarhus University Hospital, Department of Affective Disorders, Risskov, Denmark

² Psychiatric Research Academy, Psychiatric Hospital and University of Southern Denmark, Odense, Denmark

³ Regional Psychiatry Services West, Department of Psychiatry, Herning, Denmark

⁴ Region of Southern Denmark, Department of psychiatry, Kolding/Vejle, Denmark

⁵ Aarhus University Hospital, Skejby, Department of Cardiology, Skejby, Denmark

* Corresponding author.

Introduction Antipsychotics are associated with the polymorphic ventricular tachycardia, Torsade's de pointes, which in worst case can lead to sudden cardiac death. The QTc interval is used as a clinical proxy for Torsade's de pointes. QTc interval is prolonged by monotherapy with antipsychotic, but it is unknown if the QTc interval is prolonged further with antipsychotic polypharmacy.

Objectives To investigate the associations between QTc interval and antipsychotic mono- and polypharmaceutical treatment, respectively, in schizophrenic patients.

Aims To learn more about the impact of antipsychotics on the QTc interval.

Methods An observational cohort study of unselected patients with schizophrenia visiting outpatient facilities in the Region of Central Jutland, Denmark. Patients were enrolled from January 2013 through March 2015 with follow-up until June 2015. Data was collected from clinical interviews and clinical case records.

Results ECGs were available in 58 patients receiving antipsychotic treatment. We observed no difference in average QTc interval for the whole sample of patients receiving monotherapy or polypharmacy ($P=0.29$). However, women presented longer QTc-interval on polypharmacy than on monotherapy ($P=0.01$).

Conclusion We recommend an increased focus on monitoring the QTc interval in woman with schizophrenia receiving antipsychotics as polypharmacy.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2131>

EW0262

Postural control and executive functioning in patients with schizophrenia

M. Yildirim¹, A. Elvan¹, G. Ercegil^{2,*}, I.E. Simsek¹, S. Savci¹, K. Alptekin³

¹ Dokuz Eylul University, School Of Physical Therapy And Rehabilitation, Izmir, Turkey

² EGE University, Psychology Department, Izmir, Turkey

³ Dokuz Eylul University, Psychiatry Department, Izmir, Turkey

* Corresponding author.

Introduction Patients with schizophrenia commonly show deficits in executive functioning that allow a person to make plans, solve problems, do many tasks simultaneously and adapt to unexpected conditions. Executive dysfunction is associated with very simple and automatic activities, such as walking in schizophrenia patients. However, no study exists about its relation to postural control in these patients.

Aim To investigate the effect of executive functioning on postural control using dual task paradigms.

Methods Fifteen clinically stable schizophrenia outpatients and 15 healthy controls were enrolled in the study. Postural control was assessed with bilateral stance test using the Balance Master system under three different conditions with eyes open and eyes closed (EC): without a task, during a cognitive task (verbal fluency) and during a motor task (holding a cup of water).

Results Standing on a foam surface with EC resulted in higher postural sway velocities in schizophrenia patients under all conditions ($P=0.009$, $P=0.032$, $P=0.013$). During a cognitive task, both schizophrenia patients and healthy controls showed higher velocities on firm surface with EC in comparison to the condition without a task ($P=0.023$). Both schizophrenia patients and healthy controls did not show higher postural sway velocities during the motor task.

Conclusion The effect of verbal fluency on postural sway shows the relationship between executive functioning and postural control in schizophrenia patients. Foam surface also higher postural sway velocities in schizophrenia patients in EC condition suggesting the difficulties in integrating the proprioceptive information in the absence of visual input.

Keywords Executive functioning; Schizophrenia; Postural control

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2132>

EW0263

Patients with severe schizophrenia. functioning improvement after 7-year of comprehensive treatment

J.J. Fernandez-Miranda^{1,*}, S. Díaz-Fernández², D.F. Frías-Ortiz²

¹ SESPAsturian Mental Health Service, AGCSM-V, Gijón, Spain

² SESPAsturian Mental Health Service, AGCSM-V, Gijón, Spain

* Corresponding author.

Introduction To reach not only clinical but also rehabilitation (especially to improve psychosocial functioning) goals in people with schizophrenia is a need.

Objective To know the retention in treatment and functional outcomes of patients with severe schizophrenia enrolled in a specific and comprehensive programme for 7 years.

Method A 7-year prospective, observational study of patients with severe schizophrenia (CGI-S of 5 or over) undergoing comprehensive programme ($n=200$). Assessment included at the beginning and after 3, 6, 12, 24, 36 and 84 months: the CGI-S, the Camberwell Assessment of Needs (CAN) and the WHO-DAS. Time in treatment, reasons for discharge, laboratory tests, weight, medications, adverse effects and hospital admissions in the previous six years and during the follow-up were registered.

Results CGI at baseline was 5.9 (0.7). After seven years, 44% of patients continued under treatment (CGI=4.3 (0.8); $P<0.01$); 36% were medical discharged (CGI=3.4 (1.5); $P<0.001$); WHO-DAS decreased in the four areas ($P<0.005$) and also CAN ($P<0.01$); 8% were voluntary discharges. Ten patients dead; three of them committed suicide (1.5%). Hospital admission decreased significantly ($P<0.001$), and also antipsychotic combinations and antiparkinsonian medications. Fifty-five percent of all of them were treated with atypical long-acting antipsychotics, with good tolerability and few side effects (among them, only 4% were voluntary discharges).

Conclusion Retention of patients with schizophrenia with severe symptoms and impairment in a specific and comprehensive programme was really high. Such good treatment adherence helped to get remarkable clinical and functional improvement. Long-acting medication seemed to be useful in improving treatment adherence.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2133>

EW0264

Extrapyramidal side effects and functional remission in schizophrenia

B. Ghajati^{1,*}, C. Leila², L. Raja¹, C. Majda²

¹ Razi Hospital, Psychiatry Department "C", Tunis, Tunisia

² Razi Hospital, Psychiatry Department "E", Tunis, Tunisia

* Corresponding author.

Treating patients with schizophrenia has evolved towards including, as an effective goal, their functional remission. Beyond the discrepancies in this concept definition, a plethora of studies has been conducted trying to identify predictors of functioning in schizophrenia. Among which antipsychotic prescription and related side effects.

Aim Explore extrapyramidal side effects link with functional prognosis of patients with schizophrenia spectrum disorder.

Methods We conducted a cross-sectional, retrospective and descriptive study in the psychiatry department "C", in Razi hospital (Tunis), between October 2014 and March 2015. Sixty patients suffering from schizophrenia spectrum disorder (DSM IV-R) were included. Functional status was explored with the Global Assessment of Functioning Scale (GAF), the Social and Occupational Functioning Assessment Scale (SOFAS) and the Social Autonomy Scale (EAS). Extrapyramidal side effects (EPS) were evaluated using the Simpson and Angus Rating Scale (SAS).

Results Functional remission was achieved according to GAF, SOFAS and EAS in respectively: 63,30%, 48,30% and 51,70% of the patients. SAS mean score was 0.898 ± 0.29 (0.4–2). Although SAS showed no significant association with GAF, SOFAS and EAS global scores, patient with less EPS had better autonomy in EAS' dimension "Relationship with the outside" ($P=0.048$).