Conclusions Our results confirm the relationship between ToM deficits and negative symtomps and suggest that ToM may also be correlated to specific positive symptoms.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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FC84

Effectiveness of long-acting injectables and clozapine in a real-world setting during the early-stages of psychotic illness

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Introduction Intervention in the early-stages of psychosis may be able to shape the clinical course; critical period (CP) is best represented by the first 5 years from first admission (FA).
Objectives To investigate the effectiveness of pharmacological intervention within and beyond the CP.
Aims (1) To compare hospitalization rates of patients stabilized on treatment with LAIs and CLZ. (2) To determine whether treatment with LAIs and CLZ within CP can influence hospitalization rates.
Methods Data were retrospectively collected from patients diagnosed with non-affective psychoses with FA between 2000 and 2014; 200 patients were then divided into three groups, according to stabilized treatment regimen during the final year of observation: treatment as usual (TAU), CLZ, LAIs. hospitalization duration (HSPD) and frequency (HSP) were calculated for each group.
Results Despite a major severity before assignment to either CLZ or LAIs treatment, HSPD and HSP in both groups shifted below those observed for the TAU arm. Patients who began treatment with LAIs within the CP showed a highly significant decrease of both HSPD and HSP (respectively 17.4 ± 18 vs. 2.6 ± 8.2; $Z = -2.856$; $P < 0.005$ and 1.1 ± 0.8 vs. 0.2 ± 0.5; $Z = -3.115$; $P < 0.005$). No significant changes in hospitalization rates were observed for subjects who began treatment with LAIs after the CP.
Conclusions Our study confirms that treatment with either CLZ or LAIs significantly impacts the course of psychotic disorders. The data seem to suggest that LAIs and CLZ should be considered more effective than conventional oral antipsychotics in the early-stages of psychotic illness. The difference among treatments tends to wane beyond the CP, especially for LAIs.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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FC85

Metabolic syndrome in patients with schizophrenia receiving long-term treatment with lurasidone, quetiapine XR, or risperidone

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Introduction Lurasidone has demonstrated low propensity for metabolic disturbance in adult patients with schizophrenia in short-term studies.
Objectives To evaluate metabolic syndrome occurrence during long-term lurasidone treatment in patients with schizophrenia.
Aims To compare metabolic syndrome rates with lurasidone versus other antipsychotic agents.
Methods Metabolic syndrome rates (as defined by the US National Cholesterol Education Program-Adult Treatment Panel III) were evaluated in adult patients with schizophrenia treated with lurasidone in 2 long-term, active-controlled studies (quetiapine XR or risperidone). In the quetiapine XR-controlled study, patients completing a 6-week, double-blind, placebo-controlled, fixed-dose trial of lurasidone (74 mg/d or 148 mg/d) or quetiapine XR (600 mg/d) continued on double-blind, flexibly dosed lurasidone (37–148 mg/d) or quetiapine XR (200–800 mg/d) for up to 12 months. In the risperidone-controlled study, patients received double-blind, flexibly dosed lurasidone (37–111 mg/d) or risperidone (2–6 mg/d) for up to 12 months.
Results Among patients without metabolic syndrome at baseline in the quetiapine XR-controlled study, 2.4% (2/84) of lurasidone-treated patients and 7.4% (2/27) of quetiapine XR-treated patients developed metabolic syndrome at month 12 (P = NS). Of patients without metabolic syndrome at baseline in the risperidone-controlled study, 10.3% (12/117) and 23.2% (16/69) of lurasidone- and risperidone-treated patients, respectively, developed metabolic syndrome at month 12 ($P = 0.02$).
Conclusions Long-term treatment with lurasidone was associated with lower rates of metabolic syndrome in patients with schizophrenia compared to treatment with quetiapine XR or risperidone.
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FC86

Neurochemical and behavioral sensitization to d-amphetamine in healthy subjects measured with [^{11}C]-(+)-PHNO-PET

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Introduction It has been shown that patients with schizophrenia are super-sensitive towards dopamine-releasing agents such as amphetamine. Here, we studied the effects of amphetamine sensitization on amphetamine-induced dopamine release in healthy subjects.
Objectives To measure d-amphetamine-induced dopamine release as measured with the $D_{2,3}$ agonist radioligand [^{11}C]-(+)-PHNO-PET via change in non-displacable binding potential (BP_{ND}) and behavioral measures of d-amphetamine effects with drug effects questionnaire (DEQ) and subjective states questionnaire (SSQ).
Aims To study d-amphetamine-induced sensitization in healthy subjects on a behavioral and neurochemical level with [^{11}C]-(+)-PHNO-PET in order to gain more knowledge on sensitization-induced changes in the dopaminergic system.
Methods Twelve stimulant-naïve healthy male subjects underwent three 90-min [^{11}C]-(+)-PHNO-PET-scans and four oral administrations of d-amphetamine. After a naïve baseline scan,

subjects underwent a PET scan with previous ingestion of 0.4 mg/kg bodyweight of d-amphetamine 90–120 minutes before scanning. Subsequently, subjects were sensitized to d-amphetamine with the same dose on two separate days. Thereafter, they underwent another PET scan with previous d-amphetamine ingestion. DEQ and SSQ were administered before, 60 min, 90–120 min, and 210 min after amphetamine ingestion.

