the Patient Satisfaction With Medication Questionnaire, 85% said they were satisfied with the new treatment, compared with 15% who showed some degree of dissatisfaction with the change. Overall, 90% of patients showed a preference for the current treatment compared to the previous. The patients showed good tolerance to medication, with a low score in the UKU scale (total score = 13.5). Side effects did not interfere with daily activity of the patient.

Conclusions Long acting injectable aripiprazole proved to be a safe treatment, with a good degree of acceptance among patients. These advantages makes of this new drug a useful addition to our kit tool.

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

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EW549

Comparative study of the side-effect profile between clozapine and non-clozapine patients

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Introduction For resistant schizophrenia, the only approved treatment is clozapine. However, clozapine is underused, mainly due to its wide range of side-effects. Secondary effects differ amongst antipsychotics (Leucht et al., 2009). Despite that there is no good evidence that combined antipsychotics offer any advantage over the use of a single antipsychotic, combination increases the frequency of adverse events (Maudsley guidelines).

Objectives To compare the side-effect profile between clozapine and non-clozapinepatients.

Aims To provide evidence that clozapine patients do not show a worse side-effects profile.

Methods We cross-sectionally analysed all patients from a Spanish long-term mental care facility ($n = 139$). Schizophrenic/schizoaffective patients were selected ($n = 118$) and their treatment was assessed, 31 patients used clozapine. We paired clozapine and non-clozapine patients by sex and age and assessed antipsychotic side effects and possible confounder variables.

Results Our sample was 27 clozapine patients and 29 non-clozapine patients. 67,9% were male with a mean age of 51.3 (SD 9.6) years. For continuous variables: age, BMI, waist/hip, cholesterol, TG, glucose, prolactin, heart-rate, blood pressure, sleeping hours, the only statistical differences found were lower heart-rate ($P = 0.001$) in clozapine group and higher salivation subscale of SAS ($P = 0.002$) in clozapine group. For discrete variables: monotherapy, obesity, overweight, metabolic syndrome or possible confounders as propranolol, laxative, diet, antiglycemiant or insulin, fibrates or statins, antihypertensive or anticholinergic, no statistical differences were found.

Conclusions We did not find differences in cardiometabolic parameters, which are the main barrier to prescribing clozapine, probably due to the concomitant use of other drugs in both groups.

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

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EW 550

Time to relapse monotherapy and acquisition in a sample of schizophrenic patients over 3 years of follow-up

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Introduction Poor adherence to treatment is one of the main problems in health care to psychiatric patients. The second-generation antipsychotics, and the subsequent emergence of the depot forms (long acting formulations) have facilitated this aspect, increasing the time to clinical relapse in patients with schizophrenia.

Goals Determine the time to relapse in a clinical sample of patients diagnosed with schizophrenia treated with paliperidone palmitate over 3 years. Other objectives include the possible reduction in hospital admissions, as well as the possible reduction of psychiatric emergency visits, concomitant medication (benzodiazepines and Biperiden) and the possible increase in drug monotherapy.

Methodology This is a study with a sample of 101 patients with schizophrenia who had started treatment with PP (consecutive sampling). Quantified variables in the 12 months prior to the change of PP treatment with variables at 6, 12, 24 and 36 months after initiation of treatment with PP were compared.

Results and conclusions At the end of the tracking, 72.22% (73 patients) remained clinically stable, with adequate adherence to treatment and there have been no clinical relapses. It has obtained a statistically significant reduction in the use of concomitant medication, emergency room visits and the average duration of revenues, with no clinical relapse should occur in patients of the sample in the second and third year.

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EW551

Effects of nicotine abstinence on clinical symptoms. Study at 3 and 6-months follow-up of outpatients with schizophrenia

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Introduction Tobacco use has been associated with more excitement and agitation symptoms, greater severity of global psychopathology as measured by the Clinical General Impression (CGI) Scale, and psychotic symptoms in patients with schizophrenia.
Aim To assess the effects of nicotine abstinence versus nicotine maintenance on the clinical symptoms of a sample of outpatients smokers diagnosed with schizophrenia.
Methods Sample: 81 outpatients with schizophrenia [72.8% males; mean age (SD) = 43.35 (8.82)] currently smoking tobacco [no. of cigarettes (SD) = 27.96 (12.29)]. Desing: non-randomized, open-label, 6-month follow-up and multi-center study conducted at 3 sites in Spain (Oviedo, Santiago de Compostela and Orense). Instruments: Positive and Negative Syndrome Scale (PANSS), Clinical Global Impression for Schizophrenia (CGI-SCH), Hamilton Depression Rating Scale (HDRS). Antropometric measures: Body mass index (BMI) and waist circumference. Vital sings: heart rate. Procedure: Patients were assigned to 2 conditions:
– control group = patients continuing their tobacco use;
– experimental group = patients participated in vareniclina or nicotine patches treatment for smoking cessation.
Patients were evaluated at baseline (all patients smoking) and after 3 and 6 months.
Results No significant differences (P>.05) were found between groups at baseline evaluation. Likewise, there were no significant differences between smokers and non-smokers after treatment (3 and 6 months follow-up) in their clinical symptomatology (according to PANSS, HDRS and CGI-SCH), anthropometric measures and heart rate.
Conclusions No significant differences were found in the clinical symptoms after a period of nicotine abstinence. Therefore, clinicians should motivate and help their patients to quit smoking (CIBERSAM - FIS PI11/01891).
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW552

