

EW538

First-episode psychosis: What does it mean?

S. Marques*, F. Godinho, A.L. Melo, D. Barrocas

Hospital do Espírito Santo de Évora, Department of Psychiatry and Mental Health, Évora, Portugal

* Corresponding author.

Introduction First-Episode Psychosis (FEP) is a variable condition, characterized by the emergence of new psychotic features for a period of at least 1 week. The majority of existing studies about FEP only address schizophrenia spectrum psychosis (SSP), which may limit the capacity to fully characterize this entity.

Objectives/Aims Report the clinical and socio-demographic characteristics of patients with FEP in real-world setting, and compare the differences among SSP and affective FEP.

Methods Retrospective analysis of clinical files of patients admitted to our hospital unit with FEP diagnosis from January/2012 to April/2015. Clinician-rated dimensions of psychosis symptom severity scales (DSM-5) were applied.

Results Annual incidence of FEP was 11,3/100,000. From a total of 755 patients, 57 (7,5%) corresponded to FEP; 38 (66,7%) were diagnosed with SSP, 11 (19,3%) affective psychosis, 3 (5,2%) toxic psychosis and 5 (8,8%) organic psychosis. Most were female (61,4%), with a mean age of 49 years. The majority were unemployed (66,7%), lived with family (57,9%), and presented with moderate-severe delusions (80,1%), but without hallucinations (57,8%), disorganized speech (59,6%) or negative symptoms (85,9%). Affective FEP patients were older (61 vs 45 years), presented with less severe psychotic symptoms (7,2 vs 8,3 points), but with higher hospital admission (26,1 vs 21,1 days).

Conclusions Regardless the growing interest concerning FEP, its conceptualization and characterization remains controversial. Our results differ from pre-existing literature data, especially concerning gender and age. By including all the possible etiologies of FEP, we aimed to obtain a more realistic characterization of this entity in a real-world setting.

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Neurotrophin signalling in first-episode psychosis: relationship with treatment response 1 year after the illness onsetM. Martinez-cengotitabengoa^{1,*}, K. Macdowell², S. Alberich³, M. Parellada⁴, P. Saiz⁵, R. Rodriguez⁶, E. Berrocoso⁷, M. Bernardo⁸, A. Gonzalez-pinto⁹, J.C. Leza²¹ CIBERSAM-University Hospital of Alava- National Distance Education University UNED, Psychiatry, Vitoria, Spain² CIBERSAM- Universidad Complutense de Madrid, Pharmacology, Madrid, Spain³ CIBERSAM- University Hospital of Alava, Psychiatry, Vitoria, Spain⁴ CIBERSAM- Hospital General Universitario Gregorio Marañón- Universidad Complutense de Madrid, Psychiatry, Madrid, Spain⁵ CIBERSAM- Universidad de Oviedo, Psychiatry, Oviedo, Spain⁶ CIBERSAM- Instituto de Investigacion 12 de Octubre, Psychiatry, Madrid, Spain⁷ CIBERSAM- Universidad de Cadiz, Pharmacology, Cadiz, Spain⁸ CIBERSAM- Hospital Clinic y Universidad de Barcelona, Psychiatry, Barcelona, Spain⁹ CIBERSAM- University Hospital of Alava- University of the Basque Country EHU-UPV, Psychiatry- Neurosciences, Vitoria, Spain

* Corresponding author.

Introduction Pro/antiinflammatory imbalance has been found in first-episode psychotic (FEP) patients, even 12 months later. Current research is every time more focused in the need to find biomarkers to understand the underlying pathophysiological mechanisms of this severe illness.

Objectives To assess peripheral levels of neurotrophins and their receptors and their correlation with inflammation, clinical symptomatology and response to antipsychotic treatment, over the time.

Methodology Ninety-four FEP patients and 80 matched healthy controls were included. Blood samples were taken at baseline to measure BDNF and NGF and their receptor levels (TrkB-full, TrkB-truncated and TrkA) and pro/antiinflammatory parameters (NFkB, COX-2, iNOS, PPARgamma, 15d-PG12). Patients were followed-up during 12 months.

