been accepted as a valuable outcome measure in many psychiatric conditions; thus, identification of contributing factors may help to improve overall outcome. Moreover, close monitoring of adverse effects of illness on QoL in healthy siblings may become a part of larger prevention strategies.

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Reference

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EW0481
Diagnosis of predominant negative symptoms: Post-hoc analyses of a phase 3 clinical trial with cariprazine monotherapy and risperidone
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Objective  To present, post hoc analyses from a controlled, prospective study of predominant negative symptoms (PNS) of schizophrenia on baseline patient characteristics, severity of symptoms and their variability among participating countries.

Methods  Data were analyzed from a phase 3, randomized, double-blind, active-controlled, parallel-group study in adult PNS patients with schizophrenia (EudraCT Number 2012-005485-36). Subjects with a PANSS factor score for negative symptoms (PANSS-FSNS) ≥ 24 and no pseudo-specific factors (e.g. high positive symptoms, extrapyramidal symptoms, depression) were randomized to cariprazine 4.5 mg/d (dose range: 3–6 mg/d) or risperidone 4 mg/d (dose range: 3–6 mg/d) for 26 weeks. Baseline values of PANSS-FSNS, individual PANSS items, personal and social performance (PSP), and clinical global impression of severity (CGI-S) were analyzed based on the data gained from 11 European participating countries.

Results  Average PANSS-FSNS of patients was 27.6 ± 2.48, reflecting severe negative symptoms. Patients were moderately ill (CGI-S 4.2 ± 0.75), with marked difficulties (PSP 48.4 ± 10.78) predominantly in social functioning. The investigated patient population was fairly homogeneous as shown by small variability in all three scores. Moreover, baseline values in the 11 countries presented low variability while number of enrolled patients per country showed high variance (n = 7–118). Narrative description of symptoms and individual PANSS items rated as most severe and prominent were in high correlation.

Conclusion  Post hoc evaluation of this predominant negative symptom study showed that, this patient population can be identified reliably by psychiatrist. Additional training on the judgment of personal and social relationships can increase the diagnostic accuracy.

Disclosure of interest  Employee of Gedeon Richter Plc.

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EW0482
Day-to-day and social functioning of patients with negative symptoms of schizophrenia: Post-hoc analyses of a phase 3 clinical trial with cariprazine monotherapy and risperidone
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Introduction  Negative symptoms have substantial impact on day-to-day functioning of patients with schizophrenia affecting their ability to perform activities of daily living and to maintain personal relationships.

Objective  To present post hoc data on day-to-day and social functioning of patients with predominant negative symptom (PNS) of schizophrenia, treated with cariprazine versus risperidone.

Methods  Data from 26 weeks, phase 3, randomized, double-blind, active-controlled study in PNS patients were analyzed (EudraCT 2012-005485-36). Subjects with PNS (PANSS factor score for negative symptoms ≥24) were randomized to cariprazine 4.5 mg/d or risperidone 4 mg/d. Change from baseline to end of treatment on the personal and social performance scale (PSP) and PANSS prosocial subscale (P3, P6, N2, N4, N7, G16) was analyzed.

Results  Significantly greater improvements were seen with cariprazine compared to risperidone in the change from baseline to end of treatment on the PSP (LSMD + 4.632 [2.71, 6.56]; P < 0.001) from week 10 onwards (effect size 0.48); in the PSP subdomains of self-care (LSMD −2.0 [−0.3; −0.1]; P = 0.004), personal and social relationships (LSMD −0.2 [−0.4; −0.1]; P < 0.001) and socially useful activities (LSMD −0.4 [−0.5; −0.2]; P < 0.001); in the number of patients who improved at least 10 points on the PSP (OR 2.1; P = 0.001) or shifted to a higher category (OR 2.2; P = 0.001); and on the PANSS prosocial subscale (LSMD −0.8 [−1.41, −0.16]; P = 0.014).

Conclusion  Post hoc evaluation of this study showed that cariprazine treatment is associated with a clinically relevant improvement in patient functioning and social competence compared to risperidone.

Disclosure of interest  Employee of Gedeon Richter Plc.

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EW0483
The relationship between negative symptoms and cognitive functioning in patients with an at risk mental state for psychosis
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Introduction  Negative symptoms and cognitive impairments are both present in patients with an at risk mental state (ARMS) for psychosis and negatively affect functioning and outcome. According to previous studies in patients with first-episode psychosis, negative symptoms are negatively associated with cognitive functioning while positive symptoms do not seem to be associated. Yet, little is known about the specific relationship of negative symptoms and cognitive functioning in ARMS patients.

Objective  To evaluate, the relationship between negative symptoms and cognitive functioning in ARMS patients.

Methods  Data of 154 ARMS patients were collected within the prospective Basel early detection of psychosis (FePsy) study. Negative symptoms were assessed with the SANS, positive psychotic symptoms with the BPRS, cognitive functioning with an extensive neuropsychological test battery. Multiple regressions were applied and results were controlled for age and gender.

Results  Regression analyses showed a significant, negative association between negative but not positive psychotic symptoms and cognitive functioning, showing the strongest association with verbal fluency (see Fig. 1). However, results mainly did not withstand correction for multiple testing.
Conclusions The association found between verbal fluency and negative symptoms may be indicative of an overlap between those constructs. Finally, verbal fluency might have a strong influence on the clinical impression of negative symptoms, especially on alogia.

EW0485
Alteration of cerebral blood flow measured with SPECT in patients with first episode psychosis
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Introduction Single-photon emission computed tomography (SPECT) is a valid method for measuring regional cerebral blood flow (rCBF). Recent studies regarding rCBF in patients with first episode psychosis (FEP) reported heterogeneous results, but were limited with small sample size. Neuroimaging can help us in setting the diagnosis of illness, as well as in following the progress and finding more effective treatment for psychotic disorders.

Objectives To compare, baseline alterations of the rCBF using SPECT with psychopathological status in FEP during acute phase.

Aims To investigate the changes of rCBF in patients with FEP during acute phase.

Methods We conducted a study on 40 drug-naïve patients with FEP at acute phase of illness during their hospitalization at Zagreb University hospital centre. The diagnosis was confirmed using diagnostic and statistical manual of mental disorders, fifth edition. rCBF was measured with SPECT and psychopathological status rated with the Positive and Negative Syndrome Scale.

Results Our findings showed moderate to severe parieto-temporal perfusion deficits, mild to moderate parieto-frontal perfusion deficits or borderline perfusion deficits in all but one patient.

Conclusion Our results showed alteration in rCBF at the beginning of the illness that indicate a biological market of psychotic disorder.

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

EW0486
Treatment adherence in psychosis: A 2 years follow-up of first-psychotic episode patients
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Introduction Much research on psychosis has focused on early detection and the development of effective interventions. However, the effectiveness of any intervention depends on the willingness of the patient to engage with an intervention in a sustained manner. Disengagement from treatment by patients with serious mental illness is a major concern of mental health services.

Objectives This study aims to examine the prevalence of disengagement in a longitudinal cohort of first episode psychosis (FEP) patients.