

Results The sample consisted of 72 inpatients (schizophrenia 55.6%, SZA 20% and cluster A PD 19.4%). The negative and the general psychopathology scales directly correlated at different degrees in the three groups (schizophrenia: $r=0.750$, $P<0.001$; SZA: $r=0.625$, $P=0.006$; cluster A PD: $r=0.541$, $P=0.046$). The symptom “depression” directly correlated with 5 out of 7 negative symptoms: blunted affect ($r=0.616$, $P<0.001$), emotional withdrawal ($r=0.643$, $P<0.001$), poor rapport ($r=0.389$, $P=0.001$), passive/apathetic social withdrawal ($r=0.538$, $P<0.001$), lack of spontaneity & flow of conversation ($r=0.399$, $P=0.001$).

Conclusions Our study confirmed the existence of the “schizophrenia spectrum” with combined different disorders lying on a continuum in which negative symptoms mainly correlated with the psychopathological functioning. Noteworthy, the symptoms of the negative scale strongly correlated with the “depression” symptom, underlying the impact of the affective symptoms on the severity of the “schizophrenia spectrum” disorders.

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EV1309

Ultra-resistant schizophrenia and potentiation strategies

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Introduction Treatment resistance to clozapine is estimated at 40–70% of the treated population. Several clozapine potentiation strategies have come into clinical practice although often without evidence-based support.

Objective The aim of our work was to identify the potentiation strategies in ultra-resistant schizophrenia depending on the subtype of schizophrenia.

Methodology This is a prospective study conducted on patients with the diagnosis of schizophrenia, based on DSM-IV-TR criteria, and hospitalized in the psychiatric department of the university hospital in Mahdia, Tunisia. The study sample consisted of patients meeting the resistant schizophrenia criteria as defined by national institute for clinical excellence (NICE), and the prescription of clozapine for 6 to 8 weeks was shown without significant improvement.

Results we have collected 10 patients. The mean serum level of clozapine was 462.25 mg/L. The potentiation strategies were different depending on the subtype of schizophrenia. For the undifferentiated schizophrenia, we have chosen ECT sessions. For the disorganized schizophrenia, we opted for amisulpiride and aripiprazole. For the paranoid forms, we have chosen the association of risperidone and ECT. A psychometric improvement was noted in BPRS ranging from 34 to 40%.

Conclusion Every potentiation strategy entails a cost, whether it is an additional monetary cost, adverse effects or greater stress to caregivers. The cost/benefit equation should be thoroughly evaluated and discussed before commencing a strategy.

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EV1310

Increased prevalence of toxoplasma gondii seropositivity in patients with treatment-resistant schizophrenia

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Introduction Previous studies suggested that patients with schizophrenia had an increased prevalence of antibodies against toxoplasma gondii (TG) and that those seropositive patients had higher symptom severity. However, there is no data on the relationship between treatment-resistant schizophrenia (TRS) and TG seroprevalence.

Objectives To determine the association between TRS and TG seropositivity, and to further investigate the relationship between TG seropositivity and different clinical features of schizophrenia.

Methods In this cross-sectional study, we included 210 male inpatients with schizophrenia. TG seropositivity was determined by ELFA assay. Treatment-resistance was defined as a failure of at least 2 adequate anti-psychotic trials. Data were analyzed using χ^2 test or Mann–Whitney test.

Results The rate of TG seropositivity in the entire sample was 52.3%, whereas 47.6% of patients met the definition for treatment-resistance. Seropositive patients had twice the rate of treatment-resistance compared to seronegative patients (63.6% vs. 30.0%, $P<0.0001$). Moreover, in the seropositive group, the patients were older (47.6 ± 12.2 vs. 39.81 ± 12.01 years, $P<0.0001$), had higher number of previous hospitalizations (13.9 ± 11.7 vs. 9.6 ± 8.5 , $P=0.0073$), and increased Calgary depression scale for schizophrenia (CDSS) total score (7.8 ± 4.5 vs. 6.3 ± 3.8 , $P=0.012$). There were no differences between the groups in the age of disease onset, smoking, positive and negative syndrome scale (PANSS) total, positive and negative scores, and the life-time history of suicide attempts.

Conclusions Our results support the hypothesis that TG seropositivity might contribute to treatment-resistance in schizophrenia, at least in male patients.

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

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EV1311

From polypharmacy to monotherapy a case about schizoaffective disorder

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The aim of the present poster is to describe an initial complex case of schizoaffective disorder with other clinical adverse conditions (metabolic disorders) in a young adult male, which gradually went into a positive treatment way from polypharmacy to monotherapy. His psychiatric history started when he was 25-year-old, he was diagnosed of heroine dependence, hypercholesterolemia and hypertriglyceridemia. In 2000 he had a suicide attempt in a context of depressive mood and delusions. He needed a psychiatric hospitalization for the first time in his life and he received anti-psychotics

for the first time too. Drug abuse was detected in that hospitalization (cannabis and alcohol). In 2001 was diagnosed of paranoid schizophrenia. In 2007 the diagnosis was modified to schizoaffective disorder and also was detected high blood pressure, Diabetes Mellitus II and overweight. From 2007 to the present he passed from a scheme treatment composed by four or more psychotropic drugs to monotherapy (only one psychotropic drug, an anti-psychotic), he stayed clinically stable and all his metabolic parameters remained equal or improved.

