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Introduction The severe disability of schizophrenia and its impairment in real-life functioning can improve with a treatment that stimulates personal resources such as peer-support by psychologist according to Cordiale and Montinari psychoanalytic model (2012) in a multidisciplinary team.

Objectives Supportive and narcissistic relationships sharing real life experience, according the cohesion of Self (Kohut 1971), promotes identification processes and improves pharmacological and psychiatrist treatment.

Methods Study participants were recruited for one year, according to diagnostic criteria of DSM V, from schizophrenic patients ($n=12$) of a Mental Health Department and of a private psychiatric department (DH) in an age between 23 and 36 years, tested by SAT-P and GAF scale.

Results All patients were treated with second generation antipsychotic and an integrated treatment with peer-support, (Galderisi et al., 2014).

Conclusions The valiance of real-life functioning in patients with schizophrenia depends on an integrated intervention that assures a function of flexible and not coercive restraint, allowing to stable relationship with territorial agency (network) (Chiesa, 2008).

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EV1148

Folie à deux

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Introduction The induced delusional disorder or *folie à deux*, is a rare condition characterized by psychotic symptoms at least in two individuals in close association.

Objectives We report a case of shared psychotic disorder between mother and daughter. We briefly review both classical and current literature.

Methods We summarized the results from articles identified via MEDLINE/PubMed using "induced delusional/shared psychotic disorder" as keywords. We report a case of a woman who develops psychotic symptoms characterized by delusions of persecution. Her daughter started, during the first high school grade with referring sexual threats and having delusions of persecution lived by her mother like a fact. They have very symbiotic relationship. Seven years later, the mother has required hospitalization for chronic delusions.

Results The term *folie à deux* was first coined by Lasègue and Falret, they assume the transmission of delusions was possible when an individual dominated the other and existed relative isolation. Recent studies found no significant differences in age and sex, although described higher comorbidity with other psychiatric diseases. Relative to treatment, separation by itself is insufficient; an effective neuroleptic treatment is required.

Conclusions Our case meets criteria for shared psychotic disorder. The daughter, with a ruling attitude who dominates the relationship, was the inducer. The mother showed no resistance in accepting delusions and remains them active after separation. This leads us to consider the possible predisposition to psychotic illness by both patients.

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Headache and schizophrenia – A cross-sectional cohort study on prevalence, characteristics and management

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Introduction Headache is the most common pain reported by people with schizophrenia. Little research has been conducted into the characteristics and management of headaches in this population.

Objectives Determine the prevalence, type and management of headache in people with schizophrenia.

Aims Identify if best practice treatment of headache occurs and if changes are required to assure people receive appropriate management.

Methods One hundred consecutive people with schizophrenia and schizoaffective disorder completed an extensive, reliable and valid headache questionnaire. Based on the questionnaire responses two clinicians independently classified each person's headache as either migraine headache (MH), tension type headache (TTH), cervicogenic headache (CGH) or other headache type (OH). Any discrepancies were resolved by consensus agreement.

Results Twelve-month prevalence of headache (57%) was higher than the general population (46%) with no evidence of relationship between psychiatric clinical characteristics and presence of headache. Prevalence of CGH (5%) and MH (18%) were comparable to the general population. TTH (16%) had a lower prevalence. Nineteen percent of participant's headache was classified as OH type. No participant with MH was prescribed migraine specific medication. Only 1 of the 5 people whose headache was classified as CGH received manual therapy and none had been prescribed exercises. No people with TTH received manual therapy, exercise prescription or postural review.

Conclusions It is recommended that education is required for patients and mental health workers about headache classification and the appropriate care pathways for different headache types.

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15 years and counting – How are schizophrenic patients with long hospitalization time?

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Introduction Centro Hospitalar Psiquiátrico de Lisboa (C.H.P.L.), in Lisbon, Portugal, is the biggest psychiatric hospital in Portugal and one of the oldest still working. Along with acute inpatient clinics it has long duration inpatient units with 226 patients.

Objectives/aims Characterize and improve the therapeutic approaches in patients committed to the long duration inpatient unit with long hospitalization times and the diagnose of schizophrenia.

Methods During the month of September 2015 all patients, committed before 2000 who fulfilled the diagnosis criteria ICD 10, F20.X (Schizophrenia) were characterized regarding age, gender, time of hospitalization and were evaluated using the Positive and Negative Symptom Scale (PANSS).

