Conclusion The results of the present study are in favor of the choice of SGA in SZ patients with aggressiveness, but these results need further investigation in longitudinal studies. Given the potent side effects of benzodiazepines (especially dependency and cognitive impairment) and the results of the present study, their long-term prescription is not recommended in patients with schizophrenia and aggressive behavior.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.611

EW494
Emotional recognition during the course of schizophrenia

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Introduction Adequate emotion identification ability facilitates forming emotional relationships and effective communication. Patients suffering from schizophrenia have deficits in emotional recognition (ER), which leads to impaired social and occupational functioning.

Objectives To compare the differences in ER between the healthy control group (HC) and two patient groups at different phases of illness: first episode psychosis (FEP) and chronic, multi-episode schizophrenia (MEP).

Aims To investigate the pattern of emotional recognition deficit during the course of schizophrenia.

Methods We compared three groups of participants: MEP, FEP and HC, each containing 50 participants, based on their emotional recognition abilities using the Penn Emotion Recognition Task and The I FEEL Pictures. Patients were diagnosed using Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria for schizophrenia (schizophreniform disorder) with their psychopathology rated with the Positive and Negative Syndrome Scale (PANSS) scale. Besides ER tasks, patients were administered self-evaluation scales for the assessment of quality of life, depression, suicidality, impulsivity, aggression, and relationship with their parents.

Results Our findings showed deficits in emotional recognition ability of both patient groups in comparison with HC, especially in the identification of negative emotions: sadness, fear and anger. There was no statistically significant difference between groups in the identification of happiness. First episode patients showed better results than the MEP group.

Conclusions Although the FEP group was more successful than the ME group, our results showed that the emotional recognition impairment exists at a significant level even at the beginning of the illness.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.612

EW496
Virtual reality insights into schizophrenic patients' way to interpret an Avatar's help

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With regards to the neurocognitive deficits and cognitive bias of schizophrenic disorders, it may be hypothesized that these patients suffer a deficit in recognizing helping intentions in others. To investigate help recognition, new technologies allowing to control an interaction with virtual affective agents were used with an adaptation of a previously described card-guessing paradigm (project COMPARSE ANR-11-EMCO-0007). We investigated whether the same game proposed successively by two virtual agents asking either empathetic (i.e. on the subject's feelings) or non-empathetic (i.e. on technical aspects of the game) questions to the participant would elicit different interpretations on their intentions. Dependent variables consisted of monetary allocation to the virtual agent, of questionnaires assessing the agent's help, interest, attention, etc. A group of 20 individuals with schizophrenia and one of 20 healthy controls, matched on gender, with comparable age, estimated verbal-IQ and educational level were recruited. The healthy subjects' ratings of the virtual agent's behavior demonstrated that they interpreted empathetic questioning as helping and rewarded it positively with an increased monetary allocation. Schizophrenic patients had a qualitatively reduced perception of the differences between the two agents. Only the rating concerning the "interest/attention" of the agent toward them exhibited medium effect size when contrasting conditions. Hypothetically, schizophrenic patients take into account the fact they are the object of another's attention, but may fail to infer the intentional meaning and to provide an increased monetary allocation.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.614

EW497
Clinical experience with aripiprazole long-acting injection

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Introduction Aripiprazole long-acting injection is the latest long-acting injectable (LAI) antipsychotic medication released in the market which requires a monthly injection.

Objectives The aim of our study is to present our experience in the use of Aripiprazole long-acting injection as maintenance therapy in patients with schizophrenia and other psychotic disorders.

Methodology Our sample consists of 20 patients who started treatment with long acting aripiprazole during the last 6 months of its release. Validated scales for collecting information on sociodemographic, clinical evaluation (CGI scale), quality of life (health questionnaire SF-36) and function (Sheehan Disability Inventory and social relationship scale SBS) were used.

Results The health condition of the patients was generally good and 68% reported feeling better than during the last year. Social functioning was adequate (level 1 or 2) in about 70% of the patients. Social, employment and family's disability was mild in 57% of cases, the average stress' perception was 23% and the average social support perception was 72%. Regarding the clinical evaluation, in