

enables him to grow up from the internal mixture of the mental presentations into an authentic, independent person, dedicated to the patient. The therapist is expected to tolerate the patient's alienation due to the fears from fusion or disintegration. A constant activity of reestablishing of contact and respect of a specific cognitive style are needed. Communication with the schizophrenics implies an explicit calling to a verbal communication that has to be understandable, and searching for the conceptual framework, which provides understanding. Basic characteristics of the adequate communication are persistence, consequence and simplicity of instructions with the norm of behavior control, as well as the clarity of the "here-and-now" situation. The therapist's understanding of the schizophrenics justifies his actions and allows taking the psychotherapeutic attitude.

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EV1170

Psychogenic polydipsia and schizophrenia

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Introduction Psychogenic Polydipsia is defined as the desire to drink liquid in big quantities with an inappropriate activation of the mechanisms of thirst without loss of liquid for urine. This disorder is frequent enough and can derive in a water poisoning, a clinical presentation of high mortality.

Objective Review of the Psychogenic Polydipsia in patients with schizophrenia and theoretical discussion of a case report.

Methods A case report of a 58-year-old male, admitted in hospital with a clinical presentation of hyponatremia with severe low serum osmolarity secondary to Psychogenic Polydipsia. As psychiatric history he has a diagnosis of Paranoid Schizophrenia for forty years in treatment with Paliperidone 6 mg: 1-0-0, Haloperidol 10 mg: 0-0-0.5, Quetiapina 300 mg: 0-0-1, Trazodona 100 mg: 0-0-1, Ketazolam 30 mg: 0-0-1, Diazepam 10 mg: 0-0-1.

Discussion Psychogenic Polydipsia is not included in any section of current psychiatric classifications as specific diagnosis. There are several psychiatric disorders that may present with psychogenic polydipsia; however, the most common cause appears to be schizophrenia.

Conclusions Mechanisms of hyponatremia in patients with schizophrenia are not well clarified; nevertheless, dopamine seems to be the common link between psychogenic polydipsia and schizophrenia.

Keywords Psychogenic Polydipsia; Hyponatremia; Schizophrenia

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EV1171

Treatment with intramuscular paliperidone palmitate in schizoaffective disorder

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Introduction Injectable formulations of long acting antipsychotic are a valuable treatment option for patients with psychotic disorders. Schizoaffective Disorder (SAD) is a complex disease; the optimal treatment is not well established yet.

Objective Answer the question about the effectiveness offered by intramuscular Paliperidone Palmitate in SAD versus other injectable antipsychotics. *Keywords:* schizoaffective disorder; paliperidone palmitate injection.

Methods A case report of a 35-year-old male diagnosed with Schizoaffective Disorder six years ago and with personal history of multiple manic decompensation after treatment discontinuation. Throughout his life he has been treated with intramuscular Risperidone 87.5 mg (50+37.5) every 14 days, Olanzapine 20 mg/day, Risperidone 3 mg, Amisulpride 600 mg/day, Valproic acid 1500 mg/day Clonazepam 2 mg/day and Lormetazepam 1 mg. In the last admission one year ago, he started treatment with intramuscular paliperidone palmitate up to 200 mg a month. Currently he receives a monthly dose of 100 mg and concomitant lithium 800 mg/day.

Discussion The use of intramuscular paliperidone palmitate in SAD and its effectiveness against other injectable antipsychotic is discussed.

Conclusions The use of intramuscular paliperidone palmitate appears to constitute an employment opportunity in the treatment of intramuscular maintenance in SAD. It could be effective in stabilizing episodes of acute exacerbation and remissions of psychotic, manic and depressive symptoms.

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EV1173

Battery of scales for comprehensive assessment of social cognition, neurocognition and motivation in patients with schizophrenia

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Introduction There has been a special interest in roles of neurocognition, social cognition and motivation impairments in patients with schizophrenia and possible approaches to remediating these deficits. Clinical practice lacks a comprehensive tool to measure those deficits.

Objective To build a comprehensive assessment battery to measure neurocognitive, social cognitive and motivational deficits in order to form targets for remediation programs and assess their efficiency.

Aims Translation and adaptation for Russian speaking subjects (if needed) of identified assessments upon authors' agreement.

Methods By consensus decision of 5 professionals in the field of clinical psychiatry, psychology and neuroscience a number of assessments were selected with the following criteria: 1. Relevance to domain assessed, 2. Appropriateness for Russian social context, 3. Reference rates in scientific papers, 4. Time consumed by each assessment.

Results Six measures reflecting main domains (neurocognition, Theory of Mind, attributional style, social perception, emotion processing, motivation) were selected: 1. BACS (Brief Assessment of Cognition in Schizophrenia) (R.S. Keefe et al., 2008), 2. Hinting Task (R. Corcoran 1995), 3. AIHQ (Ambiguous Intentions Hostility Questionnaire) (D.R. Combs et al., 2007), 4. RAD-15 (Relationships Across Domains) (M. Sergi et al., 2004), 5. Ekman-60 (P. Ekman et al., 1976), 6. AES (Apathy Evaluation Scale) (R.S. Marin et al., 1991).

