

Most of them had nonspecific symptoms of anxiety, emotional lability, irritability, etc. In half of the cases were reported weight loss, insomnia and several variations of the usual behavior in recent days.

Discussion The most important variable is to analyze the reason for consultation. Moreover, substance abuse and a combination of prodromal symptoms including positive and other nonspecific are detected. Furthermore, at the profile with possible demands, we believe it is appropriate not to delay mental health assessment after making the appropriate intervention.

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EV1250

First acute psychotic episode: Factors associated with evolution to schizophrenia

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Introduction The acute psychotic episode have often a dramatic expression. Although it is easily diagnosed, it is not easy to predict the evolution and much less the prognosis that are of concern both for the therapist and the patients' families.

Aims To describe the profile of a population of patients with a first psychotic episode. To identify factors correlated with evolution to schizophrenia.

Methods This is a retrospective study conducted among 55 patients hospitalized for a first acute psychotic episode, in the psychiatry B department during the period extending between January 2010 and December 2015.

Results The average age of patients was 26.5. The majority was single male. The prodromal phase was present with predominantly psychotic symptoms (80%). Schizophrenia was the most frequently encountered scalable diagnosis (38%). Some factors are associated with the evolution to schizophrenia. We can mention male gender ($P=0.004$) and premorbid schizoid personality ($P=0.047$). About correlated clinical factors, we have found an initial symptomatology dominated by loss of interest ($P=0.05$), withdrawal and isolation ($P=0.017$), impulsivity ($P=0.011$), breaking with the usual functioning ($P=0.04$), mental automatism ($P=0.033$), the delusions of persecution ($P=0.025$) and intuitive mechanism ($P=0.023$).

Conclusion When a first acute delusional experience occurs in a young adult, it is always a test of uncertain outcome. However, schizophrenia remains the most feared evolutionary. A better understanding of poor prognosis and early and appropriate management seem paramount to reduce the prevalence of this dreaded evolution.

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EV1251

Combined pharmacotherapy involving aripiprazole and clozapine for controlling the positive symptoms refractory to other antipsychotic treatments in a patient with schizophrenia

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Introduction Treatment resistance is considered a challenging problem of antipsychotic pharmacotherapy in schizophrenia, especially, when it is associated with other factors, such as cultural aspects, diverse clinical presentation, furthermore functional impact. Then, combination approaches are commonly used, for instance, the add-on of aripiprazole to clozapine; which allows increasing of efficacy and safety.

Objective Assess the response to clozapine–aripiprazole combination treatment in the management of resistant schizophrenia.

Aim Treatment of resistant schizophrenia.

Method Analysis of a clinical case.

Result A 27-year-old male resident in an Iberian country two years ago, is from a Latin American country, lives with his mother, his sister and his nephew. Their parents were separated. Eight years ago, his father died and shortly thereafter, he started impaired behavior, auditory and visual hallucinations, delusions about referentiality, persecution and prejudice, which required a brief hospitalization in their country. Upon arrival, he is included in the network of Mental Health, with positive symptoms, significant behavioral and cognitive disorganization and he needed hospitalization again. Then, treatment is instituted in different lines with risperidone, quetiapine, olanzapine, haloperidol, amisulpride, without results. Then, combined clozapine therapy is initiated up to 400 mg/day, more aripiprazole 20 mg/day, which switch after to pattern injectable depot, with informed consent. Six months after, he presents encapsulated delirium and improvement of disorganization, allowing the patient to retake studies.

Conclusion Clozapine–aripiprazole combination was associated with 22% reduction of clozapine dose. There was improvement in positive and negative symptoms, social functions and amelioration in their metabolic profile.

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

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EV1252

Reducing diabetes type 2 risk in non-selected outpatients with schizophrenia, a thirty-month program

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Introduction Diabetes type 2 is 2–3 fold more common in patients with schizophrenia compared to the general population. A lifestyle with focus on diet, exercise and medication is required to prevent complications from diabetes type 2.

Objectives Patients may have trouble complying with a well-structured and healthy lifestyle because of factors related to their illness e.g. cognitive disturbances, negative/positive symptoms and treatment with psychotropic medication.

Aims To measure and reduce diabetes type 2 risk factors in patients and examine characteristics associated with a positive outcome.

Methods A naturalistic intervention study through 30 months of clinical work with individual guidance, group sessions and treatment as usual.

Results At index, the newly diagnosed patients had a high consumption of soft drinks and low physical activity. Over time, the newly diagnosed patients worsened their physical profile with increased weight, waist circumference, visceral adiposity index ($P=0.030$) and HbA1c ($P=0.010$). HbA1c increased for newly diagnosed male patients with 0.24 mmol/L ($P=0.007$). The long-term patient's physical activity level was low. After the intervention,