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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.

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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 lowered, 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.

Conclusions Obsessive symptoms could be presented as a part of schizophrenia. Clozapine could worsen this symptoms and it is necessary to adjust its dose to the minimum effective dose.

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EV1138

Treatment of schizophrenia with aripiprazole may contribute to improved functions

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Introduction The goals with modern treatment of schizophrenia are to achieve remission of clinical symptoms, prevent relapse, and to restore the patients' functions.

Objectives/aims The objective of this study was to investigate the impact of treatment with the partial dopamine agonist aripiprazole on functions, measured as time spent for work or studies, in patients with schizophrenia or schizoaffective disorder.

Methods Retrospective data on employment and study activities were collected for all patients between 18–65 years with schizophrenia or schizoaffective disorder at an open care psychosis clinic in Sweden ($n = 104$). Possible impact of treatment with aripiprazole and of other variables, such as age, gender, and disease severity, was analysed.

Results Among patients who worked or studied at Day of admission ($n = 36$), the probability of maintaining or increasing time for work or studies was significantly higher in patients treated with aripiprazole compared with patients who were not (88% versus 53%; $P = 0.020$). This difference remained significant after controlling for severity of symptoms, age and sex. A secondary analysis, including all patients (independent of work or study status at Day of admission) also showed a significant difference in favour of aripiprazole (53% versus 26%, $P = 0.005$).

Conclusions The results indicate that patients treated with aripiprazole (monotherapy or add-on) have higher probability of maintaining functional capacity. A plausible explanation might be aripiprazole's favourable effect on cognitive functions.

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EV1140

A comprehensive systematic screening protocol for assessment of medical comorbidities in schizophrenia

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Introduction Difficult access and low quality of health care are recognized as factors that may account for the excess deaths widely reported in patients with schizophrenia. As a matter of fact, psychiatrists not always possess adequate competences in the assessment of physical health, while non-psychiatric physicians receive little

training in psychiatry and are not prepared to take care of subjects with severe mental illnesses.

Objectives We present a comprehensive and systematic algorithm for screening medical comorbidities, conceived to be easy to use for psychiatrists, after a brief training.

Aims The study is aimed to implement an instrument for proper detection and management of physical illnesses in people with schizophrenia.

Methods The screening protocol, developed by internal medicine specialists, was applied to 15 subjects in two independent assessments, one performed by trainees in psychiatry, after a brief training, and one carried out by one specialist and two trainees in internal medicine. The analysis of the inter-rater reliability was carried out by calculating the Cohen's kappa coefficient and the intraclass correlation coefficient as appropriate.

Results The agreement among raters resulted excellent for 61% of items, good for 17%, moderate for 18% and scarce for 4%. The few items showing scarce inter-rater reliability were excluded. The final algorithm is being tested for feasibility in psychiatric settings.

Conclusions The proposed screening protocol resulted in a suitable tool, showing moderate to excellent inter-rater reliability, that can be used in clinical practice by psychiatrists after a brief training.

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

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EV1142

Internalized stigma, negative symptoms and global functioning in schizophrenia

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Introduction Negative symptoms (NS) of schizophrenia were usually described as a unitary construct and as a separable domain of pathology; however recent studies suggest, that they encompass 2 separable domains: Diminished Expression (DE) and Avolition-Apathy (AA). Research into the relationship between internalized stigma and NS have yielded mixed results up to present.

Objective The objectives of this study was to assess the factor structure of NS and to examine the relationship between these factors and internalized stigma, global functioning and sociodemographic characteristics.

Aims The broad aim of this study was to gather greater understanding of the relationship between internalized stigma, NS and global functioning.

Methods A sample of 50 consecutive subjects were recruited from outpatient psychiatric hospitals meeting the criteria for schizophrenia according to ICD-10. The patients were evaluated using the Positive and Negative Symptoms Scale (PANSS), Negative Symptoms Assessment-16 items (NSA-16), Global Assessment of Functioning (GAF), Clinical Global Impression-Severity Scale (CGI-s), Internalized Stigma of Mental Illness Scale (ISMI) and were interviewed to assess sociodemographic characteristics.

Results A two-factor structure for the domain of NS was found: an AA and DE profile group. AA and DE subgroups significantly differed on clinically relevant external validators and greater resistance to stigma is related to both fewer AA and DE symptoms in people with schizophrenia.

Conclusions Our findings suggest that the different subdomains of NS can be identified within the broader diagnosis of schizophrenia and that they should be analyzed as distinct domains and that stigma resistance can be a possible intervention target to ameliorate NS.