Conclusions The battery built encompasses all targeted domains of neurocognition, social cognition and motivation. Time consumed by the battery estimates 130 ± 15 minutes, which is appropriate for clinical practice in a rehabilitation centre. Future research will

focus on patients profiling and shaping of rehabilitation programs accordingly.

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EV1174

Aripiprazole once-monthly efficacy in patients with schizophrenia. Review

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Introduction long acting injectable formulations of antipsychotics are a valuable option for patients with schizophrenia, offering continuous medication delivery and stable dosage levels. Aripiprazole once-monthly is the first dopamine partial agonist available in long acting formulation approved in Europe for Schizophrenia with excellent results so far.

Aims to conduct a current review of articles related to the use and efficacy of Aripiprazole once monthly in patients with Schizophrenia.

Methods systematic review of the literature in English using the following keywords: “aripiprazole once-monthly”, “aripiprazole long acting formulation”, “schizophrenia”. PubMed database.

Results Aripiprazole once-monthly (AOM) formulation efficacy has been proven in many studies. The importance of maintaining an oral overlap during 14 days is highlighted in all studies that have been reviewed in order to reach therapeutic level; therefore, it can be used in patients with acute decompensations. Recent studies comparing AOM versus Paliperidone Palmitate once monthly (PP) have shown that patients with AOM had greater clinical improvement and, even though both drugs were well tolerated, when Quality of Life Style Scale was analyzed an important improvement in empathy, sense of purpose, emotional interaction and curiosity in the AOM group was observed.

Conclusions long acting injectable antipsychotics increase long-term adherence treatment and reduce risk of relapse. Because of its unique mechanism of action, Aripiprazole once-monthly improves positive and negative symptoms, giving the patient an opportunity to have a better quality of life.

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EV1176

Correlation between childhood trauma and cognitive impairment in patients with schizophrenia

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Introduction Abusive childhood experiences are claimed to be more prevalent in people with schizophrenia (SCZ) than in the general population. The exposure to childhood trauma can have adverse effects on cognitive function.

Objectives To investigate whether there is a relationship between childhood trauma (CT) and cognitive functioning in patients with SCZ.

Methods Fifty-eight outpatients with stable SCZ were recruited. The participants completed the Childhood Trauma Questionnaire retrospectively assessing five types of childhood trauma (emo-

tional, physical and sexual abuse, and emotional and physical neglect). They also completed a neurocognitive battery comprising the following tests: the Hopkins Verbal Learning Test–Revised (HVLT-R), the Letter Digit Substitution Test (LDST), the Stroop Test (ST), the “Double Barrage” of Zazzo (DBZ), the Modified Card Sorting Test (MCST), the Verbal Fluency (VF), the Trail Making Test–Part A (TMT-A) and the Digit Span (DS).

Results The patients with a history of physical abuse ($P=0.03$) or emotional neglect ($P=0.07$) performed worse at the delayed recall of the HVLT-R. A history of emotional neglect was also correlated to a significantly worse performance in the TMT-A ($P<0.0001$), while physical abuse was correlated to worse DS ($P=0.015$). High emotional abuse scores were significantly correlated to poorer efficiency in DBZ ($P=0.025$).

Conclusions The results need replication, but underline the necessity of investigating biological and psychosocial mechanisms underlying these subjects' cognitive impairment.

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Schizophrenia and sexual disinhibition

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Introduction Sexual disinhibition is uncommon in patients with schizophrenia and are included within the behavioral disorders along with others such as agitation, aggression, sleep disorders and circadian rhythm, due to multiple reasons: isolation, rejection, difficulty in personal relationships.

Objectives We report the case of a male patient aged 58 with multiple previous admissions for behavioral alteration symptoms, including exhibitionism. He is referred as irritable, uninhibited and sleeping disorders. There is a risk of flight as he is difficult to be held so it is feared that he can be run over by a car. He shows a marked self-referentiality.

Methodology The patient is admitted. He properly gets used to the rules of the Ward. Pharmacological adjustment is performed. During his admittance he shows no behavior disorders neither episodes of self or hetero aggression and poor impulse. He properly makes comments of what happened during his stay. He responds well to treatment prescribed. Sleep pattern is restored.

Results Schizophrenia (undifferentiated) 295.90 (F.20.3); intellectual disability mild 317 (F70); neurocognitive disorder (possible).

Conclusions This is unusual case because it is normal that the sexual function of such patients is adversely affected, not finding numerous cases of disinhibition in our medical consultation. This is due to the different aspects that are affected, biological (drugs), psychological and social levels. We have different therapeutic alternatives to address this problem. However, they may hinder sociability and patient rehabilitation.

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