Introduction Previous studies suggested that patients with schizophrenia had an increased prevalence of antibodies against Toxoplasma gondii (TG) and that those seropositive patients had higher symptom severity. However, there is no data on the relationship between treatment-resistant schizophrenia (TRS) and TG seropositivity.

Objectives To determine the association between TRS and TG seropositivity, and to further investigate the relationship between TG seropositivity and different clinical features of schizophrenia.

Methods In this cross-sectional study, we included 210 male inpatients with schizophrenia. TG seropositivity was determined by ELFA assay. Treatment-resistance was defined as a failure of at least 2 adequate anti-psychotic trials. Data were analyzed using $\chi^2$ test or Mann–Whitney test.

Results The rate of TG seropositivity in the entire sample was 52.3%, whereas 47.6% of patients met the definition for treatment-resistance. Seropositive patients had twice the rate of treatment–resistance compared to seronegative patients (63.6% vs. 30.0%, $P < 0.0001$). Moreover, in the seropositive group, the patients were older (47.6 ± 12.2 vs. 39.81 ± 12.01 years, $P < 0.0001$), had higher number of previous hospitalizations (13.9 ± 11.7 vs. 9.5 ± 8.5, $P = 0.0073$), and increased Calgary depression scale for schizophrenia (CDSS) total score (7.8 ± 4.5 vs. 6.3 ± 3.8, $P = 0.012$). There were no differences between the groups in the age of disease onset, smoking, positive and negative syndrome scale (PANSS) total, positive and negative scores, and the life-time history of suicide attempts.

Conclusions Our results support the hypothesis that TG seropositivity might contribute to treatment-resistance in schizophrenia, at least in male patients.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1640

EV1311

From polypolymic to monotherapy a case about schizoaffective disorder

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The aim of the present poster is to describe an initial complex case of schizoaffective disorder with other clinical adverse conditions (metabolic disorders) in a young adult male, which gradually went into a positive treatment way from polypolymic to monotherapy. His psychiatric history started when he was 25-year-old, he was diagnosed of heroine dependence, hypercholesterolemia and hyperigliceridemia. In 2000 he had a suicide attempt in a context of depressive mood and delusions. He needed a psychiatric hospitalization for the first time in his life and he received anti-psychotics.