also have evidence-based studies that depression for example is an independent risk factor of heart infarct onset. On the other hand, we observe the somatization of clinical picture of mental disorders, the increase of atypical forms manifesting through pain or other somatic syndromes that leads to the increase of mental illnesses in the primary care. The research of common pathways of mental and somatic pathology should be the subject of further interdisciplinary research programs. The other issue is the patient’s compliance that plays in important role in the success of every kind of treatment. Personality traits and status of mental health can influence ones attitude to illness as well as motivation to therapy. We cannot assess the population state of health without taking into consideration the evaluation of mental status as well as such definitions like subjective well being, life quality and stigmatization.

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Oral communications: Epidemiology and social psychiatry; migration and mental health of immigrants; forensic psychiatry; suicidology and suicide prevention; prevention of mental disorders and promotion of mental health

0060

Personality disorders and perinatal psychiatry: Food for thoughts from perinatal psychiatric department experience

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Background Pregnancy and postpartum are sensitive unique moments in women’s life. Perinatal psychiatry is focused on depression and psychosis, but personality issues is often neglected as well as risk factors for personality disorders instead of being considered causative of onset or recrudescence of psychiatric symptoms in perinatal.

Methods In total, 129 women were referred to perinatal psychiatric department during their pregnancy or postpartum in the last three years. They were administered SCID II, Childhood Trauma Questionnaire (CTQ), Beck Depression and Anxiety Inventories (BDI and BAI), Edinburgh Postnatal Depression Scale (EPDS) and World Health Organization Quality of Life (WHOQOL). Their interaction with babies was monitored at birth and during follow up. Children’s behavioral development is under evaluation through structured tests.

Results BDI and BAI scored moderate or severe in 31 and 27% of women, EPDS was significant in 36%, while SCID II highlighted 24% of borderline, 17% narcissistic, 4% schizoid, 4% paranoid and 9% obsessive/compulsive PD. Nineteen of them suffered physical abuse during childhood, 26 sexual abuse, 89 emotional neglect and only 15 out of 129 were negative to any kind of abuse during childhood. Conclusion Personality disorders appears to influence maternal adjustment to pregnancy and motherhood. Abuses suffered during childhood confirm their role as potential risk factor in personality issues which clearly express their effect in adaptation to change in personal role and in emphatic interactions.

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0061

What do patients want? Correlates of patient satisfaction and treatment engagement

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Introduction Motivation and ability to engage with treatment may deteriorate or falter if a patient is not satisfied with their protocols or provider. Improving patient satisfaction may more effectively strengthen treatment engagement.

Objectives 1) Determining what patients want from their provider relationship; and 2) Identifying means for a provider to effectively assess and evaluate patient satisfaction in relation to treatment engagement.

Methods A systematic review of published meta-analyses, systematic reviews, and literature reviews between 1996 and 2016 was conducted across three databases (Medline, PsycINFO, CINAHL). Using variations of the search terms patient; satisfaction; medication, medical and psychiatric treatment; and engagement/adherence, a total of 1667 articles were identified. After removing duplications, 1582 articles were independently screened for eligibility (e.g. conceptual focus, methodological limitations) by two research assistants, resulting in the final inclusion of 50 meta-analysis, systematic review, or literature review articles that focused on predictors or barriers to patient satisfaction and/or predictors or barriers affecting engagement/adherence.

Results Barriers and predictors of patient satisfaction centered on two fundamental domains: – relationship with Provider (sub-factors: multicultural competence, shared decision making, communication skills, continuity of care, empathy) and;
– outcomes (sub-factors: therapeutic outcome, patient expectations).

Eight treatment engagement/adherence barrier and predictor domains were identified, specifically treatment regimens; illness beliefs, emotional/cognitive factors; financial and logistic; social support; symptom/illness characteristics; demographics and patient-provider relationship.

Conclusions Key findings highlight actions psychiatrists and other clinical providers may consider in addressing barriers and highlighting promoters to improve patient satisfaction and overall engagement and adherence.

