Results The sample consisted of 72 inpatients (schizophrenia 55.6%, SZA 20% and cluster A PD 19.4%). The negative and the general psychopathology scales directly correlated at different degrees in the three groups (schizophrenia: $r = 0.750$; $P < 0.001$; SZA: $r = 0.625$, $P = 0.006$; cluster A PD: $r = 0.541$, $P = 0.046$). The symptom "depression" directly correlated with 5 out of 7 negative symptoms: blunted affect ($r = 0.616$, $P < 0.001$), emotional withdrawal ($r = 0.643$, $P < 0.001$), poor rapport ($r = 0.389$, $P = 0.001$), passive/apathetic social withdrawal ($r = 0.538$, $P < 0.001$), lack of spontaneity & flow of conversation ($r = 0.399$, $P = 0.001$).
Conclusions Our study confirmed the existence of the "schizophrenia spectrum" with combined different disorders lying on a continuum in which negative symptoms mainly correlated with the psychopathological functioning. Noteworthy, the symptoms of the negative scale strongly correlated with the "depression" symptom, underlying the impact of the affective symptoms on the severity of the "schizophrenia spectrum" disorders.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1309

Ultra-resistant schizophrenia and potentiation strategies

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Introduction Treatment resistance to clozapine is estimated at 40–70% of the treated population. Several clozapine potentiation strategies have come into clinical practice although often without evidence-based support.
Objective The aim of our work was to identify the potentiation strategies in ultra-resistant schizophrenia depending on the subtype of schizophrenia.
Methodology This is a prospective study conducted on patients with the diagnosis of schizophrenia, based on DSM-IV-TR criteria, and hospitalized in the psychiatric department of the university hospital in Mahdia, Tunisia. The study sample consisted of patients meeting the resistant schizophrenia criteria as defined by national institute for clinical excellence (NICE), and the prescription of clozapine for 6 to 8 weeks was shown without significant improvement.
Results we have collected 10 patients. The mean serum level of clozapine was 462.25 mg/L. The potentiation strategies were different depending on the subtype of schizophrenia. For the undifferentiated schizophrenia, we have chosen ECT sessions. For the disorganized schizophrenia, we opted for amisulpiride and aripiprazole. For the paranoid forms, we have chosen the association of risperidone and ECT. A psychometric improvement was noted in BPRS ranging from 34 to 40%.
Conclusion Every potentiation strategy entails a cost, whether it is an additional monetary cost, adverse effects or greater stress to caregivers. The cost/benefit equation should be thoroughly evaluated and discussed before commencing a strategy.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1310

Increased prevalence of toxoplasma gondii seropositivity in patients with treatment-resistant schizophrenia

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Introduction Previous studies suggested that patients with schizophrenia had an increased prevalence of antibodies against toxoplasma gondii (TG) and that those seropositive patients had higher symptom severity. However, there is no data on the relationship between treatment-resistant schizophrenia (TRS) and TG seroprevalence.
Objectives To determine the association between TRS and TG seropositivity, and to further investigate the relationship between TG seropositivity and different clinical features of schizophrenia.
Methods In this cross-sectional study, we included 210 male inpatients with schizophrenia. TG seropositivity was determined by ELFA assay. Treatment-resistance was defined as a failure of at least 2 adequate anti-psychotic trials. Data were analyzed using χ^2 test or Mann–Whitney test.
Results The rate of TG seropositivity in the entire sample was 52.3%, whereas 47.6% of patients met the definition for treatment-resistance. Seropositive patients had twice the rate of treatment–resistance compared to seronegative patients (63.6% vs. 30.0%, $P < 0.0001$). Moreover, in the seropositive group, the patients were older (47.6 ± 12.2 vs. 39.81 ± 12.01 years, $P < 0.0001$), had higher number of previous hospitalizations (13.9 ± 11.7 vs. 9.6 ± 8.5, $P = 0.0073$), and increased Calgary depression scale for schizophrenia (CDSS) total score (7.8 ± 4.5 vs. 6.3 ± 3.8, $P = 0.012$). There were no differences between the groups in the age of disease onset, smoking, positive and negative syndrome scale (PANSS) total, positive and negative scores, and the life-time history of suicide attempts.
Conclusions Our results support the hypothesis that TG seropositivity might contribute to treatment-resistance in schizophrenia, at least in male patients.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1311

From polipharmacy to monotheraphy a case about schizoaffective disorder

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The aim of the present poster is to describe an initial complex case of schizoaffective disorder with other clinical adverse conditions (metabolic disorders) in a young adult male, which gradually went into a positive treatment way from polipharmacy to monoteraphy. His psychiatric history started when he was 25-year-old, he was diagnosed of heroine dependence, hypercholesterolemia and hypertrigliceridemia. In 2000 he had a suicide attempt in a context of depressive mood and delusions. He needed a psychiatric hospitalization for the first time in his life and he received anti-psychotics

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