Conclusion EPS may influence functional remission at several levels starting from the neurobiological to the social stigmatization and the treatment adherence levels. Further research in this matter is required.

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EW0265

Concomitant psychotropic medications and functional remission in schizophrenia patients

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Along with the rise of symptomatic and functional remission concepts in schizophrenia, multiple aspects of the disease treatment have been explored in their link to vocational prognosis. Although antipsychotics are the corner stone treatment, monotherapy is seldom. In fact, concomitant psychotropic medications (CPM) use during treatment of schizophrenia has dramatically increased worldwide.

Aim To examine whether concomitant psychotropic medications use is associated to functional remission in schizophrenia patients.

Methods A cross-sectional, retrospective and descriptive study was conducted in the psychiatry department "C", in Razi hospital (Tunis), between October 2014 and March 2015. Sixty patients suffering from schizophrenia spectrum disorder (DSM IV-R) were included. Functional status was explored with the Global Assessment of Functioning Scale (GAF), the Social and Occupational Functioning Assessment scale and the Social Autonomy Scale (EAS). Sociodemographic and therapeutic characteristics have been collected during a semi-structured interview.

Results Rates of functional remission were respectively: 63.30% at the GAF scale, 48.30% at the SOFAS and 51.70% at the SAS. Antipsychotics were prescribed alone in more than half patients (56.70%), mood stabilizers in 40% and antidepressants in 1.7% of the cases. Benzodiazepines were prescribed in 40% of the patients. There was no association between CPM use and functional remission, using three scales (GAF: $P = 0.091$; SOFAS = 0.125; EAS = 0.728).

Conclusion Largely used, concomitant psychotropic medications can increase side effects, cause drug interactions, escalate treatment costs, and lead to non-adherence. That is said, their therapeutic effectiveness should be thoroughly investigated, aiming to recovery not only symptoms control.

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EW0266

Functional connectivity of the ventral tegmental area and avolition in schizophrenia: A resting state functional MRI study

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Introduction Impaired motivation is considered a fundamental aspect of the Avolition domain of negative symptoms. The ventral tegmental area (VTA) contains the highest number of DA neurons projecting to the brain areas involved in motivation-related processes.

Aim The aim of our study was to investigate by functional MRI the resting-state functional connectivity (RS-FC) of the VTA in patients with schizophrenia and its relationships with real-life motivation and avolition.

Method The RS-FC was investigated in 22 healthy controls (HC) and in 26 schizophrenia patients (SCZ) treated with second generation antipsychotics only and divided in high (HA = 13) and low avolition (LA = 13) subgroups. We used the Quality of Life Scale and the Schedule for the Deficit Syndrome to assess real-life motivation and avolition, respectively.

Results HA, as compared to LA and HC, showed a reduced RS-FC of VTA with the right ventrolateral prefrontal cortex (R VLPFC), right posterior insula (R pINS) and right lateral occipital cortex (R LOC). The RS-FC for these regions was positively correlated with motivation in the whole sample and negatively correlated with avolition in schizophrenia patients.

Conclusion Our findings demonstrate that motivational deficits in schizophrenia patients are linked to reduced functional connectivity in the DA circuit involved in retrieval of the outcome values of different actions to guide behavior. Further characterization of the factors modulating the functional connectivity in this circuit might foster the development of innovative treatments for avolition.

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EW0267

The impact of cannabis in the early stages of schizophrenia: A 3-year longitudinal study on cannabis influence on relapse rates

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Introduction The first five years after the onset of a first episode of psychosis (FEP) are crucial for long term outcome. In this period, the risk of relapse is particularly high. Consequences of relapse include an increased risk of neurotoxicity, chronicity, hospitalization, decreased response to treatment, increased economic burden and functional impairment.

Objectives To discern the influence of cannabis on relapse as it may contribute to adopt specific measures in patients during early stages of the illness.

Material and methods PAFIP is an early intervention program for patients with a FEP. Between January 2005 and January 2011, 163 patients were recruited for this study. They were followed-up during 3 years at intervals of three months. The sample was divided into three groups: (1) those non-cannabis users neither before the FEP nor during follow-up (nn), (2) consumers before the FEP and during follow-up (ss) and (3) consumers before the FEP that gave up consumption during follow-up (sn).

Results No statistically significant differences between the three groups were observed but a trend ($P = 0.057$) towards a more enduring survival in Group 3 (sn). (Kaplan–Meier curve and detailed Log Rank Test results will be included in the final poster).

Conclusions Cannabis has a detrimental effect on schizophrenia. The interruption of its use could contribute to improve the outcome of the disease, as the results of our study suggest.