Results We found significant sensitization effects on a behavioral level and on a neurochemical level after four administrations of amphetamine. Items of the SSQ, which showed significant sensitization effects were "outgoing", "energetic", "lively", "alert" and "focused".

Conclusions We were able to induce significant behavioral and neurochemical sensitization in healthy humans, which were measured with [^{11}C]-(+)-PHNO-PET for the first time. This sensitization model will be useful for studying the neurobiology of schizophrenia.

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

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FC87

An observational study of clozapine-induced sedation and its pharmacological management

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Introduction Clozapine is the only drug approved for resistant schizophrenia, but remains underused because of its side effects. Sedation is common, but its management is unclear.

Objectives To analyze factors associated with clozapine-induced sedation and the efficacy of common treatment strategies.

Aims To determine clozapine-induced sedation factors and possible therapeutic strategies.

Methods Using two years' electronic records of a community cohort of resistant schizophrenia spectrum disorder cases on clozapine, we performed three analyses: a cross-sectional analysis of which factors were associated with number of hours slept (objective proxy of sedation), and two prospective analyses: which factors were associated with changes in hours slept, and the efficacy of the main pharmacological strategies for improving sedation.

Results One hundred and thirty-three patients were included; 64.7% slept at least 9 hours/daily. Among monotherapy patients ($n = 30$), only norclozapine levels ($r = .367$, $P = .033$) correlated with sleeping hours. Multiple regression analyses confirmed the findings ($r = .865$, $P < .00001$). Using the cohort prospectively assessed ($n = 107$), 42 patients decreased the number of hours slept between two consecutive appointments. Decreasing clozapine (40%) or augmenting with aripiprazole (36%) were the most common factors. In the efficacy analysis, these two strategies were recommended to 22 (20.6%) and 23 (21.5%) subjects, respectively. The majority (81.8% and 73.9%) did not report differences in the hours slept.

Conclusions Sedationis common and involves pharmacological and non-pharmacological factors. The only correlation was a weak correlation between norclozapine plasma levels and total sleeping hours. Reducing clozapine and aripiprazole augmentation were the most successful strategies to ameliorate sedation, although both strategies were effective only in a limited numbers of subjects.

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FC88

Trends of hospitalization for schizophreniform disorder in USA: A nationwide analysis

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Objectives Schizophreniform disorder (SD) is an important cause of morbidity and mortality in hospitalized patients. While SD has been extensively studied in the past, the contemporary data for impact of SD on cost of hospitalization are largely lacking.

Methods We queried the Healthcare Cost and Utilization Project's Nationwide Inpatient Sample (HCUP-NIS) dataset between 1998–2011 using the ICD-9 codes. Severity of comorbid conditions was defined by Deyo modification of Charlson comorbidity index. Primary outcome was in-hospital mortality and secondary outcome was total charges for hospitalization. Using SAS 9.2, Chi^2 test, *t*-test and Cochran-Armitage test were used to test significance.

Results A total of 8645 patients were analyzed; 36.21% were female and 63.79% were male ($P < 0.0001$); 49.04% were white, 39.06% black and 19.9% of other race ($P < 0.0001$). Rate of hospitalization decreased from 599.22/million to 394.47/million from 1998–2011. Overall mortality was 0.23% and mean cost of hospitalization was 17930.23. The in-hospital mortality reduced from 0.21% to 0.15% ($P < 0.0001$) and mean cost of hospitalization increased from 9662.88$ to 27,749.68$ from 1998–2011. Total spending on SD related admissions have increased from $47.59 million/year to $853.83 million/year.

Conclusions While mortality has slightly decreased from 1998 to 2011, the cost has significantly increased from $47.59 million/year to $853.83 million/year, which leads to an estimated $806.24 million/year additional burden to US health care system from 1998 to 2011. In the era of cost conscious care, preventing SD related hospitalization could save billions of dollars every year. Focused efforts are needed to establish preventive measures for SD related hospitalization.

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FC89

Assessment of cognitive impairment with the cognitive assessment interview (CAI) was useful for identifying poor psychosocial functioning outcome in patients with psychosis

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Introduction Cognitive impairments clearly impact the daily functioning of patients with psychosis.