

between the two groups regarding the different socio-demographic variables and the age of onset of disease. Significant difference was found between the two groups regarding: personal antecedents of attempt of homicide ( $P < 0.003$ ), personal antecedents of attempt of suicide ( $P < 0.001$ ), a history of previous violence ( $P = 0.005$ ), untreated psychosis before the act ( $P < 0.001$ ) poor medication compliance and a low familial support ( $P < 0.001$ ), antisocial behavior ( $P < 0.001$ ), addictive behavior ( $P = 0.007$ ).

**Conclusion** Awareness of these factors will allow us to provide improved prevention of violence within schizophrenic subjects.

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

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#### EW0478

### Elevated C-reactive protein levels associated with aggressive behavior in Moroccan patients with schizophrenia

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**Background** Recent studies reported an association between aggression and inflammation. In this study, we examined the association between aggressive behavior and inflammatory markers (serum levels of CRP) in schizophrenia inpatients.

**Methods** Adult schizophrenia inpatients ( $n = 145$ ) were prospectively identified and categorized according to their C-reactive protein measurement at admission as either elevated (CRP  $> 1$  mg/dL;  $n = 45$ ) or normal (CRP  $< 1$  mg/dL;  $n = 100$ ). The following indicators of aggression were compared: PANSS excitement component (PANSS-EC), restraints and suicidal behavior during hospitalization.

**Results** The results show that patients with elevated CRP levels are more aggressive during hospitalization as detected by statistically significant higher scores of aggressive behavior (PANSS-EC score), and by increased rates of physical restraint during hospitalization. No statistically significant differences in the other clinical features, including suicidal behavior.

**Conclusion** Our results are consistent with previous findings linking schizophrenia to activation of the inflammatory response system.

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#### EW0479

### Relationship between childhood trauma and psychotic symptoms in patients with schizophrenia

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**Introduction** The association between childhood trauma and psychotic symptoms is still not clearly understood. Findings for positive and negative symptoms are confounding. This symptomatic response may differ according to the type of childhood trauma, for example childhood abuse was associated with positive symptoms while childhood neglect was associated with negative symptoms.

**Objectives** This study examined the relationship between childhood trauma and psychotic symptoms in schizophrenic patients after controlling for the possible confounding factors, such as clinical features, depression, and sleep quality.

**Methods** The childhood trauma questionnaire – short form, Positive and Negative Syndrome Scale (PANSS), Calgary Depression Scale for Schizophrenia, Pittsburgh sleep quality index, and the suicidality subscale of mini-international neuropsychiatric interview were administered to 199 patients with schizophrenia. We used sequential multiple stepwise regression analyses in which positive symptoms, negative symptoms, overall psychopathology and total symptoms of schizophrenia were dependent variables.

**Results** Depressive symptomatology and childhood physical abuse (CPA) significantly contributed to positive, negative, general psychopathology and global schizophrenia symptomatology. Stepwise regression analysis results are presented in Table 1.

**Conclusions** Our findings suggest that CPA during childhood could have an impact on psychopathology in schizophrenia.

Table 1 Stepwise regression analysis results.

	Depressive symptomatology	Childhood physical abuse
Positive symptoms	$\beta = 0.29, t = 4.051$ $P < 0.001$	$\beta = 0.20, t = 3.160$ $P < 0.01$
Negative symptoms	$\beta = 0.30, t = 4.575$ $P < 0.001$	$\beta = 0.14, t = 2.214$ $P < 0.05$
General psychopathology	$\beta = 0.53, t = 8.966$ $P < 0.001$	$\beta = 0.17, t = 2.939$ $P < 0.01$
PANSS Global	$\beta = 0.46, t = 7.643$ $P < 0.001$	$\beta = 0.20, t = 3.343$ $P < 0.01$

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

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#### EW0480

### Quality of life in healthy siblings of patients with first episode of psychotic illness and its predictors

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Families of patients with first episode of psychotic illness are exposed to numerous distress factors related to the care of their relative. It has been shown that these families experience higher levels of anxiety, depression, economic strain, and helplessness. According to the prior studies, long-term psychotic illness can also have negative impact on quality of life (QoL) in healthy siblings [1]. The aim of our study was to assess QoL in siblings of patients with first episode of psychosis and to examine effects of sibling-related and illness-related variables on QoL. Study sample consisted of first-episode psychosis patients ( $n = 20$ ) and their healthy siblings ( $n = 20$ ). All subjects were administered World Health Organisation Quality of Life Questionnaire Scale Brief (WHOQOL-Brief). Duration of untreated psychosis, medication adherence (Hayward scale) and severity of positive psychotic symptomatology (evaluated by Positive and Negative Symptom Scale) were used as illness-related variables, birth order served as a sibling-related variable. QoL has

been accepted as a valuable outcome measure in many psychiatric conditions; thus, identification of contributing factors may help to improve overall outcome. Moreover, close monitoring of adverse effects of illness on QoL in healthy siblings may become a part of larger prevention strategies.

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#### Reference

- [1] Bowman S, Alvarez-Jimenez M, Wade D, Howie L, McGorry P. The impact of first episode psychosis on sibling quality of life. *Soc Psychiatry Psychiatr Epidemiol* 2014;49:1071–81.