Functional outcome in psychosis is better determined by negative symptoms than cognitive impairment

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Introduction Cognitive impairment is considered the best predictor of functional outcome in psychosis. However, the nature of this relationship still remains to be determined.
Objective To ascertain the relationship of negative symptoms and cognitive impairment with functional outcome in psychosis.
Methods Ninety patients with a DSM-IV psychotic disorder diagnosis and 65 healthy controls were included in the study. We assessed the predominant negative symptoms over the course of illness with the Comprehensive Assessment of Symptoms and History (CASH). Functional outcome was assessed with the Specific Levels of Functioning (SLOF). Cognition was assessed with a set of neuropsychological tests, which were normalised to z-scores (regarding controls' performance). Then, a Global Cognition Index (GCI) was obtained as a mean of the cognitive domains assessed: processing speed, attention, verbal and visual memory, executive functions, working memory and social cognition. We divided the sample in four groups, considering the presence/absence of negative symptoms (cut-off point of 2 in the CASH), and the presence/absence of cognitive impairment (considering a GCI z-score of–1 as cut-off point). We performed a MANOVA to compare the 4 groups' functional outcome scores.
Results Fig. 1 shows the significant differences between groups regarding functional outcome.
Conclusions The combination of negative symptoms and cognitive impairment has deleterious effects over functionality, but negative symptoms alone are related to functional outcome, independently of cognitive impairment.

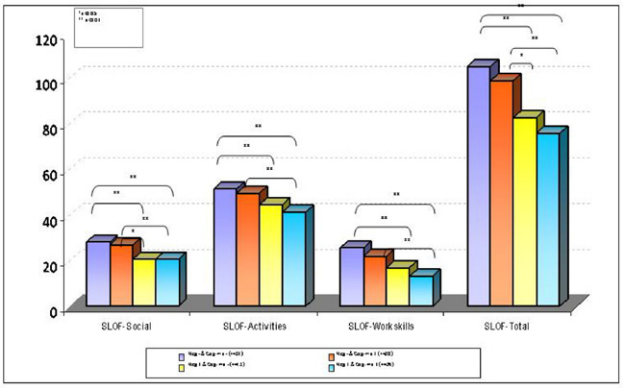

Fig. 1

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EW553

Electroconvulsive therapy in schizophrenia – where do we stand?

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Introduction Electroconvulsive therapy is currently used in the management of severe depression, long-term mania and catatonia. Regarding schizophrenia-related psychosis ECT is also an option, but the indication is restrictive to severe cases, drug intolerance or resistant ones. Lack of evidence of cost-effectiveness compared to clozapine, and side effects of ECT techniques before 2003, influenced NICE guidance to not recommend ECT in schizophrenia, but modern ECT machines and procedures are subsequent to 2003. ECT is often performed when clozapine fails to respond in monotherapy or if there is intolerance to antipsychotic side effects. ECT in combination with clozapine seems to have significant results allowing the patients to achieve rapid control of psychotic symptoms with fewer side effects, comparing with antipsychotics-association strategies.
Objectives To summarized the latest literature about this field and to present recent data from the Electrovulsivetherapy Unit, in Hospital de Magalhães Lemos, Portugal.
Aim To explore and critically review the controversies of electroconvulsive therapy in the management of drug-resistant schizophrenia.
Methods Retrospective data of an Electroconvulsive Therapy Unit during 2006–2015 was review.
Results 198 ECT treatments in schizophrenic patients were performed in our unit, during 2006–2007, in a total of 647 ECT (30,6%). In 2014–2015, 945 schizophrenic patients received ECT treatment, in a total of 2149 performed ECT (43,9%).
Conclusions Although guidelines are crucial for the uniform practice of medicine, sometimes is important to be critical about