– scored 1-2 on the Clinical Global Impression Scale;
– showed a greater than 25% reduction of the total score on the Positive and Negative Syndrome Scale (PANSS) or a greater than 20% reduction on the negative subscale of PANSS.
Forty-seven patients were randomized: treatment group (neuroleptic + memantine, $n = 24$), control group (neuroleptic + placebo, $n = 23$); 44 patients completed the study. Neither memantine nor placebo led to a reliable decrease of negative symptoms, and the groups did not differ from each other. Future studies should pay more attention not only to the treatment of already formed negative and cognitive symptoms, but the prevention of their occurrence. Including through antagonists of N-methyl-D-aspartate receptors.

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

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EW0496

Cannabis use in a first onset psychosis sample: Prevalence and clinical differences in relation to age of onset

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Introduction   There is a wide range of studies focusing on the use of cannabis in first episode psychosis (PEP). Literature using child and adolescent samples is scarce.
Objectives and aims   To determine the prevalence and clinical differences between cannabis users and non-cannabis users of early onset first episode psychosis (EOP), and adult onset first episode psychosis (AOP).
Method   One hundred and forty patients were recruited in adult (AOP subsample, $n = 69$) and child and adolescent (EOP subsample, $n = 71$) mental health services. The Positive and Negative Syndrome Scale was used for psychotic symptoms and the Calgary Scale for affective symptoms. The Chi^2 test analysed clinical differences between users and nonusers within subsamples, and in the total sample a Pearson correlation was used for the relationship between age at cannabis use and PEP.
Results   The prevalence of lifetime use of cannabis and the average age at first use were 48% and 13.82 years (± 1.15) in the EOP subsample, and 58% and 17.78 years (± 3.93) in the AOP subsample. Within EOP, cannabis users were older ($P = .001$), had fewer negative symptoms ($P = .045$) and less depressive symptoms ($P = .005$). Within AOP, cannabis users were younger ($P = .018$) and had greater severity of positive symptoms ($P = .021$). Age at first cannabis use and age at PEP were positively correlated.
Conclusions   Cannabis use is prevalent in adult and early onset psychosis. Cannabis users differ clinically from non-users, and the earlier the use of cannabis, the earlier the onset of psychosis.
Disclosure of interest   The authors have not supplied their declaration of competing interest.

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EW0497

The regional project for the treatment of early psychosis implemented in the Reggio Emilia Mental Health Department: Preliminary data from a 2-year follow-up

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Introduction   Several studies had shown the effectiveness of combined interventions in the treatment of young patients with a first episode of psychosis (FEP). More controversial are the evidence about the stability of the therapeutic outcomes in individuals ultra-high risk (UHR).
Aims   To describe the regional project for the treatment of early psychosis implemented in the Reggio Emilia Mental Health Department (ReMHD) and also to report preliminary data from a 2-year follow-up.
Methods   In addition with the treatment as usual (TAU), treatment implemented within the regional project for early psychosis (PREP) in the ReMHD comprises the following:
– pharmacotherapy according to international guidelines;
– a phase-specific individualized Cognitive-Behavioural therapy;
– a psycho-educational intervention addressed to family members;
– a case management recovery-oriented.
Action strategies are preceded by the administration of Reggio Emilia at Risk mental States Battery Checklist as a comprehensive assessment useful to define the severity and the quality of symptoms, the degree of functioning, the subjectivity of suffering, and the perceived quality of life.
Results   The assessment carried out after 24 months of continuous treatment showed significant improvements in both the psychotic symptoms (positive, negative and general psychopathology PANSS subscales) that the daily functioning (SOFAS).
Conclusions   Although our sample is still relatively small ($n = 50$) to draw definitive conclusions, it is emerging the good prognosis for UHR individuals and patients with FEP submitted on PREP treatment implemented in the ReMHD.
Disclosure of interest   The authors have not supplied their declaration of competing interest.

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EW0498

Neuropsychological profile of specific executive functions in patients with deficit and non-deficit schizophrenia

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Although it has been shown that there are more profound deficits present in the deficit schizophrenia (DS) patients compared with their non-deficit (NDS) counterparts, there still remain a few matters that require further investigation.
Aims   (1) Comparison of executive functions between the investigated groups; (2) determining the relationship between their particular aspects within the groups; and (3) drawing up their neuropsychological profile.
Methods   One hundred and forty-eight schizophrenia patients, divided into two groups: patients with DS ($n = 70$) and NDS ($n = 78$). Patients were matched for sex, age, number of years of education and their overall cognitive functioning. For the assessment of executive function, we used the Wisconsin Card Sorting Test (WCST), the Trail Making Test (TMT), Verbal Fluency Test Phonemic (VFT P), Stroop Color Word Test (SCWT) and Go/No Go task (GNG).
Results   The DS patients compared with the NDS ones obtained lower scores in WCST and TMT (relative flexibility). We did not

observe any inter-group differences in VFT P, SCWT (relative inhibition) or the GNG. In both patient groups, there appeared significant correlations between their WCST and TMT scores. The general neuropsychological profiles were similar in both groups. The DS patients exhibited slightly greater interference within concept formation and non-verbal cognitive flexibility. Such problems may therefore be specific to that particular subset of schizophrenia. Our results may be useful for the development of new rehabilitation activities, which may increase the chance of the patients' better social functioning.

