**EW0814**

## Efficacy of F17464, a new preferential D3 antagonist in a placebo-controlled phase 2 study of patients with an acute exacerbation of schizophrenia

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*Introduction* F17464 is a new highly potent preferential D3 antagonist, 5-HT1A and weak D2 partial agonist, with confirmed antipsychotic-like activity in animal models. In healthy volunteers, F17464 had a good safety and tolerability profile. A PET-scan study determined a high D3 occupancy rate up to 22 h after a single dose.
*Objectives* The primary objective was to evaluate the efficacy of 40 mg/day of oral F17464 in comparison to placebo.
*Methods* This double-blind, parallel group, multicenter study included patients with acute exacerbation of schizophrenia treated for 6 weeks as antipsychotic monotherapy. Patients were hospitalised for the first 3 weeks of treatment, then continued as outpatients.
*Results* The 144 randomized patients had a baseline PANSS mean (SD) total score was 89.6 (9.5). The change from baseline of PANSS total score to Day 43 on the FAS (LOCF), showed a statistically significant difference in favor of F17464 over placebo: adjusted mean (SE) change −13.5 (2.1) on F17464 and −7.8 (2.2) on placebo with a treatment effect estimate −5.7 (2.7). The 20% or 30% response rate was statistically higher in the F17464 group (47.2% and 25.0%) compared to the placebo group (30.6% and 13.9%). The incidence of treatment-emergent adverse events was slightly higher in the F17464 group (70.8%) than in the placebo group (62.5%). There were no clinically-relevant hepatic, metabolic, or cardiovascular abnormalities. No EPS was reported under F17464.
*Conclusion* This is the first D3 antagonist that proves efficacy. The results of this phase 2 study also demonstrate the favorable safety profile of F17674 when compared to placebo.
*Disclosure of interest* The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.02.428

**EW0815**

## Stigma in early detection of psychosis: Subjective experiences of those concerned

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*Introduction* Despite the large scientific debate concerning potentially stigmatizing effects of informing an individual about being in an at-risk mental state (ARMS) for psychosis, studies investigating this topic are rare and quantitative assessment of this kind of stigmatization does not exist so far.
*Objectives* This study presents first results regarding potentially helpful or stigmatizing effects of being informed about an ARMS assessed with a newly developed quantitative self-rating (FePsy-Stigma questionnaire).
*Methods* Forty ARMS patients participating in the prospective Basel Early Detection of Psychosis (FePsy) study as well as patients clinically assessed in the early detection service of the Psychiatric Services of Solothurn, completed the FePsy-Stigma questionnaire during their follow-up assessments at least six months after they had been informed about their increased risk of developing psychosis. The questionnaire was constructed based on a previous qualitative study and on adapted versions of formerly used instruments for assessing stigma in mental health (Internalized Stigma of Mental Illness Scale, Personal Beliefs and Experiences Questionnaire).
*Results* Stigmatization appeared to be low overall except for social withdrawal due to suspected stigma. Stigma resistance, stereotype awareness and expected discrimination scored considerably higher than actually experienced discrimination, alienation and stereotype endorsement.
*Conclusions* The results suggest that early detection services help individuals cope with symptoms and build certain resilience toward potential stigmatization, rather than enhancing or causing the latter. In line with previous studies, our results indicate that there is a considerable difference between expected and actually experienced discrimination as well as between stereotype awareness and stereotype endorsement.
*Disclosure of interest* The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.02.429

**EW0816**

## Sex-specific effect of intranasal vasopressin, but not oxytocin, on emotional recognition and perception in schizophrenia patients

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*Background* Impairments in social behavior and cognition, such as the ability to identify others' emotional state, are important features in schizophrenia. Arginine vasopressin (AVP) and oxytocin (OXT) and are nonapeptides that influence social cognition and behavior. Previous studies have shown that the administration of intranasal AVP or OXT may affect the ability to recognize facial emotions. The primary objective of this study was to investigate the effects of a single dose of AVP or OXT on social cognition in patients with schizophrenia. The secondary objective of the study was to test for sex-specific effects of intranasal AVP and OXT administration on social cognition.
*Methods* In this double-blind, placebo-control, cross-over study, 34 patients diagnosed with schizophrenia or schizo-affective disorder, received a dose of AVP, OXT or placebo in three separate meetings. Forty-five minutes after administration, subjects performed facial emotion recognition tasks.
*Results* There were no significant main effects of hormone administration on the ability to recognize facial emotions between treatment conditions. However, AVP administration resulted in sex-specific differences in emotion recognition. Specifically, in men, AVP administration reduced the ability to recognize angry faces. In women, AVP administration reduced the ability to recognize sad faces and improved the ability to recognize fearful faces.
*Conclusions* These findings indicate that intranasal AVP may affect the recognition of facial emotions differently in men and

women. Thus, AVP may increase the differences between men and women on social cognition.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.02.430

**EW0817**

## Long-term metabolic effect of second-generation antipsychotics in first episode of psychosis

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*Introduction* There is growing evidence indicating that the use of second-generation antipsychotic (SGA) treatments in psychosis is related to potential metabolic side effects. Previous studies have shown clear metabolic side effects at short-term (12 weeks). However, to detect clinically-relevant impairment in metabolic parameters a long-term follow-up is preferred.

