women. Thus, AVP may increase the differences between men and women on social cognition.

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EW0817

Long-term metabolic effect of second-generation antipsychotics in first episode of psychosis

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Introduction There is growing evidence indicating that the use of second-generation antipsychotic (SGA) treatments in psychosis is related to potential metabolic side effects. Previous studies have shown clear metabolic side effects at short-term (12 weeks). However, to detect clinically-relevant impairment in metabolic parameters a long-term follow-up is preferred.

Objectives The aim of this study was to investigate the effect of aripiprazole, ziprasidone and quetiapine on metabolic measures in medication-naïve first episode psychosis patients after 1 year of treatment.

Methods One hundred and sixty-eight, drug-naïve patients, suffering from a non-affective first episode of psychosis, were included in the present study. Patients were randomly assigned to quetiapine, ziprasidone or aripiprazole treatment lines. Weight and glucemic/lipid parameters were recorded at baseline and after 1 year of treatment. Other clinical and socio-demographic variables were recorded to eliminate potential confounding effects.

Results Weight ($t = -10.85$; $P < 0.001$), BMI ($t = -11.38$; $P < 0.001$), total cholesterol ($t = -5.37$; $P < 0.001$), LDL-cholesterol ($t = -5.21$; $P < 0.001$), triglycerides ($t = -5.18$; $P < 0.001$) and the triglyceride/HDL insulin resistance index ($t = -4.09$; $P < 0.001$), showed statistically significant increments after 1 year of treatment. Moreover, on comparing the percentage of patients with pathological levels before and 1 year after the antipsychotic treatment, we detected higher percentages of patients with obesity (5.1% vs. 15.3%; $P < 0.001$), hypercholesterolemia (23.2% vs. 39.6%; $P < 0.001$) and hypertriglyceridemia (5.8% vs. 14.2%; $P = 0.021$) after 1 year of treatment.

Conclusions The primary exposure to SGAs during the first year of psychosis was associated with significant increments in weight and metabolic parameters leading to a significant increment in the proportion of obesity, hypertriglyceridemia and hypercholesterolemia in our sample.

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

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EW0818

Lack of differential long-term metabolic profile of aripiprazole, quetapine and ziprasidone in first episode of psychosis

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Introduction The use of second-generation antipsychotic (SGA) treatments in psychosis has been associated with metabolic changes. However, there are differences in metabolic profile between SGAs. In a previous study conducted in our sample of first episode psychosis patients, we observed that the ziprasidone had a more benign metabolic profile compare to aripiprazole and quetiapine, at short-term (12 weeks). However, to detect clinically-relevant impairment in metabolic parameters a long-term follow-up is preferred.

Objectives The aim of this study was to investigate if the differentiated metabolic profile of aripiprazole, ziprasidone and quetiapine observed at short-term is maintained after 1 year of treatment in a sample of drug-naïve patients with a first episode of psychosis.

Methods One hundred and sixty-eight, drug-naïve patients, suffering from a non-affective first episode of psychosis, were included in the present study. Patients were randomly assigned to receive quetiapine, ziprasidone or aripiprazole. Weight and glucemic/lipid parameters were recorded at baseline and after 1 year of treatment. Other clinical and socio-demographic variables were recorded to eliminate potential confounding effects.

Results No significant differences between antipsychotic groups (all $F < 2.61$; $P > 0.05$) were found in any of the metabolic parameters studied after one year of treatment.

Conclusions Despite the metabolic profile differences observed at short-term in our previous studies, we did not find significant differences in the metabolic and weight parameters studied between treatment groups after one year of treatment, concluding that they present similar metabolic profiles at long-term. Other clinical individual interventions (e.g.: diet, exercise), not here controlled, may have influenced possible differences in long-term metabolic outcomes.

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

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Differentiated psychopharmacological treatment in three genetic subtypes of 22q11.2 deletion syndrome

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Introduction The 22q11.2 deletion syndrome (22q11DS), mostly caused by the common deletion including the *TBX*- and *COMT*-genes (LCR22A-D), is highly associated with somatic anomalies. The distal deletion (distal of LCR22D) comprises the *MAPK1*-gene and is associated with specific heart defects. The rare central deletion (LCR22B-D) encompasses the *CRKL*-gene and shows predominantly urogenital anomalies. 22q11DS also differs in its neuropsychiatric profile: common deletion accompanied by schizophrenia-like psychoses and autism spectrum disorders, distal deletion by anxiety disorders, and central deletion by autistic-like behaviours.

Objectives Investigating genetic subtypes of 22q11DS.

Aims Achieving a targeted pharmacological treatment based on genetic sub-typing.

Methods Thirty-two patients with genetically proven 22q11DS, referred for detailed neuropsychiatric analysis.

Results Apart from two patients with distal deletion and one with central deletion, common 22q11.2 deletion was detected in