Results BDNF TrkB-full receptor and NFG TrkA receptor levels increased during the follow-up whereas BDNF TrkB-truncated form receptor decreased. After adjusting for confounding variables, baseline levels of proinflammatory variables were significantly related to TrkB-full/TrkB-truncated ratio (FL/T), suggesting that a higher proinflammatory status is related to a higher FL/T ratio expression. Furthermore, baseline FL/T ratio could have a predictor role of patient's functionality 1 year after the illness onset, depending on whether patient is treated or not with antipsychotic drugs.

Conclusion Inflammatory processes, neurotrophic pathways and functional status of FEP patients seem to be related which is of great translational relevance. Specific, the expression of the 2 isoforms of BDNF receptor should be taken into account before starting an antipsychotic drug treatment.

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Antipsychotic Medication Adherence Scale (AMAS): Development and preliminary psychometric propertiesM.J. Martins^{1,2,*}, A.T. Pereira², C.B. Carvalho^{1,3}, P. Castilho⁴, A.C. Lopes⁵, A. Oliveira², C. Roque², D. Mota², F. Tróia⁵, M. Bajouco², N. Madeira², O. Matos⁵, P. Santos⁵, R. Leite⁵, S. Morais², T. Santos⁵, V. Santos⁵, V. Nogueira², V. Santos², A. Macedo²¹ University of Coimbra, CINEICC, faculty of psychology and educational sciences, Coimbra, Portugal² University of Coimbra, department of psychological medicine, Coimbra, Portugal³ University of Azores, education department, Azores, Portugal⁴ University of Coimbra, faculty of psychology and educational sciences, Coimbra, Portugal⁵ Baixo Vouga hospital centre, department of psychiatry and mental health, Aveiro, Portugal

* Corresponding author.

Introduction Although being highly consensual that antipsychotic adherence is an important outcome predictor in psychosis, existing reviews have found mean rates of adherence around 40–60%. Several aspects, such as patient-related, medication-related, environmental-related variables have been described as important predictors.

Aims This study aim is to develop, administer and present preliminary psychometric properties of a new scale for antipsychotic medication adherence that includes different types of predictors (clinical, psychosocial, and practical among others).

Methods The "AMAS" was developed by a multidisciplinary team and was based on recent research on factors influencing antipsychotic adherence. The scale evolved from multiple drafts and experts were contacted in order to improve the final version.

Over 50 patients with a diagnosis of a psychotic-spectrum disorder taking antipsychotic medication will be assessed with the “AMAS” and the Medication Adherence Rating Scale. Additionally, each patient’s psychiatrist will fill in a form with demographic and clinical variables (such as type of symptoms, previous adherence problems, current adherence, insight and other relevant variables).

Results This is an ongoing study and the sample is still being collected (scheduled finish date: February/2016). Our statistical analysis’ plan includes: reliability analysis (Chronbach’s alpha, alpha if item deleted, inter item correlations and covariances and item-total correlations); validity (convergent validity); factorial analysis.

Conclusions It is hypothesized that the “AMAS” will be a practical, reliable and valid unidimensional instrument with clinical utility assessing adherence to antipsychotics. The “AMAS” can be also useful in assessing intervention targets (e.g. psychotherapeutic, psychoeducational) to enhance adherence.

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EW541

Quality of Life Assessment in schizophrenia - development of a short version of the QLIS

M. Franz^{1,*}, T. Senin², T. Meyer²

¹ Vitos Klinik Kurhessen, Vitos Klinik Kurhessen, Bad Emstal, Germany

² Institute of epidemiology- social medicine and health services research, Integrative rehabilitation research unit, Hannover, Germany
* Corresponding author.

The QLIS (Quality of Life in Schizophrenia) is a disease-specific questionnaire with high content validity and sound psychometric properties. It comprises 54 items related to 12 subscales. However, its use in surveys or clinical studies is limited due to its length. Our aim was to develop and validate a short form of the QLIS.

