EW0271

Effect of two long-acting treatments, the paliperidone palmitate 1-month and 3-month formulations on caregiver burden in European patients with schizophrenia

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Introduction Schizophrenia puts a significant burden on caregivers.
Objectives To explore the effects of two long-acting treatments (LAT), paliperidone palmitate 1-month and 3-month formulations on caregiver burden (CGB) in European patients with schizophrenia using the Involvement Evaluation Questionnaire (IEQ)
Aims To conduct a subgroup analysis of two randomized, double-blind studies (NCT01515423 and NCT01529515).
Methods Caregivers ($\geq$ 1 h of contact/week with the patients) were offered to complete the IEQ (31 items, each scoring: 0–4; total score: sum of 27 items [0–108]).
Results Among 756 European caregivers (53% parents, 18% spouse/partner or girl/boyfriend, 10% sister/brother), 60% reported a CGB of $\geq$ 32 hours/week at open-label baseline (BL-OL). CGB reduced significantly for patients with both BL-OL and at least one double-blind IEQ sum-score ($n = 433$): mean improvement [SD] (9.9 [12.66], $P < 0.001$) from BL-OL (mean [SD] 26.0 [13.30]) to study end (16.0 [10.47]); (reduction in burden associated with worrying [2.9 points] and urging [4.3 points]). CGB significantly improved in patients on prior oral antipsychotics post-switching to LAT with less leisure days impacted and less hours spent in caregiving ($P < 0.001$). There was significant relationship between improvements and relapse status, patient age ($P < 0.001$), age at diagnosis ($P < 0.002$), and number of prior psychiatric hospitalizations in the last 24 months ($P < 0.05$). Prior use of long-acting antipsychotics other than paliperidone palmitate 1-month or 3-month formulations at BL-OL and duration of prior psychiatric hospitalizations in the last 24 months did not show significant effect on improvements.
Conclusion Switching from an oral antipsychotic to an LAT can provide a meaningful and significant improvement in caregiver burden.
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Comorbidities in patients with an at-risk mental state and first episode psychosis

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Introduction Non-psychotic axis I diagnoses are highly prevalent in at-risk mental state (ARMS) and first episode psychosis (FEP) patients, the most common being affective and anxiety disorders. Few studies have examined differences between ARMS and FEP patients or gender effects regarding such diagnoses.
Objective To examine current and lifetime comorbidities in ARMS and FEP patients. Furthermore, to examine gender differences, and differences between patients with (ARMS-T) and without later transition to psychosis (ARMS-NT).
Methods This study was part of the Früherkennung von Psychosen (FePsy) study. Current and lifetime axis I comorbidities were assessed using the Structured Clinical Interview for DSM-IV (SCID-I).
Results One hundred and thirty-two ARMS and 98 FEP patients were included. Current comorbidities were present in 53.1% of FEP and 64.4% of ARMS patients, the most common being affective, anxiety and substance use disorders. Current affective disorders were significantly more common in ARMS than FEP. Lifetime comorbidities were diagnosed in 58.2% of FEP and 69.7% of ARMS patients, with significantly more affective and anxiety disorders in ARMS than FEP. Male FEP patients had more current and lifetime substance use disorders (across all substances) compared to female FEP. No differences emerged between ARMS-T and ARMS-NT.
Conclusions As expected ARMS patients have many comorbidities, while clearly diagnosed FEP have less comorbidities. There were few gender differences in axis I comorbidities. Moreover, no differences between ARMS-T and NT emerged, suggesting that axis I comorbidities do not improve prediction of transition. Nevertheless, the high comorbidity prevalence is relevant for global functioning and clinical treatment.
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EW0273

Visual and motor functions in schizophrenia

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Introduction Over the past decade, perceptual organization has gained an increasingly important role in the psychopathology of schizophrenia. With the advancements in visual neurocognitive sciences, visual processing, especially mid- and high-level processing have been linked with psychotic symptoms, as well as prodromal and ultra-high risk patients. Motor dysfunction is being seen as well as an integral element of schizophrenia, separate from the other symptoms and with possible implications for disease risk and outcome. This could illustrate two systems at work, which by either individual dysfunction or integrative disorganization help explain some the neurocognitive mechanisms in schizophrenia.
Objective and aims The current study's argument is that tests from these two domains could be used in a complementary manner to offer a neurocognitive characterization of schizophrenic patients.
Methods A total of 24 patients and 19 controls were evaluated. In order to assess mid-level visual perception the Leuven Perceptual Organization Screening Test was used, along with a scale for assessing soft neurological signs and a task for gait and motor imagery. Clinical symptoms were measured with the Positive And Negative Symptoms Scale, using the five-factor model as proposed by Lindenmayer. Data analysis involved comparison of means between patient and control groups as well as a multivariate factor analysis calculating the impact of perceptual and motor functions on clinical symptoms.
Results Consistent with previous findings, visual and motor functions would differentiate between patient and control groups. In