

nitive domains, and in psychosocial functioning as assessed by either rating scales (SLOF and PSP) and performance-based measures (UPSA) at the 4-month time-point.

Conclusions CR improved psychosocial functioning in both group of patients, however, they were more pronounced in TRS patients.

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

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EW0472

Estradiol production suppressed by prolactin in at-risk mental state and first episode psychosis female patients? Preliminary results

S. Ittig*, E. Studerus, U. Heitz, S. Menghini-Müller, L. Egloff, K. Beck, L. Leanza, C. Andreou, A. Riecher-Rössler

University of Basel Psychiatric Hospital, Center for Gender Research and Early Detection, Basel, Switzerland

* Corresponding author.

Introduction Clinical, epidemiological and basic research studies have confirmed that estradiol can have protective effects in schizophrenic psychoses. At the same time many patients with schizophrenic psychoses – even antipsychotic naïve at-risk mental state (ARMS) patients show hyperprolactinemia and gonadal dysfunction with estrogen deficiency in women and possibly testosterone deficiency in men.

Aim To investigate the relation between the stress hormone prolactin and the sex hormones estradiol in women and testosterone in men in emerging psychosis.

Methods Forty-seven antipsychotic-naïve ARMS (38 men and 9 women) and 17 antipsychotic-naïve first episode psychosis (FEP) (14 men and 3 women) patients were recruited via the Basel Früherkennung von Psychosen (FePsy) study. Blood was taken under standardized conditions between 8 and 10 am after an overnight fast and 30 minutes of rest. We performed a linear regression model to evaluate the association between prolactin and sex hormones including age and current antidepressant use as covariates.

Results In women, estradiol was negatively associated with prolactin ($\beta = -1.28$, $P = 0.01$) whereas in men there was a positive association of testosterone with prolactin ($\beta = 0.52$, $P = 0.031$).

Conclusion The often observed estrogen deficiency in women with psychosis could therefore be explained by the stress hormone prolactin suppressing the gonadal axis already in very early untreated stages of the emerging disease.

In ARMS or FEP men prolactin does not seem to influence the gonadal axis in the same way as in women.

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

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EW0473

Association between prolactin gene polymorphism (–1149 G/T) and hyperprolactinemia in anti-psychotic treated patients with schizophrenia

S. Ivanova^{1,*}, D. Osmanova¹, A. Boiko¹, I. Pozhidayev¹, O. Fedorenko¹, E. Kornetova², A. Semke², N. Bokhan², B. Willfert³, A. Loonen³

¹ Mental Health Research Institute, Tomsk National Research Medical Center of RAS, Molecular Genetics and Biochemistry Laboratory, Tomsk, Russia

² Mental Health Research Institute, Tomsk National Research Medical Center of RAS, Department of Clinical Psychiatry, Tomsk, Russia

³ University of Groningen, Department of Pharmacy, Groningen, The Netherlands

* Corresponding author.

Hyperprolactinemia (HPRL) is a classical side effect of antipsychotic drugs. Extrapituitary prolactin (PRL) production is regulated by an alternative promoter, which contains the functional single nucleotide polymorphism – 1149 G/T (rs134,1239) in prolactin gene. We examined whether this polymorphism is associated with hyperprolactinemia in patients with schizophrenia. The experimental group comprised 443 patients with schizophrenia. The control group comprised 126 healthy persons. The PRL concentration was measured in serum using the AccuBind ELISA Microwells kit. The functional polymorphism – 1149 G/T (rs134,1239) of the PRL gene was genotyped using the The MassARRAY[®] system. Genotype and allele frequencies were compared using χ^2 test. A total of 227 patients suffered from HPRL (98 males/129 females) according to the criteria of hyperprolactinemia. The frequency of genotypes and alleles in patients with schizophrenia did not differ from those in control subjects. A comparison between patients with schizophrenia with and without hyperprolactinemia revealed that the frequency of G allele in patients with hyperprolactinemia is significantly higher than in patients without hyperprolactinemia ($\chi^2 = 7.25$; $P = 0.007$; OR = 1.44 [1.10–1.89]). Accordingly, the genotype GG was found to be more often in patients with hyperprolactinemia than without it ($\chi^2 = 9.49$; $P = 0.009$). A significant association of the polymorphic variant rs134,1239 with the development of hyperprolactinemia in patients with schizophrenia treated with anti-psychotic drugs was revealed. Therefore, the serum concentration of prolactin in antipsychotic treatment patients with schizophrenia may also give an indication of the activity of gene regulating extrapituitary prolactin expression.

