

dominant negative symptoms (P). They were compared with 23 healthy individuals. In all study groups University of Pennsylvania Smell Identification Test (UPSIT) and odor hedonic evaluation were performed. Clinical symptoms severity was evaluated using PANSS. Plasma concentrations of β -endorphin were assayed in all participants.

Results PN made more odor identification errors than controls ($P=0.000$) and P sample ($P=0.001$). Hedonic judgments of unpleasant odors were significantly more pleasant in PN sample than in P ($P=0.03$) and controls ($P=0.041$). PN had significantly higher concentration of β -endorphin than P sample ($P=0.014$) and controls ($P=0.009$). No relationship between β -endorphin concentration and odors identification and odor hedonic judgment was found in both patient samples and controls.

Conclusions Increased level of β -endorphin is related to predominance of negative symptoms but probably it is not involved in olfactory identification performance and hedonic judgment in schizophrenia. Patients with predominant negative symptoms revealed different pattern of pleasantness rating – they experience unpleasant odors as more pleasant. Alterations in smell identification and hedonic judgment could be differentially expressed in some subtypes of schizophrenia.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.684>

EW569

Neurophysiological correlates of negative symptom domains in patients with schizophrenia

A. Vignapiano^{1,*}, V. Montefusco¹, G.M. Plescia¹, G. Di Lorenzo², C. Niolu², M. Altamura³, D. Marasco³, G.M. Giordano¹, A. Mucci¹, S. Galderisi¹

¹ University of Naples SUN, Psychiatry, Naples, Italy

² University of Rome "Tor Vergata", Department of Systems Medicine, Rome, Italy

³ University of Foggia, Department of Clinical and Experimental Medicine- Psychiatry Unit, Foggia, Italy

* Corresponding author.

Introduction Negative symptoms have long been recognized as a central feature of schizophrenia, which limit recovery, having a strong negative impact on real-life functioning. External validators of the negative symptoms domains might help refining hypotheses on their pathophysiological basis.

Aims The objective of this study was to evaluate, in the context of the multicenter study of the Italian Network for Research on Psychoses, the relationships between auditory event-related potentials (ERPs) components and negative symptom domains in patients with schizophrenia (SCZ).

Methods We examined ERPs recorded during an auditory oddball task in 115 chronic stabilized SCZ (78% on second-generation antipsychotics) and 62 matched healthy controls (HC). Negative symptoms were assessed using the Brief Negative Symptom Scale. **Results** Our main findings included significant N100 and P3b amplitude reductions in SCZ compared to HC. P3b amplitude did not correlate with any negative symptom domain, while N100 amplitude correlated with both anhedonia and avolition domains.

Conclusions Avolition and anhedonia, often clustering in the same factor, are related to abnormalities of early components of the ERPs correlated with perceptual and automatic attention processes. None of the negative symptom domains is associated with abnormalities of the later stages indexed by P3 amplitude.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.687>

EW570

Self-Stigma and adherence to medication in patients with psychotic disorders – cross-sectional study

K. Vrbova^{*}, D. Kamaradova, K. Latalova, M. Ociskova, J. Prasko, B. Mainerova, A. Cinculova, R. Kubinek, A. Tichackova
Faculty of Medicine and Dentistry- Palacky University Olomouc and University Hos, Department of Psychiatry, Olomouc, Czech Republic
* Corresponding author.

Introduction Adherence to treatment of mental disorders is one of the key factors influencing its success and, secondarily, the patients' quality of life and social adaptation.

Aims The cross-sectional study of 90 outpatients diagnosed with psychotic disorders aimed at determining if there was a relationship between discontinuation of medication in the past, current adherence to treatment and self-stigma.

Methods The assessment was made with the objective and subjective Clinical Global Impression – Severity scale, Drug Attitude Inventory, Internalized Stigma of Mental Illness (ISMI) scale and demographic data.

Results The questionnaires were filled out by 79 patients, of whom 5 handed in incomplete questionnaires. Complete sets of data were obtained from 74 patients. The data analysis showed that the levels of self-stigma as assessed by the total ISMI scores was not statistically significantly correlated with most of the demographic factors (age, age of illness onset, gender, education, marital status, employment, duration of the illness, number of hospitalizations and antipsychotic dosage). However, there was a significant negative correlation with current adherence to treatment.

Conclusions Adherence to treatment is one of the most important prerequisites for successful therapy. Adherence may be enhanced through better motivation and education of patients on the necessity of adhering to treatment recommendations and the consequences of non-adherent behavior. Important factors in adherence also seem to be patients' stigmatization and self-stigma. Adherence may be increased by promising self-stigma-reducing strategies performed by systematic psychoeducation of patients or as a part of psychotherapeutic counseling.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.688>

EW571

Healthcare resource use of paliperidone palmitate 3-month injection vs. paliperidone palmitate 1-month injection: An analysis of phase III clinical trial hospital data

K. Woodruff^{1,*}, C. Chirila², Q. Zheng², K. Van Impe³, I. Nuamah⁴
¹ Janssen Research & Development - LLC, Global Market Access, Titusville, USA

² RTI-Health Solutions, Biostatistics, Research Triangle Park, USA

³ Janssen-Cilag, Market Access, North Brabant, Netherlands

⁴ Janssen Research & Development - LLC, Biostatistics, Titusville, USA

* Corresponding author.

Introduction PSY-3011 was a randomized, multicenter, double-blind, non-inferiority study of paliperidone palmitate 3-month injection (PP3M) vs. paliperidone palmitate 1-month injection (PP1M). Adults with schizophrenia were stabilized on PP1M in an open-label (OL) 17-week transition phase. Qualifying subjects at the end of the OL phase were then randomized to PP3M or PP1M in the 48-week double-blind (DB) phase. Healthcare resource utilization (HCRU) between PP3M and PP1M was compared using the HCRU questionnaire during the double-blind (DB) phase.

