

Objectives Heterogeneity on basis of the important sign jeopardizes the signal detection.

Aims Assessment of interaction between clinical symptoms and CD in schizophrenic patients in remission with and without residual psychotic symptoms (RPS).

Methods Adult schizophrenic patients in remission with and without RPS (DSM 295.30) on stable treatment not less than 6 months were assessed with PANSS, CGI, BACS. The indices of the testing were compared between groups. The correlation analysis was performed. The correlation was considered significant if $R > 0.60$.

Results Ten females and 34 males were divided into two groups according to presence (27 patients) or absence (17 patients) of RPS (PANSS items P1 and P3 > 2 but < 5). The severity of symptoms and CD were equal in both groups, excluding P6 ($P = 0.0005$), P20 ($P = 0.007$), P23 ($P = 0.0004$), and positive subscale PANSS ($P = 0.00001$). In the group without RPS, we found that CGI score, scores of 10 items of PANSS, scores of PANSS subscales, excluding negative subscale, and total PANSS score highly negatively correlated with total BACS score (average $R = -0.70 \pm 10$). In the group of patients with RPS, no correlations were found.

Conclusions Patients with RPS has clinical significant dissociation of psychic and cognitive functioning that should be considered in planning, and assessing of results of cognitive enhancers studies.

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EW0508

The peculiarity of experiencing body by patients in schizophrenia

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Introduction By the present, the study of corporeality as a psychological phenomenon in schizophrenia has had a lack of attention. At the focus of works, there have been mainly psychopathological phenomena: cenestopathies, visceral hallucinations and body scheme disturbances. There is an evidence of the necessity for psychological investigations: the execution of radical changes in appearance, a frequent turning to plastic surgery, dysfunctional wearing and transsexuality.

Objectives The experimental group consisted of 23 patients in schizophrenia of paranoid type (F 20.00). The control group consisted of 27 healthy subjects.

Aim It is to study the peculiarity of experiencing their own body by patients in schizophrenia.

Methods There are projective techniques, such as: "A Picture of Me", "Verbal Self-Portrait", "A Picture of Inner Body" and the psychosemantic test "Classification of Sensations".

Results There are statistically significant differences ($P < 0.005$) found between the groups:

- patients with schizophrenia are characterized for their deficit of experiencing their body. It does not refer to "Myself" and is deindividualized. The body does not serve as a physical presentation of the subject in a social world;
- a wary attitude is observed in relation to body displays in the form of inner body sensations with a minor (than in norm) awareness relatively to the inner arrangement of their own body. This causes

the increase of the quantity of intrceptive sensations categorized by patients in schizophrenia as unhealthy or a threat.

Conclusion The above-mentioned peculiar features of corporeality in schizophrenia make it a source of negative experiences.

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EW0509

Effectiveness of paliperidone palmitate long-acting injectable in the initial stages of psychosis: Clinical and functional impact

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Introduction An appropriate early intervention (EI) after the onset of a first episode of psychosis (FEP) is a key factor to prevent relapse, cognitive and functional impairment related to neurotoxicity as it is a critical period in order to get good adherence to treatment. This is the most reported factor linked to relapse. Therefore, interventions focused on getting good adherence to treatment may make the difference in terms of outcome.

Aims To compare relapse rates, symptom severity and level of functionality before and after treatment with Paliperidone Palmitate Long-Acting Injectable (PP-LAI). To analyze prior antipsychotic treatments and side effects registered before and after the introduction of (PP-LAI).

Material and method This is a cross-sectional descriptive study. We analyzed a sample of 15 patients, recruited from PAFIP (an specialized EI unit) and treated with variable doses of PP-LAI. They all met diagnostic criteria for schizophrenia according to DSM-IV. Clinical and functional data of the two years before and after treatment introduction were recorded.

Results Twenty-seven percent of the patients resumed their work activity or studies and 33% of the patients increased their social activity. Thirteen percent of the patients improved from negative symptoms. Prior to treatment introduction, more than a half of the sample, had suffered one or two relapses. After treatment introduction, 87% did not experience more relapses while 13% experienced another relapse.

Conclusions Treatment with PP-LAI is associated to a recovery of functional abilities, and a trend to clinical stability with high adherence to treatment related to few side effects.

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EW0510

Adjunctive memantine in clozapine-treated refractory schizophrenia: An open-label one-year extension study

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Introduction In a recent placebo-controlled, double blind crossover trial ($n=52$), we found significant beneficial effects on memory ($d=0.30$) and negative symptoms ($d=0.29$) after 12 weeks memantine augmentation in patients with clozapine-refractory schizophrenia.

