groups, no toxic psychosis were found in comparison with the 35% present in the group with a DUI inferior to 1 year. PANSS' profile scored more positive and less negative symptoms. Both have similar general psychopathology. There were group differences in the Social Functioning Scale (SFS) with lower scores in the superior to 1 year DUI, in the following scales: Prosocial, Autonomy, Execution and Employment. The Global Assessment of Functioning (GAF) gives an average of almost 8 points higher.

Discussion While the SFS shows significant differences in several areas of social functioning, both PANSSprofile and the family questionnaire do not support greater deterioration, as evidenced in the GAF's average score.

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

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EV1157

Psychosis-related polydipsia and chronic hyponatremia – A case report

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Introduction Psychogenic polydipsia has an estimated prevalence of 6–20% in psychiatric population. Although first described in the 1930s, there are few studies addressing this problem and its management. The high water intake can lead to severe hyponatremia with a mortality rate high enough to merit clinical concern.

Aims Report a case of a schizophrenic patient with psychogenic polydipsia and hyponatremia.

Methods Retrospective review of the clinical file and literature research on this topic.

Results A 41-year-old man with a long-term schizophrenia presented to the emergency room (ER) with exacerbation of psychotic symptoms. In the prior 24 months, he had stopped medication and began excessive water intake (5 to 10 L/day). He presented with auditory hallucinations, passivity phenomena and persecutory and other delusional thoughts that justified this behavior – "The water will end; I have to stock it, like camels do". Presently he had an asymptomatic hyponatremia (128 mg/dL), but 6 months before he had been admitted in the ER with vomiting, altered state of consciousness and convulsions secondary to severe hyponatremia (108 mg/dL). During the present hospitalization, organic causes of hyponatremia were excluded and he was started on behavioral measures and antipsychotics. The psychotic symptoms improved and there was no need for water restriction after the first week, with restored natremia values on discharge.

Conclusions With this case report we intended to raise awareness on this potentially fatal condition that despite its prevalence has no defined diagnostic criteria, nor established controlled trials concerning the effectiveness of treatments.

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

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EV1158

Schizophrenia spectrum disorders: Focus on social cognition and empathy

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Background Schizophrenic patients show deficits in social cognition, functioning and in interpreting facial expressions. These disabilities contribute to global impairment in social and relational skills. Data started being collected in the context of the Italian Network of Research on Psychosis headed by Prof. Maj and Prof. Galderisi (Galderisi S et al. The influence of illness-related variables, personal resources and context-related factors on real-life functioning of people with schizophrenia. World Psychiatry 2014:275–87. Mucci A et al. The Specific Level of Functioning Scale: Construct validity, internal consistency and factor structure in a large Italian sample of people with schizophrenia living in the community. Schizophr Res 2014;159(1):144-50); collection in our centre went on also after the conclusion of the national project.

Aims To identify the correlations among social inference, facial emotion identification and clinical history and therapies in schizophrenic patients.

Material and methods We recruited patients with Schizophrenia referring to our Psychiatry Ward, AOU Maggiore della Carità, Novara, Italy. Socio-demographic characteristics were gathered; assessment of patients included The Awareness of Social Inference Test (TASIT), the Facial Emotion Identification Test (FEIT), the Positive and Negative Syndrome Scale (PANSS) and the Brief Negative Symptom Scale (BNSS).

Results Data collection is still ongoing. In a previous study we pointed out that schizophrenic patients showed social skills deficits and difficulties in identifying facial emotions. These features underlie poor and limited social relationships proper to schizophrenia. Our preliminary results revealed thatidentification of facial emotions is influenced by psychopathological symptoms especially by avolition, blunted affect and alogia. Implication will be discussed.

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EV1159

Feasibility study of culturally adapted cognitive behaviour therapy for psychosis in Pakistan

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Background It is becoming well established that CBT is both effective and cost efficient in the treatment of positive and negative symptoms of schizophrenia. However, there is a need to adapt CBT to the cultural, linguistic, and socioeconomic context of diverse cultural groups. We aimed to establish the feasibility of culturally adaptive cognitive behavior therapy for treatment of psychosis in a low-income country.

Methods This is a rater-blind, randomized, controlled trial of the use of CBT in patients with psychosis from a low-income country. Patients with a DSM-IV diagnosis of schizophreniform disorder were assessed using Positive and Negative Syndrome Scale for Schizophrenia (PANSS), PSYRATS (Psychotic Symptom Rating Scales), and the Insight Scale. Participants were randomized into the intervention group ($n = 18$) and TAU group ($n = 18$). The intervention group received 12 weekly sessions of culturally adapted CBT for psychosis (CaCBTp).