Methods HCRU was measured at the start of the OL and DB phases, and every 12 weeks during DB until end of study/early withdrawal. Information included hospitalizations, ER visits, day or night clinic stays, outpatient treatment, daily living conditions, and occupational status. Logistic regressions modeled the probability of hospitalization vs. no hospitalization for psychiatric and social reasons, as well as hospitalizations for psychiatric reasons only, during the DB phase. The models controlled for OL baseline hospitalizations, OL phase hospitalizations, and time in study.

Results The analysis set included 483 subjects randomized to PP3M and 512 subjects to PP1M during the DB phase. The odds of hospitalization for psychiatric/social reasons during 1 year for PP1M subjects were 1.16 times the odds of hospitalization for PP3M subjects (95% CI: 0.70, 1.93, $P=0.56$). For psychiatric reasons only, the odds of hospitalization during 1 year for PP1M subjects were 1.63 times the odds of hospitalization for PP3M subjects (95% CI: 0.88, 3.02, $P=0.12$).

Conclusions PP3M and PP1M demonstrated similar trends in hospitalizations throughout the course of the study.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.689>

EW572

The effects of fluvoxamine on cognition in patients with schizophrenia

S.M. Zamir*, S.A. Haji Seyed Javadi, Z. Farzaneh Khanshir
Qazvin university of medical sciences, Psychiatry, Qazvin, Iran

* Corresponding author.

Introduction Schizophrenia is a severe disease which affects different aspects of behavior, including cognitive functions. The most important fields of cognitive disorders in schizophrenia are working memory, vigilance/attention, learning by oral and visual memory, argument and resolving, analysis rate and social knowledge.

Aims This study was designed to assess the effects of fluvoxamine on cognitive functions of schizophrenic patients.

Method Thirty-six patients with schizophrenia, all male, were treated with 100 mg fluvoxamine and a second generation antipsychotic for 4 weeks and before and after treatment, their cognitive functions were assessed by Wechsler-3 memory scale (WMS-revised) and negative symptoms by scale for the assessment of negative symptoms (SANS).

Results In our study, the average patients' scores increased in Wechsler-3 memory scale (WMS-revised) before and after receiving fluvoxamine ($P<0.001$). This study couldn't show a statistically significant difference between the patients' scores in negative symptoms (SANS test) before and after the treatment course ($P=0.59$) There was a negative statistically significant correlation found between WMS score before and after the intervention and the level of education, living area and cigarette smoking. Increasing scores in the test was statistically correlated with lower education, cigarette smoking and living in rural area.

Conclusion Augmented treatment with fluvoxamine, probably has effects on some parts of cognitive abilities of male schizophrenic patients which are assessable by Wechsler-3 memory scale. Therefore further studies on evaluation of fluvoxamine effects in other fields of cognitive abilities like concentration and attention in schizophrenic patients are still required.

Keywords Fluvoxamine; Schizophrenia; Cognition; Wechsler-3 memory scale

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.690>

Sexual Medicine and Mental Health

EW578

Internalized homophobia, social pain, severity of depressive symptoms and quality of sexual life among homosexual young adults

A. Wiszniewicz^{1,*}, E. Wojtyna²

¹ Hospice Cordis, Hospice Cordis, Katowice, Poland

² University of Silesia, Institute of Psychology, Katowice, Poland

* Corresponding author.

Background Being a homosexual may be burdened by several psychological problems. This is due to the minority stress that results from feeling excluded and it is characteristic of social minorities. Negative beliefs about their psychosexual orientation and sense of exclusion may be the cause of both depressive disorders and internalized homophobia. These factors can affect the quality of sexual life.

Aim The aim of the study is to analyze the relationship between internalized homophobia, social pain and the severity of depressive symptoms and quality of sexual life.

Methods The study included 103 young adults remaining in permanent homosexual relationships. The study was cross-sectional. The study used Beck Depression Inventory, Social Pain Thermometer, Internalized Homophobia Scale and Quality of Sexual Life Questionnaire.

Results It observed the significant correlations between the level of internalized homophobia and a sense of social pain and the severity of depressive symptoms. Both internalized homophobia, and severe social pain and depressive symptoms proved to be significant predictors of reduced quality of sexual life of homosexuals.

Conclusions During the treatment of depressive symptoms and discomfort associated with the sexual life of homosexuals, it is important to take into account the phenomenon of internalized homophobia.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.696>

Sleep Disorders & Stress

EW579

Sleep quality in epileptic children

M. Abouzed^{1,*}, S. Kinawy²

¹ Al-azhar Faculty of Medicine, Psychiatry, Cairo, Egypt

² Aswan University, Pulmonology Department, Aswan, Egypt

* Corresponding author.

Sleep problems frequently coexist in epileptic patient. The effect of them on each the other has been extensively evaluated. Little review exists on the reciprocal interaction of sleep problems and epilepsy in the children.

Aim of study To evaluate prevalence, pattern and risk factors of sleep problems in epileptic children.

Method Eighty-two epileptic children and 40 healthy controlled children were evaluated using children's sleep habits questionnaire – Arabic form and night polysomnography (2 consecutive nights).

Result Prevalence of sleep problem in epileptic children was 45% and 17% of normal control children with significant difference in sleep latency, total sleep time and number of awaking per night with significant prevalence with partial epilepsy, poly therapy and poor controlled epilepsy.