Conclusions It is determined whether the Czech version of the CAPE has sufficient reliability and validity to be recommended for research purposes. It is expected that further study of the CAPE as well as the introduction of additional tools will motivate the standardization of research, diagnosis and prevention of schizophrenia spectrum disorders in the Czech Republic.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1259

Social and nonsocial cognitive functions in patients with schizophrenia: A comparative neuropsychological and neurophysiological study

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Background Patients with schizophrenia suffer from cognitive deficits in seven domains in addition to social cognition. P300 latency and amplitude have been linked in these patients to the basic cognitive deficits.
Objectives Comparing patients suffering from schizophrenia with matched healthy subjects as regards auditory event related potential tests as measured by P300.
Subjects and methods Fifty-two subjects were divided into 2 groups: group (A): 27 patients with schizophrenia according to the diagnostic and statistical manual of mental disorders-text revised (DSM-IV TR). Those with current substance use, psychiatric disorders or organic disorders were excluded. Group (B): 25 healthy control subjects with negative history of substance and psychiatric disorders. Patients were assessed using Positive and Negative Symptom Scale (PANSS) for severity of psychotic symptoms, Addenbrook's Cognitive Examination Revised (ACE-R) for basic cognitive, reading the mind in the eye test for social cognition, P300 and electro-encephalography (EEG)
Results The two groups were different significantly in ACE total and its subtests measuring attention-orientation, memory, language, visuospatial and reading the mind in the eye test for social cognition scores with patients showing lower scores ($P = 0.000$, 0.012, 0.000, 0.038, 0.041 and 0.001 respectively). Control group had higher amplitude of P300 and shorter latency than patients ($P = 0.003$ and 0.005 respectively). P300 amplitude correlated positively with visuospatial memory ($P = 0.015$). PANSS general pathology scale correlated positively with duration of untreated psychosis ($P = 0.029$) and with fluency ($P = 0.047$).
Conclusion Patients with schizophrenia differ from controls in P300.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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Influence of clozapine to modified electroconvulsive therapy in the treatment resistant schizophrenia

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Introduction Clozapine is one of the most effective drugs for the treatment resistant schizophrenia (TRS). It was reported that modified electroconvulsive therapy (mECT) may be an effective clozapine augmentation strategy in TRS.
Objective The objective of this study was to investigate the influence of clozapine to mECT in the TRS.
Methods Forty-seven patients were recruited in this study, but eight patients were excluded because clozapine was discontinued by reason of side effects. Ultimately, 39 patients were enrolled.
Results Seventeen patients received mECT before clozapine therapy. Two patients continued mECT after starting clozapine therapy. There was a significant difference between before–after clozapine therapy (χ^2 test, $P < 0.01$). Intermittent mECT was performed for 3 patients before clozapine and for one patient after starting clozapine.
Discussion This result suggests that clozapine therapy reduces mECT. In Japan, the first-line treatment for TRS is CLO. mECT is recommended for clozapine resistant schizophrenia patients. Prescription of CLO is limited in the part of medical facility because all physicians who prescribe clozapine must be registered with the clozaril patient monitoring service in Japan. It is considered that mECT is more readily selected than clozapine therapy. Therefore, the number of mECT is not reduced generally.
Conclusion Clozapine therapy reduces the necessity of mECT.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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Serum 25-OH vitamin D level in patients with schizophrenia spectrum disorders

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Introduction 25-OH vitamin D level is an immediate precursor metabolite of the active form of vitamin D that leads to expression of more than 200 genes.
Aims The aim of our study was to examine 25-OH vitamin D deficiency (<50nmol/L) and its relationship to demographic factors in recently hospitalised patients with schizophrenia spectrum disorders (SSD).
Methods We assessed 25-OH vitamin D serum level in 41 SSD patients (54% of males, 46% with first episode, 63% during sunny season [May to October]), mean age 30 ± 10.4 years, within first days of hospitalization. The serum 25-OH vitamin D level was analysed with electrochemiluminiscence, using imunoanalysators Elecsys Roche.
Results The serum level was significantly higher in sunny season (41.3 ± 27.2 nmol/L) than in November to April (28.4 ± 11.2 nmol/L): t-test, $P < .05$. Sixty-nine percent of patients suffered from 25-OH vitamin D deficiency (< 50nmol/L) in May to October and 100% during November to April. The 25-OH vitamin D serum levels were not different between males and females, or between first-episode and multiple-episode patients. No significant correlation between age and 25-OH vitamin D level was found.
Conclusions The high prevalence of 25-OH vitamin D deficiency (< 50nmol/L) suggests that some patients with SSD may benefit from vitamin D supplementation.
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