symptoms and on functioning than risperidone in patients with predominant negative symptoms of schizophrenia.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.652

### EW535
## Identification of subtypes of Chinese schizophrenia patients before discharge: A cluster analysis

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*Introduction* People with schizophrenia is a highly heterogeneous group. Identifying subtypes of people with schizophrenia before discharge may help develop targeted discharge plans.

*Objectives* To explore possible subtypes among people with schizophrenia before discharge by their self-management ability, self-efficacy and cognitive function status.

*Aims* To identify possible subtypes among people with schizophrenia before discharge.

*Methods* Totally, 150 Chinese people with schizophrenia before discharged from a tertiary psychiatric hospital in Beijing were assessed by Self-management Instrument for People with Schizophrenia and Repeatable Battery for the Assessment of Neuropsychological Status (RBANS). Cluster analysis using SPSS 20.0 package was performed to categorize subjects based on their scores.

*Results* Four different types of subjects were revealed. Type I low cognition with no participation ($n = 25$), patients' self-management ability, self-efficacy and cognitive function were very poor; type II medium cognition with blind confidence ($n = 42$), patients' self-efficacy was good, while self-management ability was poor and cognitive function is medium; type III high cognition with high level skill ($n = 46$), patients' cognitive function, self-management ability and self-efficacy were good; type IV low cognition with medium level skill ($n = 37$), patients' cognition was very poor, while self-management ability and self-efficacy were medium. These four types of subjects had significant differences in long-term use of antipsychotics and primary caregivers' education level ($P < 0.05$).

*Conclusions* The finding of different subtypes of people with schizophrenia presenting in this sample may help health professionals give effective screening and targeted discharge measures which can further promote patients' recovery and reduce readmission rates.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.653

### EW536
## Perceived and anticipated stigma in patients with schizophrenia according with the length of illness

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*Introduction* Perceived and anticipated stigma are relevant issues in patients with schizophrenia. Stigma has negative consequences both in quality of life and in the course of illness.

*Objectives* To analyze differences in perceived and anticipated discrimination in two groups of patients with schizophrenia: one with a recent diagnosis of illness and another with a long course of disease.

*Methods* A cross-sectional study was carried out in a sample of 100 patients with diagnosis of schizophrenia, 18 or more years old, clinically stabilized, without axis I DSM-IV comorbidity. Patients received treatment in the outpatient services of a catchment area in Madrid. Perceived and anticipated discrimination was evaluated trough the DISC-12 (Discrimination and Stigma scale). Other study variables were: socio-demographic status, length of disease, symptoms of depression (Calgary Scale) and functionality degree measured by Global Assessment of Function (GAF). Two sub-groups of patients were compared: one with a length of illness below 5 years and a second one with a length of illness over 5 years.

*Results* Patients with a length of illness longer than 5 years showed elevated degree of perceived and anticipated discrimination compared with patients with less than 5 years of illness course. In the same way, patients with a recent diagnosis of illness showed increased scores in the measure of face the stigma.

*Conclusions* Preventive strategies to avoid the stigma in schizophrenia should consider some differences in patients in relationship with the length of evolution of illness in order to be more accurate. Early intervention programs about stigma are necessary.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.654

### EW537
## Perceived and anticipating stigma in schizophrenia in relationship with depressive symptoms and functionality degree

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*Introduction* Perceived and anticipated stigma is relevant issues in patients with schizophrenia. Stigma has negative consequences both in quality of life and in the course of illness.

*Objectives* To analyze the degree of perceived and anticipated stigma and discrimination in patients with schizophrenia and their relationship with clinical and socio-demographic variables.

*Methods* A cross-sectional study was carried out in a sample of 100 patients with diagnosis of schizophrenia, 18 or more years old, clinically stabilized, without axis I DSM-IV comorbidity. Patients received treatment in the outpatient services of a catchment area in Madrid. Perceived and anticipated discrimination was evaluated trough the DISC-12 (Discrimination and Stigma scale). Other study variables were: socio-demographic characteristics, symptoms of depression (Calgary Scale) and functionality degree measured by Global Assessment of Function (GAF).

*Results* The presence of symptoms of depression evaluated by the Calgary Scale and low degree of functionality measured by GAF are associated with greater feelings of discrimination and stigma, especially in the sub-scales of experienced and anticipated discrimination of the DISC 12. Anticipated stigma is higher in men than in women while the rest sub scales of the DISC-12 do not correlate with gender or other sociodemographic variables.

*Conclusions* Preventive strategies to avoid the stigma in schizophrenia should consider some characteristics associated with disease, especially the degree of functionality and presence of depressive symptoms.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.655