EV1235

The predictive role of insight for the evolution of the disease in Romanian patients diagnosed with schizophrenia

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Introduction Schizophrenia is a serious disorder that influences all life aspects of the patients. The most important goals in schizophrenia are remission, recovery, improving psychosocial functioning and quality of life, which can be influenced by different factors, especially insight.

Objectives To evaluate the awareness of illness in Romanian patients diagnosed with schizophrenia and to determine the predictive role of insight.

Aims This study wants to highlight the importance of the evaluation of insight in psychotic patients, taking into account that awareness leads to compliance with treatment, decreased rate of relapses and rehospitalization and a better prognosis.

Material and methods Overall, 80 patients (44 males and 36 females) recruited from first and second psychiatric clinic Cluj-Napoca, diagnosed according to ICD-10 and DSM-V criteria with schizophrenia and acute psychotic disorder participated in this study. A semi-structured interview collected demographical data. Psychotic symptoms were evaluated using PANSS, severity of the disease using CGI and insight using SUMD.

Results Our results showed that the most important predictive factors for the evolution were: level of insight (r= -0.41 P<0.01), presence of family history (r=0.24 P<0.05) and belonging to urban areas (r=0.23 P<0.05). The level of insight explained 16% of variance of improving psychotic symptoms during hospitalization.

Conclusions The awareness of illness is one of the predictive factors for long-term schizophrenia and the best predictive model of disease progression is composed of variables SUMD total and PANSS total on admission.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1565

EV1236

Validation of the delusional ideation inventory for the Portuguese population

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Introduction The dimensional approaches regard delusions as a continuum of the daily beliefs, not being limited to the clinical population and it can also be found in the general population. Due to the multifaceted conceptualization of delusions, the analysis of the dimensions of distress, preoccupation and conviction may be more revealing than the content of the belief itself, whereby an evaluation that incorporates these dimensions is fundamental. Objective Translation, adaptation and study of the psychometric properties of the Peters et al. delusions inventory (PDI-21) for the Portuguese population.

Aim Assessing the multidimensionality of the delusional ideation in the community.

Methods The sample consists of 249 adults from the general population, aged between 18 to 65. The brief symptom inventory, the social desirability scale of the eysenck personality questionnaire and the World Health Organization quality of life-bref were used in this study beyond the PDI-21.

Results The Portuguese version of the PDI-21 has shown good psychometric properties regarding its internal consistency and test-retest reliability. It demonstrated significant positive correlations with the psychopathological symptoms and negative associations with social desirability and with the quality of life, confirming its divergent and convergent validity. The analysis of the frequency of delusional ideas for the total of the sample and on the basis of gender has revealed prevalence rates very similar to the ones found in previous studies.

Conclusions The Portuguese version of the PDI-21 has adequate psychometric properties and it can be used to assess the delusional ideation in the general population.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1566

EV1237

Quetiapine in treatment of first episode schizophrenia

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Introduction Although there is no cure, schizophrenia is highly treatable disease. Successful first episode schizophrenia (FES) treatment is crucial to minimize personal, vocational and social deterioration. Quetiapine is atypical, second generation antipsychotic, serotonin-dopamine antagonist. Quetiapine is potent blocker of D2, 5HT2A and 5HT1A receptors.

Objective To estimate efficacy of quetiapine in treatment of first episode schizophrenia.

Methods This study included 70 patients with FES diagnosed by ICD-10 criteria, who are divided into haloperidol (H) 35 patients and quetiapine (Q) group 35 patients. Patients were observed for 6 months in hospital and extra hospital conditions, according to protocol which included Positive and Negative Symptom Schedule Scale (PANSS) and the number of withdrawals attributed to adverse event (AE). Control group was treated with haloperidol 5–20 mg/24 h and experimental group was treated with quetiapine 400–800 mg/24 h.

Results Average pretrial PANSS score was 110.1 in quetiapine and 108.5 in haloperidol group. Average PANSS score after 180 days was 50.6 in Q and 60.4 in H group. There is no statistical difference in pretrial scores between groups for PANSS score (P=0.647). There is significant statistical difference in PANSS score reduction after 180 days in both groups (P<0.001). There is significant statistical difference in PANSS score reduction between Q and H group after 180 days (P<0.001). Overall, 8.6% AEs occurred in Q, and 25.8% in H group.

Conclusion Quetiapine has shown better efficacy in treatment of FES comparing to haloperidol, with statistically significant lower adverse effects rate.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1567