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0062

The efficacy of lurasidone on PANSS subscales in adolescent patients with schizophrenia: Results from a 6-week, double-blind, placebo-controlled, multicenter study

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Introduction Understanding the efficacy of lurasidone on the Positive and Negative Syndrome Scale (PANSS) in adolescent patients with schizophrenia is important given the challenges of treatment in this population. This open-label study was a 6-week, double-blind, placebo-controlled, multicenter study which evaluated the safety and efficacy of lurasidone versus placebo in adolescent patients with schizophrenia. The primary efficacy endpoint was the change from baseline to week 6 in PANSS Positive and Negative Subscales (PANSS-P and PANSS-N).

Methods A total of 45 adolescents (12–17 years) with schizophrenia and ≥1 PANSS positive symptom and ≥1 PANSS negative symptom of ≥7 were randomized to 6 weeks of lurasidone 200 mg (n = 24) or placebo (n = 21). The study was conducted at 16 centers in the USA and was approved by institutional review boards. The efficacy cohort included 32 participants randomized to lurasidone and 20 participants randomized to placebo. Participants with ≥7% change from baseline to week 6 in PANSS total score were evaluated for treatment effects. A post-hoc analysis accounted for between-group differences in pooled baseline measures.

Results The mean baseline PANSS total score was 102 for lurasidone and 109 for placebo. At week 6, the mean change in PANSS total score (from baseline) was -14 for lurasidone and 12 for placebo (P < 0.001). Treatment differences were similar for PANSS-P and PANSS-N, with mean change from baseline to week 6 of -8.3 and -9.7 for lurasidone and 6.0 and 7.4 for placebo (P < 0.001).

Conclusion Lurasidone was effective in adolescent patients with schizophrenia, with significant reductions in positive and negative symptoms compared to placebo. These results provide valuable information for the treatment of adolescent patients with schizophrenia.

Disclosure of interest The authors have not supplied their declaration of competing interest.
Introduction Lurasidone is an atypical antipsychotic that demonstrated efficacy in the treatment of adults with schizophrenia in the dose range of 37–148 mg/day.

Objective/Aims The objective of this analysis was to evaluate the efficacy of lurasidone in adolescent patients with schizophrenia. Methods Adolescents (13–17 years old) diagnosed with schizophrenia were randomly assigned to six weeks of double-blind treatment with lurasidone 37 mg/day, 74 mg/day or placebo. Changes from baseline to week 6 in PANSS total and subscale (positive, negative, general psychopathology, excitability) scores were evaluated using mixed-model repeated-measures analysis. Results A total of 326 patients (mean age, 15.4 years) were randomized and received lurasidone 37 mg/day (n = 108), 74 mg/day (n = 106), or placebo (n = 112). The PANSS total score at week 6 demonstrated a placebo-adjusted, least-squares (LS) mean improvement of –8.0 (P < 0.001; effect size [ES], 0.51) for the 37 mg/day group and –7.7 (P < 0.001; ES = 0.48) for the 74 mg/day group. Placebo-adjusted LS mean change for lurasidone 37 mg/day and 74 mg/day, respectively, was –3.2 (P < 0.001; ES = 0.62) and –3.2 (P < 0.001; ES = 0.60) on the PANSS positive subscale, –1.7 (P < 0.011; ES = 0.41) and –1.6 (P = 0.022; ES = 0.35) on the PANSS negative subscale, –2.8 (P = 0.012; ES = 0.38) and –2.8 (P = 0.011; ES = 0.37) on the PANSS general psychopathology subscale, and –1.1 (P = 0.016; ES = 0.36) and –1.8 (P < 0.001; ES = 0.53) on the PANSS excitability subscale.

Conclusions In adolescent patients with schizophrenia, lurasidone (37 mg/day and 74 mg/day) demonstrated statistically significant efficacy and clinically meaningful improvement across a wide spectrum of symptoms associated with schizophrenia.

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