*Objectives* The aim of this study was to investigate the effect of aripiprazole, ziprasidone and quetiapine on metabolic measures in medication-naïve first episode psychosis patients after 1 year of treatment.

*Methods* One hundred and sixty-eight, drug-naïve patients, suffering from a non-affective first episode of psychosis, were included in the present study. Patients were randomly assigned to quetiapine, ziprasidone or aripiprazole treatment lines. Weight and glucemic/lipid parameters were recorded at baseline and after 1 year of treatment. Other clinical and socio-demographic variables were recorded to eliminate potential confounding effects.

*Results* Weight ($t = -10.85$; $P < 0.001$), BMI ($t = -11.38$; $P < 0.001$), total cholesterol ($t = -5.37$; $P < 0.001$), LDL-cholesterol ($t = -5.21$; $P < 0.001$), triglycerides ($t = -5.18$; $P < 0.001$) and the triglyceride/HDL insulin resistance index ($t = -4.09$; $P < 0.001$), showed statistically significant increments after 1 year of treatment.

Moreover, on comparing the percentage of patients with pathological levels before and 1 year after the antipsychotic treatment, we detected higher percentages of patients with obesity (5.1% vs. 15.3%; $P < 0.001$), hypercholesterolemia (23.2% vs. 39.6%; $P < 0.001$) and hypertriglyceridemia (5.8% vs. 14.2%; $P = 0.021$) after 1 year of treatment.

*Conclusions* The primary exposure to SGAs during the first year of psychosis was associated with significant increments in weight and metabolic parameters leading to a significant increment in the proportion of obesity, hypertriglyceridemia and hypercholesterolemia in our sample.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.02.431

**EW0818**

## Lack of differential long-term metabolic profile of aripiprazole, quetapine and ziprasidone in first episode of psychosis

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*Introduction* The use of second-generation antipsychotic (SGA) treatments in psychosis has been associated with metabolic changes. However, there are differences in metabolic profile between SGAs. In a previous study conducted in our sample of first episode psychosis patients, we observed that the ziprasidone had a more benign metabolic profile compare to aripiprazole and quetiapine, at short-term (12 weeks). However, to detect clinically-relevant impairment in metabolic parameters a long-term follow-up is preferred.

*Objectives* The aim of this study was to investigate if the differentiated metabolic profile of aripiprazole, ziprasidone and quetiapine observed at short-term is maintained after 1 year of treatment in a sample of drug-naïve patients with a first episode of psychosis.

*Methods* One hundred and sixty-eight, drug-naïve patients, suffering from a non-affective first episode of psychosis, were included in the present study. Patients were randomly assigned to receive quetiapine, ziprasidone or aripiprazole. Weight and glucemic/lipid parameters were recorded at baseline and after 1 year of treatment. Other clinical and socio-demographic variables were recorded to eliminate potential confounding effects.

*Results* No significant differences between antipsychotic groups (all $F < 2.61$; $P > 0.05$) were found in any of the metabolic parameters studied after one year of treatment.

*Conclusions* Despite the metabolic profile differences observed at short-term in our previous studies, we did not find significant differences in the metabolic and weight parameters studied between treatment groups after one year of treatment, concluding that they present similar metabolic profiles at long-term. Other clinical individual interventions (e.g.: diet, exercise), not here controlled, may have influenced possible differences in long-term metabolic outcomes.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.02.432

**EW0819**

## Differentiated psychopharmacological treatment in three genetic subtypes of 22q11.2 deletion syndrome

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*Introduction* The 22q11.2 deletion syndrome (22q11DS), mostly caused by the common deletion including the *TBX*- and *COMT*-genes (LCR22A-D), is highly associated with somatic anomalies. The distal deletion (distal of LCR22D) comprises the *MAPK1*-gene and is associated with specific heart defects. The rare central deletion (LCR22B-D) encompasses the *CRKL*-gene and shows predominantly urogenital anomalies. 22q11DS also differs in its neuropsychiatric profile: common deletion accompanied by schizophrenia-like psychoses and autism spectrum disorders, distal deletion by anxiety disorders, and central deletion by autistic-like behaviours.

*Objectives* Investigating genetic subtypes of 22q11DS.

*Aims* Achieving a targeted pharmacological treatment based on genetic sub-typing.

*Methods* Thirty-two patients with genetically proven 22q11DS, referred for detailed neuropsychiatric analysis.

*Results* Apart from two patients with distal deletion and one with central deletion, common 22q11.2 deletion was detected in