Four steps were taken to develop the short form (QLIS-SF) using samples from the Clinical Analysis of the Treatment of Schizophrenia study. 1. A model with second order scales was developed using exploratory factor analysis. 2. The resulting model was tested in an independent sample using confirmative factor analysis (CFA). 3. Based on this model, items were selected on grounds of distributional properties, content reviews, and item loadings. 4. The resulting short form was validated independently through CFA.

Results Three second order scales were constructed: illness-related quality of life, social life, and global subjective well-being. CFA of the new theoretical model resulted in a CFI of 0.67 and absolute fit indices of CMIN/df=2.55, RMSEA=0.08, SRMR=0.09. We selected 13 items that showed good statistical properties and good fit of content to subscale. Fit of the underlying theoretical model with the 13 items was satisfactory (CFI=0.95, CMIN/df=2.23, RMSEA=0.06, SRMR=0.04). Composite reliability scores for the three subscales were above 0.70.

The QLIS-SF showed adequate model fit and reliability. It offers a novel, well-founded opportunity to assess quality of life in persons with schizophrenia in situations in which the application of the long version is not considered possible.

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The relationship between childhood trauma and theory of mind in schizophrenia

J. Mrizak*, R. Trabelsi, A. Arous, A. Aissa, H. Ben Ammar, Z. El Hechmi

Razi Hospital, Psychiatry F, Mannouba, Tunisia

* Corresponding author.

Introduction A history of childhood trauma is reportedly more prevalent in people suffering from psychosis than in the general population. Previous studies linked childhood trauma (CT) to neurocognitive impairments in schizophrenia (SCZ), but rarely to theory of mind (TOM) deficits.

Objectives To investigate the relationship between TOM deficits and CT in SCZ.

Methods Fifty-eight outpatients with stable SCZ completed the Childhood Trauma Questionnaire retrospectively assessing five types of childhood trauma (emotional, physical and sexual abuse, and emotional and physical neglect). They also completed an intention-inferencing task, in which the ability to infer a character’s intentions from information in a short story is assessed.

Results Our results suggest a relationship between specific kinds of CT and TOM deficits. A history of childhood physical neglect was significantly correlated to a worse performance in the intention-inferencing task ($P=0,001$). Patients with higher scores of CT denial also had less correct answers ($P=0,035$) and more false answers ($P=0,013$).

Conclusions Our results need replication but underline the necessity of investigating psychosocial mechanisms underlying the development of social cognition deficits, including deficits in TOM.

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

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EW544

Effectiveness of Brief Individual Cognitive Behavioral Therapy for auditory hallucinations in a sample of Egyptian patients with schizophrenia

D. Nagui Rizk^{1,*}, H. Salama¹, T. Molokhiya¹, L. Kassem²

¹ Alexandria university, neuropsychiatry department, Alexandria, Egypt

² National Institute of Health, Department of health and human services, Maryland, USA

* Corresponding author.

E-mail address: dalianagui82@hotmail.com (D. Nagui Rizk)

Background Auditory hallucination is one of the most common symptoms in schizophrenia. The frequency of the auditory hallucinations and ensuing distress make the individual believe that these voices are not able to be controlled and to be coped with.

Aim Testing the effectiveness of brief cognitive behavioral therapy for psychosis (CBTp) for auditory hallucinations, using it in modifying the beliefs about the voices and improving symptom severity and overall functioning.

Methods Forty participants with schizophrenia were randomized into intervention and control groups. Intervention group were 20 patients who received 8 individual sessions of CBTp plus Treatment As Usual (TAU) over 8 weeks and the control group were the other 20 patients who received TAU only. The Positive and Negative Syndrome Scale (PANSS), the Arabic version of Beliefs About Voices Questionnaire (BAVQ) and the General Assessment of Functioning scale (GAF) were assessed at baseline and at the end of the study.

Results Intervention group showed a statistically significant increase in GAF ($P=0.012$), a statistically significant reduction regarding the Positive ($P<0.001$), Negative ($P=0.008$), General ($P<0.001$) and total ($P\leq 0.001$) sub-scales of PANSS. Regarding