

Methods An observational cohort study of unselected patients with schizophrenia visiting outpatient facilities in the Region of Central Jutland, Denmark. Patients were enrolled from January 2013 through March 2015 with follow-up until June 2015. Data was collected from clinical interviews and clinical case records.

Results ECGs were available in 58 patients receiving antipsychotic treatment. We observed no difference in average QTc interval for the whole sample of patients receiving monotherapy or polypharmacy ($P=0.29$). However, women presented longer QTc-interval on polypharmacy than on monotherapy ($P=0.01$).

Conclusion We recommend an increased focus on monitoring the QTc interval in woman with schizophrenia receiving antipsychotics as polypharmacy.

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EW0262

Postural control and executive functioning in patients with schizophrenia

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Introduction Patients with schizophrenia commonly show deficits in executive functioning that allow a person to make plans, solve problems, do many tasks simultaneously and adapt to unexpected conditions. Executive dysfunction is associated with very simple and automatic activities, such as walking in schizophrenia patients. However, no study exists about its relation to postural control in these patients.

Aim To investigate the effect of executive functioning on postural control using dual task paradigms.

Methods Fifteen clinically stable schizophrenia outpatients and 15 healthy controls were enrolled in the study. Postural control was assessed with bilateral stance test using the Balance Master system under three different conditions with eyes open and eyes closed (EC): without a task, during a cognitive task (verbal fluency) and during a motor task (holding a cup of water).

Results Standing on a foam surface with EC resulted in higher postural sway velocities in schizophrenia patients under all conditions ($P=0.009$, $P=0.032$, $P=0.013$). During a cognitive task, both schizophrenia patients and healthy controls showed higher velocities on firm surface with EC in comparison to the condition without a task ($P=0.023$). Both schizophrenia patients and healthy controls did not show higher postural sway velocities during the motor task.

Conclusion The effect of verbal fluency on postural sway shows the relationship between executive functioning and postural control in schizophrenia patients. Foam surface also higher postural sway velocities in schizophrenia patients in EC condition suggesting the difficulties in integrating the proprioceptive information in the absence of visual input.

Keywords Executive functioning; Schizophrenia; Postural control

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EW0263

Patients with severe schizophrenia. functioning improvement after 7-year of comprehensive treatment

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Introduction To reach not only clinical but also rehabilitation (especially to improve psychosocial functioning) goals in people with schizophrenia is a need.

Objective To know the retention in treatment and functional outcomes of patients with severe schizophrenia enrolled in a specific and comprehensive programme for 7 years.

Method A 7-year prospective, observational study of patients with severe schizophrenia (CGI-S of 5 or over) undergoing comprehensive programme ($n=200$). Assessment included at the beginning and after 3, 6, 12, 24, 36 and 84 months: the CGI-S, the Camberwell Assessment of Needs (CAN) and the WHO-DAS. Time in treatment, reasons for discharge, laboratory tests, weight, medications, adverse effects and hospital admissions in the previous six years and during the follow-up were registered.

Results CGI at baseline was 5.9 (0.7). After seven years, 44% of patients continued under treatment (CGI=4.3 (0.8); $P<0.01$); 36% were medical discharged (CGI=3.4 (1.5); $P<0.001$); WHO-DAS decreased in the four areas ($P<0.005$) and also CAN ($P<0.01$); 8% were voluntary discharges. Ten patients dead; three of them committed suicide (1.5%). Hospital admission decreased significantly ($P<0.001$), and also antipsychotic combinations and antiparkinsonian medications. Fifty-five percent of all of them were treated with atypical long-acting antipsychotics, with good tolerability and few side effects (among them, only 4% were voluntary discharges).

Conclusion Retention of patients with schizophrenia with severe symptoms and impairment in a specific and comprehensive programme was really high. Such good treatment adherence helped to get remarkable clinical and functional improvement. Long-acting medication seemed to be useful in improving treatment adherence.

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Extrapyramidal side effects and functional remission in schizophrenia

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Treating patients with schizophrenia has evolved towards including, as an effective goal, their functional remission. Beyond the discrepancies in this concept definition, a plethora of studies has been conducted trying to identify predictors of functioning in schizophrenia. Among which antipsychotic prescription and related side effects.

Aim Explore extrapyramidal side effects link with functional prognosis of patients with schizophrenia spectrum disorder.

Methods We conducted a cross-sectional, retrospective and descriptive study in the psychiatry department "C", in Razi hospital (Tunis), between October 2014 and March 2015. Sixty patients suffering from schizophrenia spectrum disorder (DSM IV-R) were included. Functional status was explored with the Global Assessment of Functioning Scale (GAF), the Social and Occupational Functioning Assessment Scale (SOFAS) and the Social Autonomy Scale (EAS). Extrapyramidal side effects (EPS) were evaluated using the Simpson and Angus Rating Scale (SAS).

Results Functional remission was achieved according to GAF, SOFAS and EAS in respectively: 63,30%, 48,30% and 51,70% of the patients. SAS mean score was 0.898 ± 0.29 (0.4–2). Although SAS showed no significant association with GAF, SOFAS and EAS global scores, patient with less EPS had better autonomy in EAS' dimension "Relationship with the outside" ($P=0.048$).