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EW0474

Changing the obesogenic environment to improve cardiometabolic health in residential patients with a severe mental illness: ELIPS, a randomized controlled trial

F. Jörg^{1,*}, A. Looijmans², A. Stiekema³, L. Van der Meer³, R. Schoevers⁴, E. Corpeleijn²

¹ University Medical Center Groningen UMCG, ICPE, Groningen, The Netherlands

² University Medical Center Groningen UMCG, Epidemiology, Groningen, The Netherlands

³ Lentis, Lentis Research, Groningen, The Netherlands

⁴ University Medical Center Groningen UMCG, UCP, Groningen, The Netherlands

* Corresponding author.

Introduction The life expectancy of severe mentally ill (SMI) patients is shortened up to 30 years, due to cardiometabolic diseases, partly caused by unhealthy lifestyles behaviors. In residential facilities, adopting a healthy lifestyle is hampered by the obesogenic environment; an obesity promoting environment.

Objective To determine, the effectiveness of a 12 month lifestyle intervention addressing the obesogenic environment to improve cardiometabolic health of SMI residential patients.

Methods The effectiveness of lifestyle interventions in psychiatry (ELIPS) trial is a multi-site, cluster randomized controlled pragmatic trial. Twenty-nine sheltered and long-term clinical care teams serving SMI patients in the Netherlands were randomized

into intervention ($n=15$) or control ($n=14$) arm, including 736 patients (73% psychotic disorder, 63% male, 48 ± 13 years). The intervention aimed to improve the obesogenic environment using a small change approach with a focus on nutrition and physical activity. Primary outcome was waist circumference (WC) after three and twelve month's intervention. Secondary outcomes were BMI and metabolic syndrome.

Results General linear mixed models adjusted for age, gender, housing facility and antipsychotic medication showed that WC significantly decreased with 1.51 cm (95%CI = $-2.99; -0.04$, Cohen's $d=0.07$) in the intervention group compared to control group after three months and tended to remain lower with 1.28 cm (95%CI = $-2.79; 0.23$, Cohen's $d=0.06$) after twelve months. Metabolic syndrome Z-score decreased after three months with 0.225 SD (95% CI = $-0.4038; -0.096$, Cohen's $d=0.20$), mainly due to lower fasting glucose and WC. No significant effects were found on BMI.

Conclusion A small change approach targeting the obesogenic environment of SMI residential patients reduces cardiometabolic risk.

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EW0475

Paliperidone palmitate and quality of life in schizophrenia

N.B. Juan Carlos*, B. Girela, A. Maria Angeles

Hospital de Motril, Department of Psychiatry, Granada, Spain

* Corresponding author.

There is growing interest in the study of the quality of life of mental disorders in general, and particularly in schizophrenia. The quality of life is defined by the world health organization as the perception that an individual has of his place in existence, in the context of culture and value system in which they live and in relation to its objectives, their expectations, their rules, their concerns. Paliperidone palmitate is a depot anti-psychotic treatment monthly application is indicated for maintenance treatment of schizophrenia in adult patients. In this work the quality of life in 5 subjects with a diagnosis of paranoid schizophrenia (less than 10 years of diagnosis) is evaluated, all males, aged between 42 and 45 years and with poor adherence to oral treatment. The patients received an average of paliperidone palmitate 100 mg/month. We evaluate the quality of life at baseline and after 3 months – BREF quality of life (WHOQOL – BREF) Scale Quality of Life (QOLS) and WHO was used. The results showed significant improvements in major QOLS scale in all subjects. There were no significant differences in total score WHOQL – BREF scale, but if there was improvement in the scores of some subscales. They no side effects evaluated in the UKU scale. The quality of life in schizophrenic patients can be affected by the presence of, particularly cognitive and negative clinical symptoms. New treatments as paliperidone palmitate improve adherence and have fewer side effects can improve the perceived quality of life. However, they need more extensive studies double-blind evaluation.