Aims In this open-label 1 year extension study, we report the long-term effects and tolerability of memantine add-on therapy to clozapine.

Methods Completers of the first trial who experienced beneficial effects during 12 weeks of memantine treatment received memantine for one year. Primary endpoints were memory and executive function using the Cambridge neuropsychological test automated battery (CANTAB), the Positive and Negative Syndrome Scale (PANSS), and the Clinical Global Impression Severity Scale (CGI-S).

Results Of 31 RCT completers who experienced beneficial effects from memantine, 24 received memantine for one year. The small improvement in memory found in the memantine condition in the placebo-controlled trial remained stable in the extension study. Executive function did not improve. After 26 weeks of memantine add-on therapy to clozapine, PANSS negative symptoms ($r=0.53$), PANSS positive symptoms ($r=0.50$), and PANSS total symptoms ($r=0.54$) significantly improved. Even further significant improvement in all these measures was observed between 26 weeks and 52 weeks memantine, with effect sizes varying from 0.39 to 0.51. CGI-S showed a non-significant moderate improvement at 26 weeks ($r=0.36$) and 52 weeks ($r=0.34$). Memantine was well tolerated without serious adverse effects.

Conclusions In the one-year extension phase, the favorable effect of adjunctive memantine on memory was sustained and we observed further improvement of positive, negative and overall symptoms of schizophrenia.

Disclosure of interest P.F.J.S. reports personal fees from H. Lundbeck A/S, outside the submitted work and he is a board member of the Dutch Clozapine Collaboration Group. L.d.H., has received investigator-led research grants or recompense for presenting his research from Eli Lilly, Bristol-Myers Squibb, Janssen-Cilag and AstraZeneca.

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EW0511

Efficacy and tolerability of aripiprazole intramuscular as maintenance treatment in patients with paranoid schizophrenia

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Introduction Patients suffering from paranoid schizophrenia, require long-term anti-psychotic treatment, which provide, in addition to adequate efficacy both positive and negative symptoms, a good safety and tolerability profile that would ensure adequate adherence to prevent relapse.

Objectives To analyze the efficacy, tolerability and therapeutic adherence over a year after the introduction of aripiprazole depot in patients diagnosed with paranoid schizophrenia previously treated with other oral or depot anti-psychotics [1,2,3].

Methods One-year prospective longitudinal study with a sample size of 23 patients diagnosed with schizophrenia in outpatient

treatment. Study variables (baseline, 6 and 12 months): Brief Psychiatric Rating Scale (BPRS), clinical global impression (CGI), mean dose of aripiprazole depot, previous treatments, adherence, relapse rate, prolactin levels, sexual dysfunction, BMIs.

Results Twenty-three patients (71% men, 29% women) diagnosed with paranoid schizophrenia were identified. Improvement was obtained in the different study variables with statistically significant difference ($P \leq 0.05$).

Conclusions Following the introduction of aripiprazole depot in patients diagnosed with schizophrenia previously treated with other oral or depot anti-psychotics in our study, we conclude that maintaining therapeutic efficacy a better tolerability and safety profile, better therapeutic adherence and consequently lower relapse rate were achieved.

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

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EW0512

Devaluation towards people with schizophrenia in Italian medical, nursing, and psychology students

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Introduction Discrimination towards people with schizophrenia (PWS) by healthcare professionals is responsible of underdiagnosis and undertreatment of these patients. Negative attitudes toward PSW in health care professionals tend to be present since their university studies and are related to their knowledge and experience about the disease.

Objectives and aims To assess opinion towards PSW in medical, nursing and psychology students and to investigate the relation with their knowledge of schizophrenia and its causes.

Methods The study involved 133 medical, 200 nursing and 296 psychology undergraduate students. The opinion on mental illness questionnaire, the Devaluation Consumers Scale, and the Devaluation of Consumer Families Scale were administered to the sample. ANOVA and ANCOVA were used to test differences between groups and the relation between causal explanation of schizophrenia and discrimination towards PWS.

Results Psychology students were more aware than the other student of public stigma towards PWS and their families ($F 12.57, P < 0.001$; $F 32.69, P < 0.001$) and expressed a more positive view on treatments' effectiveness ($F 30.74, P < 0.001$). Psychology (OR 0.48, 95% CI 0.26–0.88) and nursing (OR 0.29, 95% CI 0.15–0.55) students were more likely to identify psychological and social risk factors as more frequent causes of schizophrenia (vs. biogenetics) and these, in turn, were related to a better opinion towards social equality of PWS.

Conclusions These preliminary findings underline the relevance of biopsychosocial model of schizophrenia within stigma-reduction programs for health science students.