

scale, as compared to the TAU group. The CaCBTp group had lower scores on PANSS positive, PANSS negative sub-scales, and the two subscales of Psychotic Symptom Rating Scale, but differences were not statistically significant.

**Conclusion** Culturally adapted CBT added to pharmacological treatment as usual was acceptable to patients and was helpful in reduction of severity of psychotic symptoms. Adjunctive culturally adapted CBT should be further investigated in this population.

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

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## EV1160

### Institutionalization of patients with schizophrenia in the modern era

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**Introduction** Patients with schizophrenia requiring long-term institutionalization represent cases with poor outcome, often leading to high costs for patients and family and constituting a huge economical burden for society if patients are young.

**Aims** The aims were the evaluation of patient hospitalized for long period in a psychiatric hospital for chronic patients.

**Objectives** The objectives of the study were identification of characteristics and predictors of institutionalization in schizophrenia.

**Methods** Retrospective study of all institutionalized patients with schizophrenia in Brasov County, Romania, with a DSM-IV-TR lifetime diagnosis of schizophrenia institutionalized between 1995 and 2014.

**Results** Institutionalized patients between 2005 and 2014 ( $n = 172$ ) had lower age (51.15 vs. 57.08,  $P < 0.05$ ) and lower age at institutionalization compared with patients admitted between 1995 and 2004. Lower education level (8.23 vs. 13.22,  $P < 0.05$ ), only one parent, multiple antipsychotics treatments and suboptimal response under first generation long acting antipsychotics are predictors for institutionalization. Haloperidol is the main treatment option (42.54%) followed by olanzapine 17.1% and clozapine 10.24%.

**Conclusions** Our study showed a tendency to institutionalize patients with schizophrenia at the younger age compared with past decades. Early intervention in psychosis, controlled treatment with SGAs should be solutions to avoid institutionalization of young patients with schizophrenia.

**Keywords** Schizophrenia; Institutionalization; Predictors; Poor outcome

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

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## EV1162

### Effect of switching to long-acting injectable (LAI) aripiprazole on long-lasting antipsychotic-induced hyperprolactinemia: A report of two cases

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**Introduction** Antipsychotic-induced hyperprolactinemia ( $> 29$  ng/ml in women) is associated with relevant side-effects.

**Aim** We describe the case of two women aged 50 and 54 years, respectively, diagnosed with schizophrenia who were receiving outpatient treatment with paliperidone depot 100 mg/month and risperidone depot 50 mg/2 weeks, respectively and complained of oligoamenorrhoea and amenorrhoea for at least 6 months.

**Methods** Routine blood tests showed hyperprolactinemia of 203.5 ng/ml and 306.2 ng/ml, respectively. The patients were evaluated by the Endocrinology unit and an MRI was performed discarding the presence of any primary brain condition. Both patients were switched to LAI aripiprazole due to its partial agonism of D2-brain receptors. At the time of switching both patients were stable in terms of psychopathology.

**Results** Changes in prolactin levels 3 months after switching are shown in the Fig. 1. Two months after switching, both patients regained cyclic menstrual function. After 6 months, they still showed psychopathological stability.

**Conclusions** Several studies have described an improvement of drug-induced hyperprolactinemia after switching to or adding oral aripiprazole. In these two cases, the normalization of prolactin levels and the resolution of oligoamenorrhoea/amenorrhoea were observed as soon as 2–3 months after switching to LAI aripiprazole. These findings suggest that switching to LAI aripiprazole may be an effective alternative for managing antipsychotic-induced hyperprolactinemia.

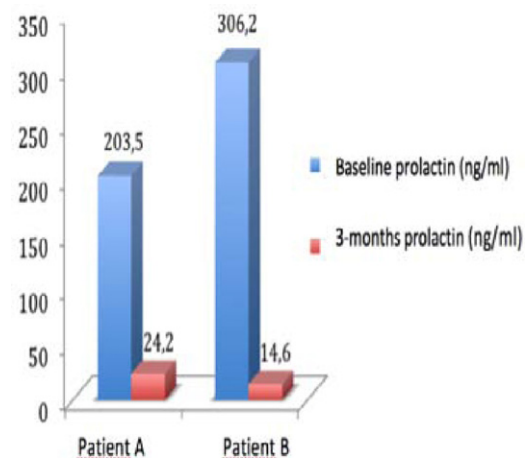


Fig. 1

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## EV1163

### Capgras-delusion in a female patient with schizophrenia: A case report and study of the literature

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**Background** The Capgras syndrome is a rarely observed condition in patients with different psychiatric diseases, which is characterized with delusional misidentification of people, places, objects, etc.