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EW0476

Effect of long-acting injectable aripiprazole in glucose and lipids: A 1 year study

M. Juncal Ruiz^{1,*}, O. Porta Olivares¹,

B. Fernández-Abascal Puente¹, M. Gómez Revuelta²,

R. Landera Rodríguez¹, G. Pardo de Santayana Jenaro¹,

L. Sánchez Blanco¹, M. Pérez Herrera¹, D. Abejas Díez¹, J.L. García Egea³

¹ Hospital Universitario Marqués de Valdecilla, Psychiatry, Santander, Spain

² Hospital Universitario de Álava-Sede Santiago, Psychiatry, Vitoria-Gasteiz, Spain

³ Hospital Universitario Virgen del Rocío, Psychiatry, Sevilla, Spain

* Corresponding author.

Introduction Atypical anti-psychotics are associated with an impaired in glucose and lipids homeostasis.

Aims To evaluate, the effect in lipids and glucose levels after switching to long-acting injectable (LAI) aripiprazole.

Methods This was a prospective, observational, 1 year study carried out in 125 outpatients with schizophrenia who were clinically stabilized but a switching to another anti-psychotic was indicated. We measured basal levels of glucose and lipids at the time to start the study and 1 year after switching to LAI-aripiprazole.

Results In basal analytic we observed these abnormalities: hyperglycemia (16.7%), high-levels of LDL-cholesterol (33.3%), low-levels of HDL-cholesterol (39%) and hypertriglyceridemia (22.2%). One year after switching to LAI-aripiprazole we found: glucose levels were normalized in all patients; levels of LDL-cholesterol were lower in 66.7% (in 33.3% levels were normalized) and they were higher in 16.7% (in 11% marked a change from normal to abnormal parameters); levels of HDL-cholesterol were lower in 23.3% and higher in 32.2% (in 11% levels were normalized); and finally, levels of tryglicerides were higher in 66.7% (in 8% marked a change from normal to abnormal parameters) and in 16.7% they were lower (in 7.3% levels were normalized).

Conclusions LAI-aripiprazole has a beneficial effect in glucose and cholesterol levels. Although, it usually increases tryglicerides levels, only in seven cases there was a change from normal to abnormal parameters. Our study suggests that LAI-aripiprazole could be an alternative in patients with schizophrenia who have high levels of glucose and lipids related with atypical anti-psychotics treatment.

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EW0477

Risk factors related to homicide in Moroccan patients with schizophrenia

A. Kachouchi^{1,*}, D.S. Majda², D.S. Said¹, P.A. Imane¹, P.M. Fatiha¹, P.A. Mohamed², P.A. Fatima¹

¹ University hospital Mohammed VI, Department Of Psychiatry, Marrakech, Morocco

² University hospital Mohammed VI, Clinical research unit, Mohammed VI university hospital/Community Medicine and Public Health department, Marrakech, Morocco

* Corresponding author.

Background The relationship between schizophrenia and homicide is complex and cannot be reduced to a simple causal link.

Objectives The objectives of this study were to describe the characteristics of homicide in Moroccan patients suffering from schizophrenia and to determine the correlated socio-demographic, clinical and toxic variables.

Methods The study included two groups of patients with a DSM-IV diagnosis of schizophrenia who attended the "Ibn Nafis" university psychiatric hospital of Marrakech in Morocco. The first group was composed of 30 patients hospitalized for homicide in the forensic unit between the first January 2005 and the 31st of August 2015. The second group included 90 patients without any criminal record. These two groups have been matched according to age and gender. Demographic, clinical and therapeutic variables were analyzed and compared between the two groups.

Results The mean of age in the first group was 37.03 and in the second group was 31.4. No significant difference was found