Disclosure of interest Janssen-Cilag research study.

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EV1312

Enjoying expression: Exploring the benefits of music therapy on patients diagnosed with schizophrenia and using metaphor games/improvisations for increasing emotional awareness level

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Although music therapy is an evidence-based and effective therapy method in clinical psychiatric settings all around the world, the literature on music therapy's effect specifically on emotional awareness is very limited. This study, which has been conducted as a part of presenter's music therapy master's thesis aims to examine the clinical benefits of music therapy in a Turkish university hospital, to enable further research and promote the recognition of music therapy as a valid clinical method in psychiatry in this country. A study was conducted in Istanbul university psychiatry clinic with 6 patients currently under standard care due to diagnoses of schizophrenia or schizophrenia-like disorders by the hospital staff. The participants attended 20 music therapy sessions with pre-post clinical psychological tests applied around the sessions. The results reveal that group music therapy supports the well being of outpatients diagnosed with schizophrenia. Significant changes on general functionality, personal and social performance, depression levels, increase in the level of ways of coping with stress and decrease in difficulties in emotion regulation concerning emotional awareness and are reported. Music therapy games/improvisations using animals as metaphors were played to reach emotional content of patients that normally have very limited verbal sharing in sessions, which possibly effected the change on emotional awareness. Session notes consisting of the therapy crew's observations support the statistical analysis of these benefits. These findings show that music therapy can be beneficial on multiple dimensions, including emotional awareness, in a Turkish university hospital; and therefore, more implication opportunities are suggested.

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EV1313

Pre-morbid personality trait and cognitive function impact on schizophrenia course and social maladaptation

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Background Certain personality traits are found in persons with high risk for schizophrenia onset and therefore it could be used as diagnostic marker.

Objectives To analyze correlations between personality traits and cognitive functions on schizophrenia onset and its course and social adaptation.

Methods This was a retrospective cohort study conducted in Riga center of psychiatry and narcology, Latvia. Study consisted of two parts. In the first part, data on first presentation schizophrenia patients hospitalized in 2006 was collected from medical records. Patients without completed MMPI, Schulte table; visual memory and 10 words recall tests were excluded from study group. The Second part of the study consisted of participant interviews that were held in early 2016 acquiring demographic data and each participant completed a Sheehan disability scale (SDS). Microsoft Excel 2016 and SPSSv22 were used for data operation.

Results Study group consisted of 11 males and 20 females (35.5%/64.5%). Mean age of participants was 37 years (IQR = 48–33), but mean age at onset of first schizophrenia symptoms was 27 years (IQR = 37–21). 68% ($n=21$) of participants had schizoid personality traits as per MMPI and they had higher results on all SDS subscales. There was a negative correlation between the SDS score in the first section with the occupational level in 2006 ($P=0.065$) and 2016 ($P=0.040$) and marital status in 2016 ($P=0.040$) in those with psychopathy scale.

Conclusion The hypothesis that schizoid personality traits are a leading factor in the onset of schizophrenia, have not been proven. Schizophrenia patients with psychopathic personality traits are likely to have better social adaptation.

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EV1314

Is there a “critical age” for first use of marijuana? Analysis of cannabis induced experiences by age at first use in a large internet-based sample

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Introduction Increased psychotomimetic response to cannabis is demonstrated in psychosis-prone individuals. Early use of cannabis has poorer prognostic outcomes. However, as yet no cut-off age for early use has been established.

Aims and objectives To determine, if age at first use affects later cannabis experiences and to determine if a “critical age” of first use exists for psychotomimetic cannabis experiences.

Methods The cannabis experiences questionnaire (CEQ) (EUGEI version) was administered to a large internet-based non-clinical sample. Regression analysis was conducted of age at first use against CEQ scores controlling for gender, age frequency of use and duration of use. To determine cut-off age: independent ‘t’ tests (parametric) and Mann–Whitney-U tests (non-parametric) were used to determine significance of differences in CEQ scores at cut-off ages from 12–25.

Results We obtained data for 1115 participants. Younger age at first use was significantly associated with increased psychotomimetic experiences (adjusted $P<0.001$). All cannabis experiences were increased in those commencing at younger age at every cut off age from 17 to 22 ($P<0.001$) with maximal difference at 22. Psychotic experiences significantly varied from age of first use of 19 to 22 with maximal difference at cut-off ages 20, 21 and 22 ($P<0.001$). Pleasurable experiences were significantly reduced in those commencing later at every cut-off age from age of