Conclusions Our results confirm the relationship between ToM deficits and negative symtomps and suggest that ToM may also be correlated to specific positive symptoms.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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FC84

Effectiveness of long-acting injectables and clozapine in a real-world setting during the early-stages of psychotic illness

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Introduction Intervention in the early-stages of psychosis may be able to shape the clinical course; critical period (CP) is best represented by the first 5 years from first admission (FA).
Objectives To investigate the effectiveness of pharmacological intervention within and beyond the CP.
Aims (1) To compare hospitalization rates of patients stabilized on treatment with LAIs and CLZ. (2) To determine whether treatment with LAIs and CLZ within CP can influence hospitalization rates.
Methods Data were retrospectively collected from patients diagnosed with non-affective psychoses with FA between 2000 and 2014; 200 patients were then divided into three groups, according to stabilized treatment regimen during the final year of observation: treatment as usual (TAU), CLZ, LAIs. hospitalization duration (HSPD) and frequency (HSP) were calculated for each group.
Results Despite a major severity before assignment to either CLZ or LAIs treatment, HSPD and HSP in both groups shifted below those observed for the TAU arm. Patients who began treatment with LAIs within the CP showed a highly significant decrease of both HSPD and HSP (respectively 17.4 ± 18 vs. 2.6 ± 8.2; $Z = -2.856$; $P < 0.005$ and 1.1 ± 0.8 vs. 0.2 ± 0.5; $Z = -3.115$; $P < 0.005$). No significant changes in hospitalization rates were observed for subjects who began treatment with LAIs after the CP.
Conclusions Our study confirms that treatment with either CLZ or LAIs significantly impacts the course of psychotic disorders. The data seem to suggest that LAIs and CLZ should be considered more effective than conventional oral antipsychotics in the early-stages of psychotic illness. The difference among treatments tends to wane beyond the CP, especially for LAIs.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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FC85

Metabolic syndrome in patients with schizophrenia receiving long-term treatment with lurasidone, quetiapine XR, or risperidone

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Introduction Lurasidone has demonstrated low propensity for metabolic disturbance in adult patients with schizophrenia in short-term studies.
Objectives To evaluate metabolic syndrome occurrence during long-term lurasidone treatment in patients with schizophrenia.
Aims To compare metabolic syndrome rates with lurasidone versus other antipsychotic agents.
Methods Metabolic syndrome rates (as defined by the US National Cholesterol Education Program-Adult Treatment Panel III) were evaluated in adult patients with schizophrenia treated with lurasidone in 2 long-term, active-controlled studies (quetiapine XR or risperidone). In the quetiapine XR-controlled study, patients completing a 6-week, double-blind, placebo-controlled, fixed-dose trial of lurasidone (74 mg/d or 148 mg/d) or quetiapine XR (600 mg/d) continued on double-blind, flexibly dosed lurasidone (37–148 mg/d) or quetiapine XR (200–800 mg/d) for up to 12 months. In the risperidone-controlled study, patients received double-blind, flexibly dosed lurasidone (37–111 mg/d) or risperidone (2–6 mg/d) for up to 12 months.
Results Among patients without metabolic syndrome at baseline in the quetiapine XR-controlled study, 2.4% (2/84) of lurasidone-treated patients and 7.4% (2/27) of quetiapine XR-treated patients developed metabolic syndrome at month 12 (P = NS). Of patients without metabolic syndrome at baseline in the risperidone-controlled study, 10.3% (12/117) and 23.2% (16/69) of lurasidone- and risperidone-treated patients, respectively, developed metabolic syndrome at month 12 ($P = 0.02$).
Conclusions Long-term treatment with lurasidone was associated with lower rates of metabolic syndrome in patients with schizophrenia compared to treatment with quetiapine XR or risperidone.
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FC86

Neurochemical and behavioral sensitization to d-amphetamine in healthy subjects measured with [^{11}C]-(+)-PHNO-PET

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Introduction It has been shown that patients with schizophrenia are super-sensitive towards dopamine-releasing agents such as amphetamine. Here, we studied the effects of amphetamine sensitization on amphetamine-induced dopamine release in healthy subjects.
Objectives To measure d-amphetamine-induced dopamine release as measured with the $D_{2,3}$ agonist radioligand [^{11}C]-(+)-PHNO-PET via change in non-displacable binding potential (BP_{ND}) and behavioral measures of d-amphetamine effects with drug effects questionnaire (DEQ) and subjective states questionnaire (SSQ).
Aims To study d-amphetamine-induced sensitization in healthy subjects on a behavioral and neurochemical level with [^{11}C]-(+)-PHNO-PET in order to gain more knowledge on sensitization-induced changes in the dopaminergic system.
Methods Twelve stimulant-naïve healthy male subjects underwent three 90-min [^{11}C]-(+)-PHNO-PET-scans and four oral administrations of d-amphetamine. After a naïve baseline scan,