Results The study is currently ongoing and preliminary results will be presented at the conference in April 2017.
Conclusions The gravity of burden TRS brings to patients extends itself to their families, carers and clinicians. Further evidence on which antipsychotic is more efficacious for patients with TRS would have huge implications in terms of health benefits for the patients, better informed clinical decisions and also health economics in general.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1221

Systemic review: High dose olanzapine treatment for treatment resistant schizophrenia

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Objectives Schizophrenia is a major mental illness with a progressive course. Thirty percent of cases of patients with schizophrenia do not respond to adequate trials of at least 2 different groups of antipsychotics are currently classified as having treatment resistant schizophrenia (TRS). Clozapine remains the gold standard, treatment of choice for TRS. However, clozapine does not come without its own challenges. Its risk profile, particularly agranulocytosis, reported in 1% of cases, has led to the necessity of weekly blood counts within the first 18 weeks of treatment and subsequently every month with slow dose titration. Clinically, sedation, weight gain and hypersalivation may further hamper the compliance of patients. Non-compliance has been reported to cause rebound psychosis. Recent studies have raised questions as to which antipsychotic is most efficacious for TRS. Thus, we conducted a systematic review of high dose olanzapine treatment for people with TRS.
Method A systematic review of prospective studies found through search of PubMed, Scopus and hand-searched key papers which included randomized controlled trials and open-label studies which looked at high dose of olanzapine treatment response for TRS.
Results The study is currently ongoing and preliminary results will be presented at the conference in April 2017.
Conclusions The gravity of burden TRS brings to patients extends itself to their families, carers and clinicians. Further evidence on which antipsychotic is more efficacious for patients with TRS would have huge implications in terms of health benefits for the patients, better informed clinical decisions and also health economics in general.
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The comprehensive Icf core set for schizophrenia from the perspective of psychiatrists: A content-validity study using the Delphi technique

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Introduction Schizophrenia is a chronic mental illness associated with several functional impairments. There has been an increasing interest in the impact of schizophrenia on functioning. The development of the Comprehensive International Classification of Functioning, Disability and Health (ICF) Core Set for schizophrenia, a shortlist of 97 ICF categories that are relevant for describing functioning and disability of people living with schizophrenia, has derived from this interest.
Objectives This study aims to explore the content validity of this core set from the perspective of psychiatrists.
Methods In a 3-round Delphi survey, psychiatrists experienced in schizophrenia treatment were asked about patients' problems, resources and environmental factors they treat in patients with schizophrenia.
Results A total of 352 psychiatrists from 65 countries representing all six World Health Organization regions completed the first round questionnaire. The response rate at the third round was 86%. Answers were linked to 422 ICF categories. Of all these, 109 ICF categories reached consensus ($\geq$ 75% agreement) at the third round. Eighty-seven out of the 97 ICF categories that form the comprehensive ICF core set for schizophrenia were represented in this list. All the comprehensive ICF core set for schizophrenia categories reached consensus except five categories.
Conclusions The content validity of the comprehensive ICF core set for schizophrenia from the perspective of psychiatrists was largely supported. However, further research is needed including other health professionals (e.g., psychologists, nurses and occupational therapists) to further obtain new content validity evidences.
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Clinical and genetic predictors of the severity and activity of paranoid schizophrenia

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Clinical symptoms, course and outcomes of paranoid schizophrenia are polymorphic. Reliable predictors of severity and activity of schizophrenic process could provide clinicians important prognostic information for adequate and timely implementation of therapeutic and rehabilitative measures. Overall, 206 patients with paranoid schizophrenia were examined. Clinical predictors were collected from hospital records and interviews. *BDNF* gene Val66Met polymorphism (rs6265 G>A), *DRD2* gene C939T polymorphism (rs6275C>T) and *5-HTR2A* gene T102C polymorphism (rs6313 T>C) were studied as potential markers of prognosis for paranoid schizophrenia. Results of research testify that the *DRD2* gene C939T polymorphism and *5-HTR2A* gene T102C polymorphism cannot be used as predictors of the severity and activity of paranoid schizophrenia. The MetMet genotype of *BDNF* gene Val66Met polymorphism can be used as marker of favorable prognosis for paranoid schizophrenia. Schizoid, epileptoid, psychasthenic and conformal accentuation of personality in the premorbid, early onset of psychosis, paranoid and hallucinatory-paranoid variants of onset predicted more expressed severity of paranoid schizophrenia. These prognostic factors can be taken into account in clinical practice.
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