Results There were no significant differences between the two groups at baseline. At three months follow-up, there was a statistically significant improvement in the CaCBTp group on PANSS general Psychopathology subscale, PANSS overall score and Insight

scale, as compared to the TAU group. The CaCBTp group had lower scores on PANSS positive, PANSS negative sub-scales, and the two subscales of Psychotic Symptom Rating Scale, but differences were not statistically significant.

Conclusion Culturally adapted CBT added to pharmacological treatment as usual was acceptable to patients and was helpful in reduction of severity of psychotic symptoms. Adjunctive culturally adapted CBT should be further investigated in this population.

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

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EV1160

Institutionalization of patients with schizophrenia in the modern era

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Introduction Patients with schizophrenia requiring long-term institutionalization represent cases with poor outcome, often leading to high costs for patients and family and constituting a huge economical burden for society if patients are young.

Aims The aims were the evaluation of patient hospitalized for long period in a psychiatric hospital for chronic patients.

Objectives The objectives of the study were identification of characteristics and predictors of institutionalization in schizophrenia.

Methods Retrospective study of all institutionalized patients with schizophrenia in Brasov County, Romania, with a DSM-IV-TR lifetime diagnosis of schizophrenia institutionalized between 1995 and 2014.

Results Institutionalized patients between 2005 and 2014 ($n = 172$) had lower age (51.15 vs. 57.08, $P < 0.05$) and lower age at institutionalization compared with patients admitted between 1995 and 2004. Lower education level (8.23 vs. 13.22, $P < 0.05$), only one parent, multiple antipsychotics treatments and suboptimal response under first generation long acting antipsychotics are predictors for institutionalization. Haloperidol is the main treatment option (42.54%) followed by olanzapine 17.1% and clozapine 10.24%.

Conclusions Our study showed a tendency to institutionalize patients with schizophrenia at the younger age compared with past decades. Early intervention in psychosis, controlled treatment with SGAs should be solutions to avoid institutionalization of young patients with schizophrenia.

Keywords Schizophrenia; Institutionalization; Predictors; Poor outcome

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

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EV1162

Effect of switching to long-acting injectable (LAI) aripiprazole on long-lasting antipsychotic-induced hyperprolactinemia: A report of two cases

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Introduction Antipsychotic-induced hyperprolactinemia (> 29 ng/ml in women) is associated with relevant side-effects.

Aim We describe the case of two women aged 50 and 54 years, respectively, diagnosed with schizophrenia who were receiving outpatient treatment with paliperidone depot 100 mg/month and risperidone depot 50 mg/2 weeks, respectively and complained of oligoamenorrhoea and amenorrhoea for at least 6 months.

Methods Routine blood tests showed hyperprolactinemia of 203.5 ng/ml and 306.2 ng/ml, respectively. The patients were evaluated by the Endocrinology unit and an MRI was performed discarding the presence of any primary brain condition. Both patients were switched to LAI aripiprazole due to its partial agonism of D2-brain receptors. At the time of switching both patients were stable in terms of psychopathology.

Results Changes in prolactin levels 3 months after switching are shown in the Fig. 1. Two months after switching, both patients regained cyclic menstrual function. After 6 months, they still showed psycopathological stability.

Conclusions Several studies have described an improvement of drug-induced hyperprolactinemia after switching to or adding oral aripiprazole. In these two cases, the normalization of prolactin levels and the resolution of oligoamenorrhoea/amenorrhoea were observed as soon as 2–3 months after switching to LAI aripiprazole. These findings suggest that switching to LAI aripiprazole may be an effective alternative for managing antipsychotic-induced hyperprolactinemia.
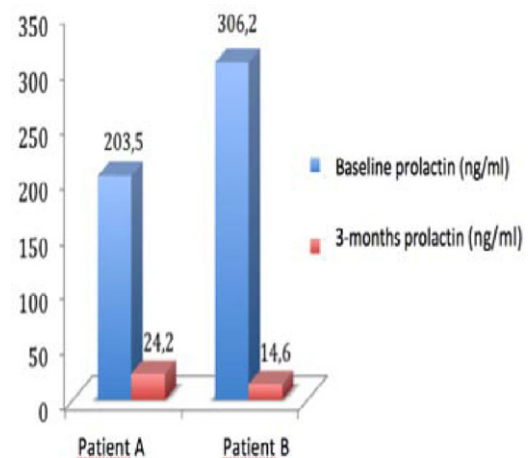

Fig. 1

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EV1163

Capgras-delusion in a female patient with schizophrenia: A case report and study of the literature

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Background The Capgras syndrome is a rarely observed condition in patients with different psychiatric diseases, which is characterized with delusional misidentification of people, places, objects, etc.