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Remission and recovery from first-episode psychosis in adults: A systematic review and meta-analysis of long-term outcome studies

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Introduction Remission and recovery rates for people who have had a first episode psychosis (FEP) remain uncertain.

Objectives We conducted a systematic review and meta-analysis to assess pooled prevalence rates of remission and recovery in FEP in longitudinal studies and conducted meta regression analyses to investigate potential moderators.

Methods A systematic literature search of major electronic databases without language restrictions was conducted from database inception until July 1, 2016. Longitudinal studies with follow up greater than 1 year reporting data on remission or recovery rates in FEP were included.

Results Seventy-nine studies were included representing 19,072 FEP patients (mean age = 26.9 years, male = 59.5%). The pooled rate of remission among 12,301 individuals with FEP was 57.9% (95%CI: 52.7–62.9, $Q = 1536.3$, $P < 0.001$, $n = 60$ studies, mean follow up = 5.5 years). Restricting the analysis to studies, which used the remission in schizophrenia working group (RSWG) criteria ($n = 25$ studies, $n = 6909$ patients), the pooled remission rate was 56.9% (95%CI: 48.9–64.5, $Q = 656.9$). Higher remission rates were moderated by studies from more recent years. The pooled prevalence of recovery among 9642 individuals with FEP was 37.9% (95%CI: 30.0–46.5, $Q = 1450.8$, studies = 35, $P = 0.006$, average follow up = 7.2 years). Recovery rates were higher ($P < 0.05$) in North America compared to other regions.

Conclusions Our data suggest that remission and recovery rates in FEP may be more favorable than previously thought. We observed stability of recovery rates after the first two years, suggesting that a progressive deteriorating course of illness is not typical. While remission rates have improved over time, recovery rates have not, raising questions about the effectiveness of specialist early intervention services in achieving improved recovery.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1595>

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Neural modulations in processing of natural information in patients with schizophrenia and their unaffected siblings

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Recent studies in healthy populations have shown a hierarchical network of brain areas to process information over time. Specifically, we revealed that the capacity to accumulate information changes gradually from the early sensory areas toward high-order perceptual and cognitive areas. Previous research in schizophrenia pointed to impairment in comprehension of information. Yet, the neural mechanisms underlying the breakdown of information processing are poorly known. Better understanding of the neural circuits involved in information processing may assist in early identification of predisposition to the disease. Using fMRI, we examined different levels of information comprehension elicited by naturally presented stimuli. Healthy participants, patients with first episode schizophrenia and their undiagnosed siblings listened to a real-life narrated story and scrambled versions of it. To estimate the level of synchronization in response time courses, we calculated inter-subject correlation (inter-SC) across the entire stimuli within each group. The time-scale gradients found in healthy and siblings groups were consistent with our previous findings. Within the schizophrenia group, the reliability patterns obtained for the shortest and intermediate temporal scales were similar to patterns observed in healthy groups. However, the analysis of responses to story condition (long temporal scale) revealed robust and widespread disruption of the inter-SC. In comparison to healthy groups, the response time courses to the story were highly variable within the schizophrenia group, although some significant inter-SCs in the TPJ and precuneus were found. The hierarchical temporal deficit is a fundamental trait that may be a better target for the study of the etiology and pathophysiology of the disease.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1596>

EV1267

Heterogeneous effectiveness patterns of amisulpride in chinese patients with schizophrenia: A cluster analysis of ESCAPE study

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Introduction Rare research was reported about assessing the effectiveness and safety of amisulpride in Chinese patients with schizophrenia before we performed the ESCAPE, a multicenter, single-arm, phase IV study (NCT01795183). This study is a cluster analysis of ESCAPE study.

Objective To identify the effectiveness patterns of amisulpride in Chinese patients with schizophrenia.

Aim To examine baseline characteristics of patients as potential predictors of effectiveness.

Methods Time-series cluster analysis was performed to identify effectiveness trajectories bases on Positive and Negative Syndrome Scale (PANSS) scores in Chinese patients with schizophrenia received amisulpride for 8 weeks. Baseline characteristics of patients were examined.

Results Overall, 295 patients were included for efficacy analysis. Four response trajectories based on positive PANSS were identified (Figure 1): (1) rapid response (cluster 1); (2) gradual response (cluster 2); (3) sustained low level (cluster 3); (4) poor response (cluster 4). Age in cluster 4 was significantly higher than that in cluster 1 and cluster 3 (Table 1, $P = 0.0025$ and 0.0032 , respectively). Similarly, four response trajectories based on negative PANSS were generated (Figure 2): (1) rapid response (cluster 1); (2) gradual response (cluster 2); (3) poor response with moderate PANSS (cluster 3); (4) poor response with high PANSS (cluster 4). Male to female ratio in

cluster 1 was significantly lower than that in cluster 2 and cluster 3 (Table 2, $P=0.0042$ and 0.0208 , respectively).

Conclusion For the first time, we obtained effectiveness patterns of amisulpride-treated Chinese patients. Age and gender may be predictors of effectiveness.