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EW0268

Diagnostic stability in first psychotic episode after 5 years follow-up

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Introduction The diagnosis of psychosis is based on the presence or absence of characteristic symptoms. The presence of such symptoms varies during the course and treatment, raising the question of diagnostic stability after a first psychotic episode.
Aims and objectives The aim of this study is to evaluate the diagnostic stability after a first psychotic episode in the long term (five years after the first inpatient admission).
Methodology A retrospective study that included patients with first psychotic episode between 2007 and 2011 admitted to the inpatient unit of the psychiatry and mental health clinic of São João hospital center, Oporto, Portugal and re-evaluation of the diagnosis after five years.
Results We included 60 patients with a first psychosis episode, 22 of which were drop-outs after five years. Of the 38 patients evaluated, it was possible to see that after 5 years 68.4% ($n = 26$) maintained the same diagnosis during follow-up. In particular, the diagnosis of schizophrenia was kept in 83.3% of patients after 5 years ($n = 15$, 18 patients with the diagnosis of schizophrenia after first admission). Diagnosis of acute and transient psychotic disorder and psychosis not otherwise specified were the least stable diagnosis after 5 years.
Conclusions The diagnosis after a first psychotic episode has important therapeutic and prognostic implications. The presence of characteristic symptomatology, with periods of partial or total remission between subsequent episodes emphasizes the need for regular monitoring, since this group of patients appears to be more vulnerable to changes in diagnosis over time.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0269

Side effects of clozapine and their relationship with clinical variables in patients with schizophrenia

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Introduction The side effects of clozapine may affect the treatment process negatively, and increase the disability.
Aims We aimed to assess the side effects of clozapine, and their relationship with the clinical variables in schizophrenia patients, and study the predictors of disability.
Methods Consecutive 122 outpatients who met DSM-IV criteria for schizophrenia, and were on clozapine treatment were included in the study. Information about sociodemographic characteristics, past and current clinical status were gathered through a clinical interview and review of the medical records, and physical measures and laboratory tests, including clozapine plasma levels, were recorded. The patients were assessed with SCID-I, Positive and Negative Syndrome Scale, UKU-Side Effect Rating Scale, WHO-Disability Assessment Schedule-II.
Results Hypersalivation, weight gain, sedation and constipation were the most common side effects of clozapine. Although the mean plasma clozapine levels were high (828.11 ± 445.5 ng/mL), no significant effect of clozapine dose and plasma levels were detected on the severity of side effects, except for constipation. Metabolic syndrome prevalence was found to be 50% according to ATP IIIA criteria. Duration of clozapine treatment, clozapine dose and plasma levels were not significantly different between patients with and without metabolic syndrome. Regression analysis showed that the severity of schizophrenia psychopathology and the number of side effects predicted the severity of disability.
Conclusions Side effects of clozapine increase the disability of patients with schizophrenia and should be monitored regularly. On the other hand, clozapine dose and plasma levels do not determine the severity of most of the common side effects.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0270

Effect of clozapine on psychiatric comorbidities in patients with schizophrenia

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Introduction Clozapine has superior efficacy in treatment-resistant schizophrenia, and has various effects on psychiatric comorbidities, which may affect the illness course.
Aims We aimed to assess the past and current psychiatric comorbidities in schizophrenia patients treated with clozapine, and study their relationship with clinical variables.
Methods Consecutive 122 outpatients who met DSM-IV criteria for schizophrenia receiving clozapine were included. Information about past and current clinical status were gathered through a clinical interview and review of the medical records, along with laboratory test results. Patients were assessed with structured clinical interview for Axis-I Disorders for DSM-IV, Clinical Global Impression Scale, Positive and Negative Syndrome Scale (PANSS), Calgary Depression Scale, Yale-Brown Obsessive Compulsive Scale (Y-BOCS), Panic and Agoraphobia Scale (PAS), WHO-Disability Assessment Schedule-II.
Results There was a significant decrease in the diagnosis of depression, alcohol and substance use disorder, number of suicide attempts, and an increase in the diagnosis of obsessive compulsive disorder (OCD) after clozapine initiation. Clozapine related de novo OCD appeared in 48.4% of the patients, and there was a positive correlation between Y-BOCS total scores and clozapine dose and plasma levels. In the de novo OCD group, compulsion scores were higher than obsession scores with checking most prevalent among compulsions. Total PANSS, Y-BOCS, PASscores were positively correlated withtotal disability score.
Conclusions Clozapine seems to decrease comorbid depression, alcohol and substance use and number of suicide attempts and increase OCD. Assessment and treatment of psychiatric comorbidities in clozapine using schizophrenia patients is vital to decrease disability.
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