

groups, no toxic psychosis were found in comparison with the 35% present in the group with a DUI inferior to 1 year. PANSS' profile scored more positive and less negative symptoms. Both have similar general psychopathology. There were group differences in the Social Functioning Scale (SFS) with lower scores in the superior to 1 year DUI, in the following scales: Prosocial, Autonomy, Execution and Employment. The Global Assessment of Functioning (GAF) gives an average of almost 8 points higher.

Discussion While the SFS shows significant differences in several areas of social functioning, both PANSS profile and the family questionnaire do not support greater deterioration, as evidenced in the GAF's average score.

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

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Psychosis-related polydipsia and chronic hyponatremia – A case report

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Introduction Psychogenic polydipsia has an estimated prevalence of 6–20% in psychiatric population. Although first described in the 1930s, there are few studies addressing this problem and its management. The high water intake can lead to severe hyponatremia with a mortality rate high enough to merit clinical concern.

Aims Report a case of a schizophrenic patient with psychogenic polydipsia and hyponatremia.

Methods Retrospective review of the clinical file and literature research on this topic.

Results A 41-year-old man with a long-term schizophrenia presented to the emergency room (ER) with exacerbation of psychotic symptoms. In the prior 24 months, he had stopped medication and began excessive water intake (5 to 10L/day). He presented with auditory hallucinations, passivity phenomena and persecutory and other delusional thoughts that justified this behavior – “The water will end; I have to stock it, like camels do”. Presently he had an asymptomatic hyponatremia (128 mg/dL), but 6 months before he had been admitted in the ER with vomiting, altered state of consciousness and convulsions secondary to severe hyponatremia (108 mg/dL). During the present hospitalization, organic causes of hyponatremia were excluded and he was started on behavioral measures and antipsychotics. The psychotic symptoms improved and there was no need for water restriction after the first week, with restored natremia values on discharge.

Conclusions With this case report we intended to raise awareness on this potentially fatal condition that despite its prevalence has no defined diagnostic criteria, nor established controlled trials concerning the effectiveness of treatments.

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

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Schizophrenia spectrum disorders: Focus on social cognition and empathy

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Background Schizophrenic patients show deficits in social cognition, functioning and in interpreting facial expressions. These disabilities contribute to global impairment in social and relational skills. Data started being collected in the context of the Italian Network of Research on Psychosis headed by Prof. Maj and Prof. Galderisi (Galderisi S et al. The influence of illness-related variables, personal resources and context-related factors on real-life functioning of people with schizophrenia. *World Psychiatry* 2014;275–87. Mucci A et al. The Specific Level of Functioning Scale: Construct validity, internal consistency and factor structure in a large Italian sample of people with schizophrenia living in the community. *Schizophr Res* 2014;159(1):144–50); collection in our centre went on also after the conclusion of the national project.

Aims To identify the correlations among social inference, facial emotion identification and clinical history and therapies in schizophrenic patients.

Material and methods We recruited patients with Schizophrenia referring to our Psychiatry Ward, AOU Maggiore della Carità, Novara, Italy. Socio-demographic characteristics were gathered; assessment of patients included The Awareness of Social Inference Test (TASIT), the Facial Emotion Identification Test (FEIT), the Positive and Negative Syndrome Scale (PANSS) and the Brief Negative Symptom Scale (BNSS).

Results Data collection is still ongoing. In a previous study we pointed out that schizophrenic patients showed social skills deficits and difficulties in identifying facial emotions. These features underlie poor and limited social relationships proper to schizophrenia. Our preliminary results revealed that identification of facial emotions is influenced by psychopathological symptoms especially by avolition, blunted affect and alolia. Implication will be discussed.

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

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Feasibility study of culturally adapted cognitive behaviour therapy for psychosis in Pakistan

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Background It is becoming well established that CBT is both effective and cost efficient in the treatment of positive and negative symptoms of schizophrenia. However, there is a need to adapt CBT to the cultural, linguistic, and socioeconomic context of diverse cultural groups. We aimed to establish the feasibility of culturally adaptive cognitive behavior therapy for treatment of psychosis in a low-income country.

Methods This is a rater-blind, randomized, controlled trial of the use of CBT in patients with psychosis from a low-income country. Patients with a DSM-IV diagnosis of schizophreniform disorder were assessed using Positive and Negative Syndrome Scale for Schizophrenia (PANSS), PSYRATS (Psychotic Symptom Rating Scales), and the Insight Scale. Participants were randomized into the intervention group ($n=18$) and TAU group ($n=18$). The intervention group received 12 weekly sessions of culturally adapted CBT for psychosis (CaCBTp).

Results There were no significant differences between the two groups at baseline. At three months follow-up, there was a statistically significant improvement in the CaCBTp group on PANSS general Psychopathology subscale, PANSS overall score and Insight