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#### EW0481

### Diagnosis of predominant negative symptoms: Post-hoc analyses of a phase 3 clinical trial with cariprazine monotherapy and risperidone

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*Objective* To present, post hoc analyses from a controlled, prospective study of predominant negative symptoms (PNS) of schizophrenia on baseline patient characteristics, severity of symptoms and their variability among participating countries.

*Methods* Data were analyzed from a phase 3, randomized, double-blind, active-controlled, parallel-group study in adult PNS patients with schizophrenia (EudraCT Number 2012-005485-36). Subjects with a PANSS factor score for negative symptoms (PANSS-FSNS)  $\geq 24$  and no pseudo-specific factors (e.g. high positive symptoms, extrapyramidal symptoms, depression) were randomized to cariprazine 4.5 mg/d (dose range: 3–6 mg/d) or risperidone 4 mg/d (dose range: 3–6 mg/d) for 26 weeks. Baseline values of PANSS-FSNS, individual PANSS items, personal and social performance (PSP), and clinical global impression of severity (CGI-S) were analyzed based on the data gained from 11 European participating countries.

*Results* Average PANSS-FSNS of patients was  $27.6 \pm 2.48$ , reflecting severe negative symptoms. Patients were moderately ill (CGI-S  $4.2 \pm 0.75$ ), with marked difficulties (PSP  $48.4 \pm 10.78$ ) predominantly in social functioning. The investigated patient population was fairly homogeneous as shown by small variability in all three scores. Moreover, baseline values in the 11 countries presented low variability while number of enrolled patients per country showed high variance ( $n = 7–118$ ). Narrative description of symptoms and individual PANSS items rated as most severe and prominent were in high correlation.

*Conclusion* Post hoc evaluation of this predominant negative symptom study showed that, this patient population can be identified reliably by psychiatrist. Additional training on the judgment of personal and social relationships can increase the diagnostic accuracy.

*Disclosure of interest* Employee of Gedeon Richter Plc.

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#### EW0482

### Day-to-day and social functioning of patients with negative symptoms of schizophrenia: Post-hoc analyses of a phase 3 clinical trial with cariprazine monotherapy and risperidone

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*Introduction* Negative symptoms have substantial impact on day-to-day functioning of patients with schizophrenia affecting their ability to perform activities of daily living and to maintain personal relationships.

*Objective* To present post hoc data on day-to-day and social functioning of patients with predominant negative symptom (PNS) of schizophrenia, treated with cariprazine versus risperidone.

*Methods* Data from 26 weeks, phase 3, randomized, double-blind, active-controlled study in PNS patients were analyzed (EudraCT 2012-005485-36). Subjects with PNS (PANSS factor score for negative symptoms  $\geq 24$ ) were randomized to cariprazine 4.5 mg/d or risperidone 4 mg/d. Change from baseline to end of treatment on the personal and social performance scale (PSP) and PANSS prosocial subscale (P3, P6, N2, N4, N7, G16) was analyzed.

*Results* Significantly greater improvements were seen with cariprazine compared to risperidone in the change from baseline to end of treatment on the PSP (LSMD + 4.632 [2.71, 6.56];  $P < 0.001$ ) from week 10 onwards (effect size 0.48); in the PSP subdomains of self-care (LSMD  $-0.2$  [ $-0.3$ ;  $-0.1$ ];  $P = 0.004$ ), personal and social relationships (LSMD  $-0.2$  [ $-0.4$ ;  $-0.1$ ];  $P < 0.001$ ) and socially useful activities (LSMD  $-0.4$  [ $-0.5$ ;  $-0.2$ ];  $P < 0.001$ ); in the number of patients who improved at least 10 points on the PSP (OR 2.1;  $P = 0.001$ ) or shifted to a higher category (OR 2.2;  $P = 0.001$ ); and on the PANSS prosocial subscale (LSMD  $-0.8$  [ $-1.41$ ,  $-0.16$ ];  $P = 0.014$ ).

*Conclusion* Post hoc evaluation of this study showed that cariprazine treatment is associated with a clinically relevant improvement in patient functioning and social competence compared to risperidone.

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#### EW0483

### The relationship between negative symptoms and cognitive functioning in patients with an at risk mental state for psychosis

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*Introduction* Negative symptoms and cognitive impairments are both present in patients with an at risk mental state (ARMS) for psychosis and negatively affect functioning and outcome. According to previous studies in patients with first-episode psychosis, negative symptoms are negatively associated with cognitive functioning while positive symptoms do not seem to be associated. Yet, little is known about the specific relationship of negative symptoms and cognitive functioning in ARMS patients.

*Objective* To evaluate, the relationship between negative symptoms and cognitive functioning in ARMS patients.

*Methods* Data of 154 ARMS patients were collected within the prospective Basel early detection of psychosis (FePsy) study. Negative symptoms were assessed with the SANS, positive psychotic symptoms with the BPRS, cognitive functioning with an extensive neuropsychological test battery. Multiple regressions were applied and results were controlled for age and gender.

*Results* Regression analyses showed a significant, negative association between negative but not positive psychotic symptoms and cognitive functioning, showing the strongest association with verbal fluency (see Fig. 1). However, results mainly did not withstand correction for multiple testing.