tine levels were normalized. Overall, 72% described a clinical improvement, especially in terms of sexual dysfunction.
Conclusions Several studies have described an improvement of drug-induced hyperprolactinemia after switching to or adding oral aripiprazole. In our study, we observed that levels of prolactine were normalized in 85% of patients with a clinical improvement in almost all of cases. These findings suggest that switching to LAI aripiprazole may be an effective alternative for managing antipsychotic-induced hyperprolactinemia due to its partial agonism in D2 brain receptors, especially in tuberoinfundibular pathway.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1256

The side effects of risperidone depot in patients with psychotic disorders

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Background and aim A long-acting form of risperidone is now broadly available for the treatment of schizophrenia and closely related psychiatric conditions. It combines the advantage of previously available depot formulations for first-generation drugs with the favorable characteristics of the modern "atypical" antipsychotics, namely higher efficacy in the treatment of the negative symptoms of schizophrenia and reduced motor disturbances [1].
Methods During this study, we observed side effects that appear in patients that are treated with risperidone depot. Patients were observed for a period of 3 months (October–December 2015) and the side effects were evaluated with Glasgow Antipsychotic Side-effect Scale (GASS). The data obtained were analyzed with SPSS, trying to prove the impact of variables such as: gender, age, diagnosis, dose and duration of treatment on the occurrence of side effects.
Results Through statistical processing, we reached the conclusion that there is a statistically significant correlation between duration of treatment and side effects (P value was 0.0001). Between two variables has a strong positive correlation (Kendall value was 0.766). Has a statistically significant correlation between the drug dose and side effects (P value was 0.026). Between two variables has a moderate positive correlation (Kendall value was 0.504). No statistically significant correlation between these variables: gender-side effects, diagnose-side effects and age-side effects.
Disclosure of interest The authors have not supplied their declaration of competing interest.
Reference

[1] Emsley R, Medori R, Koen L, et al. Long-acting injectable risperidone in the treatment of subjects with recent–onset psychosis: a preliminary study. J Clin Psychopharmacol 28:210-213.

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EV1257

Mortality in people with psychotic disorders in Finland: A population-based 13-year follow-up study

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Introduction People with psychotic disorders have increased mortality compared to the general population. The mortality is mostly due to natural causes and it is disproportionately high compared to the somatic morbidity of people with psychotic disorders.
Objectives We aimed to find predictors of mortality in psychotic disorders and to evaluate the extent to which sociodemographic and health-related factors explain the excess mortality.
Methods In a nationally representative sample of Finns aged 30–70 years (n = 5642), psychotic disorders were diagnosed in 2000–2001. Information on mortality and causes of death was obtained of those who died by the end of year 2013. Cox proportional hazards models were used to investigate the mortality risk.
Results Adjusting for age and sex, diagnosis of nonaffective psychotic disorder (NAP) (n = 106) was statistically significantly associated with all-cause mortality (HR 2.99, 95% CI 2.03–4.41) and natural-cause mortality (HR 2.81, 95% CI 1.85–4.28). After adjusting for sociodemographic factors, health status, inflammation and smoking, the HR dropped to 2.11 (95% CI 1.10–4.05) for all-cause and to 1.98 (95% CI 0.94–4.16) for natural-cause mortality. Within the NAP group, antipsychotic use at baseline was associated with reduced HR for natural-cause mortality (HR 0.25, 95% CI 0.07–0.96), and smoking with increased HR (HR 3.54, 95% CI 1.07–11.69).
Conclusions The elevated mortality risk associated with NAP is only partly explained by socioeconomic factors, lifestyle, cardiometabolic comorbidities and inflammation. Smoking cessation should be prioritized in treatment of psychotic disorders. More research is needed on the quality of treatment of somatic conditions in people with psychotic disorders.
Disclosure of interest Jaakko Keinänen owns shares in pharmaceutical company Orion.

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EV1258

Validation of the Czech version of the community assessment of psychic experiences (CAPE)

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Introduction In the Czech Republic, research of the schizophrenia spectrum suffers from a lack of standardized measuring instruments. The community assessment of psychic experiences (CAPE) has been used internationally to quantify positive, negative and affective symptoms associated with the spectrum and to screen individuals who may be in risk of developing a spectrum disorder.
Aims and objectives This study aimed to develop a Czech version of the CAPE and to examine its psychometric properties in a nonclinical population.
Methods An author with an expertise in the field and a subject-naïve author translated the CAPE into the Czech language. After a professional back-translation, the instrument's most suitable version was agreed upon. Lie-scale items were added to allow for an online circulation. The CAPE was administered to a large sample of participants alongside the Beck depression inventory (BDI-II).
Results Internal consistency was assessed using the Cronbach's alpha. Internal structure was evaluated using confirmatory factor analysis and compared to the structure of the original. Criterion validity was examined through correlation analyses of the BDI-II scores and the total and subtotal CAPE scores.

