

Table 1

	Admission	No admission	Marginal row totals	P value
First generation antipsychotic	7 (6) [0.17]	17 (18) [0.06]	24	0.414216
Second generation antipsychotic	2 (3) [0.33]	10 (9) [0.11]	12	

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EV1300

Nicotine dependence is associated with depression and childhood trauma in smokers with schizophrenia. Results from the Face-SZ dataset

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Introduction In a perspective of personalized care for smoking cessation, a better clinical characterization of smokers with schizophrenia (SZ) is needed. The objective of this study was to determine the clinical characteristics of SZ smokers with severe nicotine (NIC) dependence.

Methods Two hundred and forty stabilized community-dwelling SZ smokers (mean age = 31.9 years, 80.4% male gender) were consecutively included in the network of the FondaMental Expert Centers for schizophrenia and assessed with validated scales. Severe NIC dependence was defined by a Fagerstrom questionnaire score ≥ 7 . Major depression was defined by a Calgary score ≥ 6 . Childhood trauma was self-reported by the Childhood Trauma Questionnaire score (CTQ). Ongoing psychotropic treatment was recorded.

Results Severe NIC dependence was identified in 83 subjects (34.6%), major depression in 60 (26.3%). 44 (22.3%) subjects were treated by antidepressants. In a multivariate model, severe NIC dependence remained associated with major depression ($OR = 3.155, P = 0.006$), male gender ($OR = 4.479, P = 0.009$) and more slightly with childhood trauma ($OR = 1.032, P = 0.044$), independently of socio-demographic characteristics, psychotic symptoms severity, psychotropic treatments and alcohol disorder.

Conclusion NIC dependence was independently and strongly associated with respectively major depression and male gender in schizophrenia, and only slightly with history of childhood trauma. Based on these results, the care of both nicotine dependence and depression should be evaluated for an effective smoking cessation intervention in schizophrenia. Bupropion, an antidepressant that has been found as the potential most effective strategy for tobacco cessation in schizophrenia to date, may be particularly relevant in male SZ smokers with comorbid major depression.

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EV1301

Schizoaffective disorder and schizophrenia: Clinical differences

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Introduction Schizoaffective disorder (SAD) and schizophrenia (SZ) are important causes of disability and morbidity. Finding clinical features that can help in their early differentiation may lead to a better understanding of these two nosologic entities.

Objectives The purpose of this study was to find clinical differences between SAD and SZ.

Methods We selected for this study 83 inpatients from the Timisoara Psychiatric Clinic, diagnosed with either SAD ($n = 35$) or SZ ($n = 48$), according to ICD-10 criteria. The research was conducted between 2014 and 2016. Socio-demographic (age, sex, education, marital status) and clinical data were analysed. The Brief Psychiatric Rating Scale (BPRS) was used to assess symptom severity.

Results Delusions of grandiosity were found significantly more frequent in SAD patients ($P = 0.001$). By contrast, bizarre delusions ($P = 0.025$), derealization phenomena ($P = 0.03$) and negative symptoms ($P = 0.003$) appeared more frequent in schizophrenic patients. We found no significant differences between the two samples regarding onset age, number of episodes, duration of episode, duration of remission and suicidal thoughts/attempts. Although the SZ sample had higher BPRS total scores than SAD patients, the differences were not statistically significant.

Conclusions Even though SAD and SZ are very similar in respect to their clinical presentation, this study also revealed certain differences that may enhance specific knowledge regarding these two disorders.

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Urban Spaces and psychic disease: A case series from Florence

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People with schizophrenia or other psychoses present alterations of multi-sensory processing and impairments in cognitive functions. They seem to be more sensitive to external stimuli than the general population, which can negatively impact on their emotional state. The purpose of the study was to assess how elements of urban milieu combine with spatial experiences of people with these disorders, affecting their spatial perceptions and social interactions. The group of participants consisted of 10 patients aged between 20 and 40 years, with schizophrenia or other psychoses. We used qualitative methods to assess behaviours in different urban routes, including a period of participant observation and a series of semi-structured interviews. Pathways within the city were recorded using a Global Position System (GPS), in order to link perceptual and behavioural data to specific urban spaces. The data analysis has revealed positive interactions between most of participants and the city. Different places have been differently perceived in terms of stress and comfort. The wide squares and the art-rich sites of the city center, as well as public parks and gardens, have been connected with positive feelings and senses of pleasure. Conversely, the presence of a high number of people and the movement experiences through public transport services have emerged to be associated with negative emotions. A deeper understanding of