Results From the original sample ($n=226$), 31 patients were included in the study. The mean age was 64.4 years (min 50–max 91) and the majority were male (67.7%; $n=21$). The mean years of hospitalization were 28.7 years (min 15–max 60). The average total PANSS score was 99.8 (positive symptoms: 25.4; negative symptoms: 29.9; general symptoms: 44.4).

Conclusions Although in last decades many psychiatric hospitals were closed and community approaches to treatment of the mentally ill were the direction preconized by several international organizations, some patients still “live” in the hospital. Mostly, as we found in our study, have a severe, refractory disease, sometimes with behaviour changes that unable them to be discharged. With the continuous evolution of psychopharmacological drug treatment, this paradigm may change. Meanwhile other therapeutic approaches should be used to improve the disease symptoms.

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Socio-demographic features of first-episode psychosis associated with an increased likelihood of subsequent schizophrenia in a psychiatric inpatient sample

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Introduction Early diagnosis of schizophrenia is often delayed in first-episode psychosis and this could be viewed as an obstacle for a proper therapeutic approach and optimal clinical management.

Objective Our main objective was to identify baseline socio-demographic variables in first-episode psychosis which are associated with an increased likelihood of diagnosing schizophrenia in the second episode of psychosis. As a secondary objective we aimed to assess the diagnostic stability between first and second episode psychosis.

Material and methods Data belonging to 100 patients that were twice admitted in Timisoara Psychiatric Clinic, between 2010 and 2015, for two distinct and consequent episodes of psychosis, were analyzed. The first admittance had to coincide with first episode psychosis.

Results Logistic binary regression showed that a younger mean age (OR=0.90; 95% CI=0.85–0.95), a more unfavorable professional status (OR=3.75; 95% CI=1.10–12.74) and a lesser quality of social support (OR=3.47; 95% CI=1.11–10.82) at the onset of the first episode of psychosis were associated with an increased likelihood for a subsequent diagnosis of schizophrenia.

Conclusions Identifying an initial socio-demographical profile with a high predictive value for a subsequent outcome towards schizophrenia should encourage using this diagnosis starting with the first episode of psychosis.

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EV1153

Treatment with antipsychotics and sexual dysfunction in a sample of schizophrenic inpatients

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Introduction Previous studies show association between sexual dysfunction and antipsychotic treatment.

Objectives To study the prevalence and clinical correlates of sexual dysfunction in schizophrenic inpatients treated with antipsychotics. To analyze the influence of sexual complaints in treatment adherence.

Methods Retrospective descriptive study of psychiatric inpatients diagnosed of schizophrenia following DSM-IV-TR) criteria and treated in an acute care unit of Psychiatry in a university hospital in a 12-month period. Patients treated with combination of antipsychotics (typical and atypical) were excluded from the analysis ($n=60$). Sexual side effects were evaluated with Udvalg for Kliniske Undersogelser (UKU) Side Effect Rating Scale and evaluated in two treatment groups: conventional antipsychotics, and atypical antipsychotics. Patients were asked about subjective experience with other treatments.

Results The mean age of subjects was 32.4 (SD=8.7). From the whole sample 38 (63.3%) were men and 22 (36.7%) women. Sexual dysfunction related to treatment was present in 78% of patients. Men were more affected than women and 69% of them related that sexual dysfunction had influenced the decision of treatment withdrawal previous to income. Amenorrhea was more common on risperidone and amisulpride. Analysis of different antipsychotics and its relationship with sexual dysfunction are presented.

Conclusions Sexual dysfunction is a frequent side effect associated with antipsychotics in schizophrenic patients. The sexual side effects may reduce the quality of life and may increase non-compliance that is usually associated to readmissions and worse prognosis of severe mental illness.

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Analysis of the duration of untreated illness (DUI) in the first episode psychosis Program (FEP) in AGS South Granada

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Introduction Duration of untreated illness (DUI) has been considered as a relevant variable used to measure the degree of disabilities that are associated with psychotic disorders. In this paper we describe a cluster of patients with a DUI superior to 1 year according to their symptoms and sociofamiliar functioning.

Methods We compare a group with a DUI superior to 1 year ($n=7$) against a group with a DUI inferior to 1 year ($n=17$).

Results The group with a DUI superior to 1 year showed an average age of 4 years younger (21) as the duration of untreated psychosis (DUP) of 1 to 3 months in the 80% of cases and higher percentage of unemployed or without occupation. The 60% were derived from primary care, compared to the 17% of the other group. Although the consumption of toxic substances was similar in both