Conclusions It is determined whether the Czech version of the CAPE has sufficient reliability and validity to be recommended for research purposes. It is expected that further study of the CAPE as well as the introduction of additional tools will motivate the standardization of research, diagnosis and prevention of schizophrenia spectrum disorders in the Czech Republic.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1259

Social and nonsocial cognitive functions in patients with schizophrenia: A comparative neuropsychological and neurophysiological study

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Background Patients with schizophrenia suffer from cognitive deficits in seven domains in addition to social cognition. P300 latency and amplitude have been linked in these patients to the basic cognitive deficits.
Objectives Comparing patients suffering from schizophrenia with matched healthy subjects as regards auditory event related potential tests as measured by P300.
Subjects and methods Fifty-two subjects were divided into 2 groups: group (A): 27 patients with schizophrenia according to the diagnostic and statistical manual of mental disorders-text revised (DSM-IV TR). Those with current substance use, psychiatric disorders or organic disorders were excluded. Group (B): 25 healthy control subjects with negative history of substance and psychiatric disorders. Patients were assessed using Positive and Negative Symptom Scale (PANSS) for severity of psychotic symptoms, Addenbrook's Cognitive Examination Revised (ACE-R) for basic cognitive, reading the mind in the eye test for social cognition, P300 and electro-encephalography (EEG)
Results The two groups were different significantly in ACE total and its subtests measuring attention-orientation, memory, language, visuospatial and reading the mind in the eye test for social cognition scores with patients showing lower scores ($P = 0.000$, 0.012, 0.000, 0.038, 0.041 and 0.001 respectively). Control group had higher amplitude of P300 and shorter latency than patients ($P = 0.003$ and 0.005 respectively). P300 amplitude correlated positively with visuospatial memory ($P = 0.015$). PANSS general pathology scale correlated positively with duration of untreated psychosis ($P = 0.029$) and with fluency ($P = 0.047$).
Conclusion Patients with schizophrenia differ from controls in P300.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1260

Influence of clozapine to modified electroconvulsive therapy in the treatment resistant schizophrenia

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Introduction Clozapine is one of the most effective drugs for the treatment resistant schizophrenia (TRS). It was reported that modified electroconvulsive therapy (mECT) may be an effective clozapine augmentation strategy in TRS.
Objective The objective of this study was to investigate the influence of clozapine to mECT in the TRS.
Methods Forty-seven patients were recruited in this study, but eight patients were excluded because clozapine was discontinued by reason of side effects. Ultimately, 39 patients were enrolled.
Results Seventeen patients received mECT before clozapine therapy. Two patients continued mECT after starting clozapine therapy. There was a significant difference between before–after clozapine therapy (χ^2 test, $P < 0.01$). Intermittent mECT was performed for 3 patients before clozapine and for one patient after starting clozapine.
Discussion This result suggests that clozapine therapy reduces mECT. In Japan, the first-line treatment for TRS is CLO. mECT is recommended for clozapine resistant schizophrenia patients. Prescription of CLO is limited in the part of medical facility because all physicians who prescribe clozapine must be registered with the clozaril patient monitoring service in Japan. It is considered that mECT is more readily selected than clozapine therapy. Therefore, the number of mECT is not reduced generally.
Conclusion Clozapine therapy reduces the necessity of mECT.
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EV1261

Serum 25-OH vitamin D level in patients with schizophrenia spectrum disorders

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Introduction 25-OH vitamin D level is an immediate precursor metabolite of the active form of vitamin D that leads to expression of more than 200 genes.
Aims The aim of our study was to examine 25-OH vitamin D deficiency (<50nmol/L) and its relationship to demographic factors in recently hospitalised patients with schizophrenia spectrum disorders (SSD).
Methods We assessed 25-OH vitamin D serum level in 41 SSD patients (54% of males, 46% with first episode, 63% during sunny season [May to October]), mean age 30 ± 10.4 years, within first days of hospitalization. The serum 25-OH vitamin D level was analysed with electrochemiluminiscence, using imunoanalysators Elecsys Roche.
Results The serum level was significantly higher in sunny season (41.3 ± 27.2 nmol/L) than in November to April (28.4 ± 11.2 nmol/L): t-test, $P < .05$. Sixty-nine percent of patients suffered from 25-OH vitamin D deficiency (< 50nmol/L) in May to October and 100% during November to April. The 25-OH vitamin D serum levels were not different between males and females, or between first-episode and multiple-episode patients. No significant correlation between age and 25-OH vitamin D level was found.
Conclusions The high prevalence of 25-OH vitamin D deficiency (< 50nmol/L) suggests that some patients with SSD may benefit from vitamin D supplementation.
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