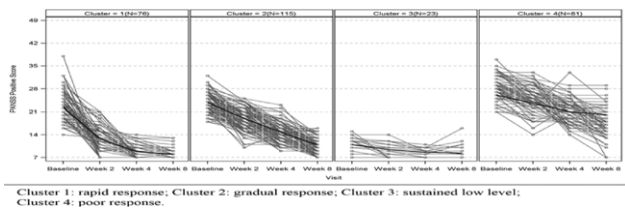


Fig. 1 Time series clustering of PANSS positive score. Four clusters and fitting curves (thick lines) are presented.

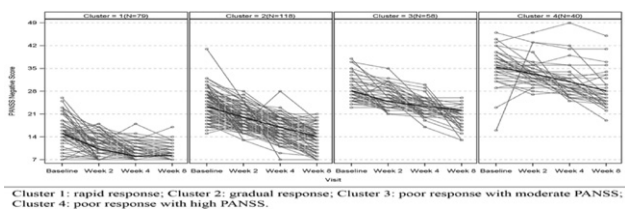


Fig. 2 Time series clustering of PANSS negative score. Four clusters and fitting curves (thick lines) are presented.

Table 1 Age comparison of positive PANSS clusters.

	Cluster 1 (n=76)	Cluster 2 (n=115)	Cluster 3 (n=23)	Cluster 4 (n=81)
Age (Mean±SD)	30.3±10.07	32.8±12.35	27.3±6.61	36.9±13.03
P value of pairwise comparison				
VS Cluster 1	-			
VS Cluster 2	0.4899	-		
VS Cluster 3	0.7080	0.1787	-	
VS Cluster 4	0.0025*	0.0674	0.0032*	-

* $P<0.05$

Table 2 Gender comparison of negative PANSS clusters.

	Cluster 1 (n=79)	Cluster 2 (n=118)	Cluster 3 (n=58)	Cluster 4 (n=40)
Female, n (%)	55 (69.62)	53 (44.92)	26 (44.83)	21 (52.50)
Male/Female ratio	0.436	1.226	1.231	0.905
P value of pairwise comparison				
VS Cluster 1	-			
VS Cluster 2	0.0042*	-		
VS Cluster 3	0.0208*	>0.999	-	
VS Cluster 4	0.2630	0.8405	0.8782	-

* $P<0.05$

Disclosure of interest This study is being funded by Sanofi (China) Investment Co., Ltd.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1597>

EV1268

Treatment of drug-resistant schizoaffective disorder with aripiprazol depot off-label: A case report

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Introduction We expose a woman diagnosed with schizoaffective disorder 2 years ago, before she received several diagnostics. She was admitted to the psychiatry unit with hyperactivity, pressured speech without taking an appropriate turn, flight-of-ideas,

irritability, expansiveness, emotional lability, ideas of reference and insomnia without diurnal tiredness. In addition, she admitted having abandoned the medication one month ago. She was diagnosed with maniac episode with psychotic symptoms and the medication was reintroduced. After two weeks, no response was observed so we decided to introduce ability depot 600 mg/3 weeks.

Objectives We want to show that it is possible the use of ability depot off-label in patients with a special difficulty in handling. Also, we want to show that higher doses are not dangerous and it's possible to study new treatment guidelines for ability depot.

Methods We use the Positive and Negative Syndrome Scale (PANSS) pre (the day of the introduction) and post (at two weeks) treatment with aripiprazol depot; the Clinical Global Impression rating scale (CGI), also pre and post.

Results We have obtained a punctuation of 180 in PANSS the day of the introduction of the aripiprazol depot and 45 at two weeks. In addition, we obtained 6 in CGI the day of the introduction and 3 at two weeks.

Conclusions In this case, aripiprazol depot has shown good tolerability and efficacy for the acute phase of schizoaffective disorder at higher doses than recommended in clinical guidelines. The efficacy and safety data are consistent with short-term, placebo-controlled studies of aripiprazol depot conducted in similar populations.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1598>

EV1269

Clinical-immunological predictors of prognosis of the efficiency of antipsychotic therapy with amisulpride in schizophrenia

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Introduction Detection of clinical-biological predictors of the efficiency of antipsychotic therapy in schizophrenic patients, correction and individualization of therapeutic indication of antipsychotics are relevant questions of modern psychiatry. Immune dysfunctions, disturbance of psychoneuroimmunological interaction, metabolic imbalance worsen clinical pattern of disease, contribute to formation of therapeutic resistance and side effects, and decrease efficiency of treatment of patients.

Objective To detect clinical-immunological predictors of the efficiency of therapy of schizophrenic patients with amisulpride.

Methods We examined 19 schizophrenic patients, aged 18–64 years, who received treatment with amisulpride (Solian). The psychometric scale PANSS was used for evaluation of dynamics of psychopathological symptoms. Therapy efficiency was evaluated using CGI scale. The immunological investigation included identification of phenotypes of surface receptors of immunocompetent cells, level of IgM, IgG, IgA, phagocytic activity of leucocytes. Research was carried out in two points: first—at admission, second—by week 6 of treatment. Predictors of efficiency were identified relying on the analysis of interquartile ranges of clinical-immunological parameters.