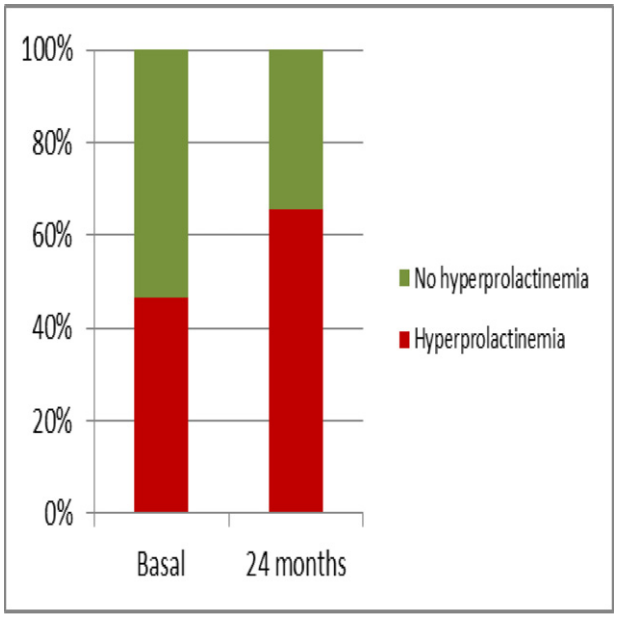

Fig. 1 Prolactine variation at 24 months.

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

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EW514

Cortical and subcortical morphology deficits in cerebral gray matter in patients with schizophrenia and not affected siblings

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Objective Explore the basis of cortical morphometry in patients with schizophrenia and non-affected siblings by Magnetic Resonance Structural analyzing cortical thickness.
Methods Twenty-nine patients with schizophrenia treated with atypical antipsychotics and clinically stable in the last 6 months were recruited. Twenty-three not affected siblings of patients with schizophrenia and 37 healthy volunteers were recruited. Magnetic Resonance Structural was performed. FreeSurfer the brain imaging software package for analysis of Cortical Thickness is used. In the analysis of group differences in cortical thickness (CT) with the general linear model (GLM), the *P*-value was established in 0003 following the Bonferroni correction to control for multiple comparisons (seven regions of interest a priori in each hemisphere).
Results Significant differences in cortical thickness between patients and healthy controls. Differences between groups were calculated by general linear model (GLM) with age and sex as covairables (Table 1).
Conclusions In applying the correction for multiple comparisons, differences in bilateral-lateral orbitofrontal, medial orbitofrontal-right and left temporal transverse frontal cortex are significant. Our study replicates previous findings and provides further evidence of abnormalities in the cerebral cortex, particularly in the frontal and temporal regions, being characteristic of schizophrenia.

Table 1 Significant differences in cortical thickness in healthy controls, not affected siblings and patients with schizophrenia.

		Controls	Siblings	Patients	F	P	
		n=37	n=23	n=29			
Frontal	L caudalmiddlefrontal	2.41	2.36	2.27	4,65	<0.05*	P<C=S
	L lateralorbitofrontal	2.66	2.57	2.5	8,5	<0.001***	P<C= S
	R lateralorbitofrontal	2.59	2.45	1.96	9,28	<0.001***	P<S<C
	L medialorbitofrontal	2.44	2.41	2.3	5,72	<0.01**	P<S<C
	R medialorbitofrontal	2.57	2.51	2.36	14,32	<0.001***	P<S<C
	L rostralmiddlefrontal	2.2	2.21	2.17	5,39	<0.01**	P<C=S
	R rostralmiddlefrontal	2.33	2.27	2.2	4,19	<0.05*	P<C=S
	L superiorfrontal	2.62	2.58	2.46	5,56	<0.01**	P<C=S
	R superiorfrontal	2.65	2.6	2.54	3,1	0.051	P<C=S
Temporal	L superiortemporal	2.78	2.71	2.65	4,01	<0.05*	P<C=S
	R superiortemporal	2.83	2.78	2.67	4,59	<0.05*	P<C=S
	L transverseltemporal	2.43	2.24	2.19	7,68	<0.001***	P<S<C
	R transverseltemporal	2.4	2.36	2.2	5,82	<0.01**	P<C=S
	R middletemporal	2.89	2.83	2.76	4,35	<0.05*	P<C=S

P: patients; S: siblings; C: controls.

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EW516

Paliperidone palmitate log-acting injection in patients with psychotic active clinic: start, change or increase of dose

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The aim is to describe the experience of treatment with Paliperidone Palmitate long acting injection (PP) in patients with psychotic active clinic, whether diagnoses with schizophrenia or in patients with the first episode psychosis, as well as to reflect the improvement in the control of the symptoms that the patients can improve increasing the dose.
Methods We have done a descriptive study of 34 patients hospitalized in psychiatry between January and July 2015 for psychotic active clinic who started treatment with PP or the previous dose was increased.
Results 91.2% of patients admitted for acute exacerbation of their usual pathology and 8.8% for a first episode psychosis. In the CGI scale, all the patients admitted scored as severe or markedly ill; going mostly mildly ill at discharge. For 55.9% of patients, the treatment was changed to PP, 29.4% of the dose was increased PP and 14.7% antipsychotic treatment was started with PP. Among patients change treatment, the main reason was non-adherence (47.4%). 70.6% of our patients were discharged with PP as only antipsychotic