

them. The use of ECT in schizophrenia is safe and effective and further research is needed to continue to support this treatment.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.671>

#### EW554

### Symptoms of schizophrenia and suicidal behaviour

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**Introduction** Risk prediction for suicide in schizophrenia is known to be complex. Illness-related risk factors are important predictors, with number of prior suicide attempts, depressive symptoms, active hallucinations and delusions.

**Aims** To analyze the impact of clinical features of schizophrenia on suicidal behaviour and analyze relationship between violence and suicidality.

**Methods** We compared a group of 28 suicidal, 32 hetero-aggressive and 60 non-aggressive male patients with schizophrenia. The severity of the psychopathology was assessed using PANSS, hetero-aggressiveness using OAS and suicidality using C-SSRS and InterSePT scales.

**Results** Suicidality is in positive correlation with the presence of depression ( $r=0.485$ ,  $P<0.001$ ) and imperative hallucinations ( $r=0.391$ ,  $P<0.001$ ) but in negative correlation with total PANSS score ( $r=-0.297$ ,  $P<0.001$ ), impulsiveness ( $r=-0.237$ ,  $P<0.001$ ) and hetero-aggressive behaviour ( $r=-0.551$ ,  $P<0.001$ ). Previous attempt was found in 53% suicidal patients ( $P=0.047$ ). Hetero-aggressiveness is in positive correlation with total PANSS ( $r=0.43$ ,  $P<0.001$ ) and impulsive behaviour ( $r=0.57$ ,  $P<0.001$ ). This study supports the contention that high impulsivity in schizophrenia patients is significant in the etiology of violent but not suicidal behaviour.

**Conclusion** In the order to diminish the level of suicide among patients with schizophrenia we must be aware of the importance of depressive symptoms, imperative hallucinations and previous attempts. This study supports the contention that high impulsivity in schizophrenia patients is significant in the etiology of violence but not suicidal behaviour.

**Keywords** Schizophrenia; Suicidality; Clinical features

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.672>

#### EW555

### Second-generation antipsychotics and the metabolic syndrome in drug-naive adolescents

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**Introduction** Poor physical health and shorter life expectancy often follows from mental illness. If the disorder starts in childhood/adolescence, the risk of this outcome is even higher. Second generation antipsychotics (SGAs) are suspected to increase cardiovascular risk factors through the development of the metabolic syndrome.

**Objective** We investigated all the aspects of the metabolic syndrome in drug-naive youth, over a period of 12 months of treatment with SGAs.

**Aims** This study examines drug-naive youth in their first year of treatment with SGAs, and the possible development of markers of the metabolic syndrome, in a naturalistic setting. We also look at aspects of the patient's disease and environment that may predict which patients are the most at risk for these metabolic derangements.

**Methods** Thirty-five drug-naive adolescents were recruited after their contact with the Psychosis Team at Department of Child and Adolescent Psychiatry in Odense, Denmark. Measurements were taken at different times over the course of their first year of treatment. The markers included, among others: body mass index, waist circumference, blood pressure, fasting blood glucose, as well as high density, low density and total cholesterol. Factors of the patients' lifestyle and development were recorded as well.

**Results** The results will be presented at the EPA March 2016 in Madrid.

**Conclusions** This is, to our knowledge, the first study to include all of the aforementioned aspects in drug-naive adolescents over a 12-month period. Because of this, it may provide us with a unique insight into how, and in which patients, these metabolic changes develop.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.673>

#### EW556

### Depression in the active phase of paranoid schizophrenia in relation to age of onset and sex

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**Introduction** Depression is often observed in schizophrenia, in all phases of the disorder. Age of illness onset and sex have been found to correlate with depressive symptomatology in many but not all studies.

**Aims** In the present work the relation between depressive symptoms and age of onset and sex was investigated, in a sample of patients with paranoid schizophrenia.

**Methods** Eighty-eight (88) patients with paranoid schizophrenia according to DSM-IV-TR criteria were examined, 21 of which became ill at  $\geq 35$  years of age (late onset), whereas 60 had age of onset  $< 30$  years (young onset). During the active phase the Calgary Depression Scale for Schizophrenia (CDSS) was applied. Comparisons were performed by using the two-tailed Wilcoxon rank-sum and Chi-squared tests.

**Results** The percentage of patients with depression (CDSS  $> 6$ ) in the whole sample was 27.2%. There was a trend for higher scores in early awakening in late onset patients ( $P=0.060$ ). In men, there was a trend for heavier depression in late onset patients, and higher scores in early awakening ( $P=0.082$ ,  $0.019$ , respectively). In young onset patients, there was a trend for heavier symptomatology in women compared with men, and heavier pathological guilt ( $P=0.073$ ,  $0.007$ , respectively), whereas in late onset patients, there was a trend for heavier self depreciation in men ( $P=0.072$ ).

**Conclusions** Although the frequency of depression does not seem to be influenced by age of onset or sex, more subtle differences are found in the severity of certain depressive symptoms, in relation to these factors, possibly warranting further investigation.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.674>