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EW0499

Relapse after first-episode psychosis: A 3-year follow-up

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Introduction Relapse after first-episode psychosis (FEP) is a frequent problem, which can lead to patients' poorer functioning and response to treatment. Its prevention is one of the most important and challenging targets in the treatment of psychotic disorders.
Objectives To characterize and evaluate relapse rates after FEP, during the course of 3 years, of a group of patients admitted at a psychiatry department.
Methods A retrospective observational study was conducted. Patients with a FEP between ages 18 to 40, admitted at the Clinic of Psychiatry and Mental Health at São João Hospital Centre between January 1, 2007 and September 30, 2013. Only patients with, at least, 3 years of follow-up at the clinic were included.
Results Final sample of 58 patients, 39 of which were male (mean age = 26.4 years). Forty patients were excluded by not completing the 3 years follow-up at our department. The cumulative relapse rates were 32.8% at 12 months, 53.4% at 24 months and 63.8% at 36 months. Patients with at least one relapse were younger (25.78 years vs. 27.52 years) and had shorter periods of first hospitalization (19.25 days vs. 23.52 days). These data did not reach statistical significance. Non-adherence to prescribed medication was described in 73.0% (n = 27) of patients at the time of relapse. Eight of them (21.6%) presented with cannabis use.
Conclusions Although no statistical significance was reached, our findings are consistent with other studies. A future study with a bigger sample would be important in achieving statistical significant results.

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EW0500

Medical comorbidity in schizophrenia

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People with schizophrenia have higher prevalence of physical disease and its lifespan is shortened when compared with general population. On average, they die 10 to 25 years earlier than general population.
Aim The authors aim to identify the main comorbidities in people with schizophrenia and define strategies to prevent it.
Methods Literature review on Medline database.

Results People with schizophrenia have higher risk to have hepatitis, cardiovascular diseases, diabetes, overweight, sexual dysfunction and obstetric complications. This high vulnerability is associated with higher rates of preventable risk factors, such as smoking, alcohol consumption, use of street drugs, poor dietary habits and lack of exercise. Moreover, some antipsychotic medications used to treat schizophrenia have been associated with higher incidence of physical disease. At last, there are risk factors attributable to patients and healthcare services. Psychiatrists are often not trained in detection and treatment of physical disease. Despite this, there are several attitudes that can reduce the associated morbidity and mortality in people with schizophrenia, such as improving access to healthcare services, integrated healthcare interventions to enable early diagnosis and promotion of healthy habits.
Conclusions Diagnosis and management of morbidity in people with schizophrenia are more difficult because obstacles related to the patient, the illness, the medical attitudes and the structure of the healthcare services. Regardless these difficulties, the increased frequency of physical disease in people with schizophrenia must be valued due to improved detection and treatment of medical disease will have significant benefits for their psychosocial function and overall quality of life.

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EW0501

Empowerment with Psychotic Symptoms Scale (EWPSS): Exploratory study of the scale's psychometric properties

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Background Empowerment has been defined as the ability to act autonomously, the willingness to take risks and being aware of responsibility. The importance of this construct in psychosis has been emphasized by recovery models. An integrant part of the Clinical Interview for Psychotic Disorders (CIPD), the EWPSS is a visual analog scale in which the participants assess their sense of empowerment regarding symptoms (delusions, hallucinations, negative symptoms and disorganization). EWPSS focuses on personal empowerment (self-worth and self-efficacy) as it could apply to symptoms.
Aims To preliminarily assess the psychometric properties of the EWPSS in a sample of participants with psychosis.
Methods The sample comprised 22 participants (68.2% male), 72.7% single, 50% employed, between 19 and 47 years old (M = 31.05; SD = 7.088), with 4–17 years of education (M = 11.77; SD = 3.176). The most prevalent diagnosis was schizophrenia (68.2%) and the participants had a mean of 1.90 hospitalizations (SD = 2.548). The participants were assessed with the CIPD (EWPSS) and Depression, Anxiety and Stress Scales-21.
Results EWPSS has shown acceptable reliability for all dimensions (with alphas ranging between .54 and .78). Empowerment