

tiapine treatment. NSS were assessed with Neurological Evaluation Scale (NES). Implicit motor learning were assessed with a use of Serial Reaction Time Task.

Results SZ patients presented statistically higher NSS scores than healthy controls ($P < 0.001$) and presented no signs of implicit motor learning. There was statistically significant negative correlation between implicit motor learning score and total score of neurological soft signs ($r = -0.44$), sequence of motor acts subscore ($r = -0.54$) and sensory integration subscore ($r = -0.47$) in SZ patients group ($P < 0.05$).

Conclusions There is association between implicit motor learning deficits and neurological soft signs in SZ patients.

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

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EW502

First-generation versus second-generation antipsychotic drugs for depression in schizophrenia

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Introduction A certain degree of depressive symptoms is common in schizophrenic patients. The assessment and treatment of depressive symptoms in schizophrenia is clinically challenging.

Objectives We conducted a cross-sectional study to investigate the depressive dimension of schizophrenic patients.

Aims The aim was to evaluate the effect of pharmacotherapy on depressive symptomatology.

Methods Thirty-four outpatients (18-65 years old) with stable schizophrenia in monotherapy with FGAs or SGAs. We evaluated: depressive symptoms with Calgary Depression Scale for Schizophrenia; positive and negative symptoms (with Positive and Negative Symptom Scale); neurocognition (with Matrics Cognitive Consensus Battery); social cognition (with Facial Emotional Identification Test); social functioning (with Personal and Social Performance Scale and with UCSD Performance-based Skills Assessment). Collected data underwent statistical analyses.

Results A SGAs therapy was associated with: lower depressive symptoms (mean SGAs group = 4.0; mean FGAs group = 7.86, $P < 0.05$); lower mean positive symptoms (mean SGAs group = 12.65; mean FGAs group = 17.43, $P < 0.05$); lower negative symptoms (mean SGAs group = 21.35; mean FGAs group = 29.07, $P < 0.05$); lower scores on the PANSS-total (mean SGAs group = 71.05; mean FGAs group = 91.86, $P < 0.01$). After correction for multiple variables, the SGAs group still had significantly lower values towards the FGAs group ($P < 0.05$).

Conclusions Our study support the notion that switch from a FGA to a SGA could be a relatively simple first-step for the treatment of this condition. Atypical antipsychotics might exercise antidepressant effects with different potential mechanism including: remission of a FGA-induced depression and action on of 5-hydroxytryptamine, dopamine [other than postsynaptic D2], and $\alpha 1$ -noradrenergic receptor sites.

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

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EW503

Clinical and functioning outcomes of second-generation long-acting antipsychotics in a sample of schizophrenia patients during a follow-up period of 6 months

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Introduction Second-generation long-acting injectable antipsychotics (LAIs) constitute a valuable alternative for the treatment of schizophrenia and combine advantages of both long-acting injectable drugs and atypical antipsychotics. Realistic, naturalistic studies are necessary to evaluate the impact of LAIs on specific cluster of symptoms.

Objectives To collect clinical and functioning outcomes in outpatients with schizophrenia treated with LAIs during a follow-up period of 6 months.

Aims To determine the impact on symptoms and functioning of second-generation LAIs.

Methods It is a 6-month naturalistic, observational, prospective, non-interventional study of patients diagnosed with DSM-V schizophrenia disorder. Clinical data were assessed by the Positive and Negative Syndrome Scale (PANSS) and the Global Assessment of Functioning (GAF). For statistical analysis, we used the Wallwork's five-factor model of the PANSS.

Results A total of 50 schizophrenia patients (70% male; mean age: 36.2 ± 10.4) referred to the Depot Clinic at Sant'Andrea Hospital in Rome was included. Eight patients received treatment with risperidone LAI (RLAI), 20 with paliperidone-palmitate LAI (PLAI), 10 with olanzapine-pamoate LAI (OLAI) and 12 with aripiprazole LAI (ALAI). LAIs were overall associated with improved functioning and positive symptoms; OLAI, ALAI e PLAI correlated with improved negative symptoms, RLAI, OLAI e PLAI with improved disorganised/concrete symptoms, OLAI e PLAI with improved excited symptoms; ALAI improved depressive symptoms.

Conclusion Over the 6-month period, LAIs were associated with improved functioning and illness severity in schizophrenia patients with different symptoms profile. Treatment with PLAI and OLAI showed the major clinical advantages, whereas only ALAI correlated with improved depressive symptoms.

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

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EW504

Reduction of negative social attributions towards people with mental illness through a combination of treatments

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Introduction Stigma towards people with mental illness can have very negative consequences for the persons that experience it. So, it becomes strongly necessary to combat this problem.

Objectives/Aims Evaluate the effectiveness of multiple interventions to reduce stigma against mental illness in a group of high school students.

Methods Quasi-experimental study. Seventy-six students between 16 to 19 years old from 3 schools of southern Madrid State participated. No significant differences in age and gender between groups were found. The quasi-control group was obtained from 3 different classrooms (1 in each school). This group did not go through any treatment. The experimental group had 2 treatments. Treatment "A" consisted in 1 psychoeducation session. Treatment "B" was 1 visit (real or virtual) to the Thyssen-Bornemisza museum. Persons exercising as museum guides had been diagnosed with mental illness. They already were participants in the PCEA program of the CRPS Latina. The instrument to assess stigma was the AQ-27, validated in Spanish.

Results We found significant reductions of stigma in all dimensions explored: Anger (A vs BC; $P < 0.001$), Threat (A vs BC; $P < 0.001$), Fear (A vs BC; $P < 0.001$), Coercion (A vs BC; $P < 0.001$) Segregation (A vs BC; $P < 0.001$) and Avoidance (A vs BC; $P < 0.001$).

Conclusions The combination of treatments for intervention on stigma in samples of school students seems to be a very effective option to reduce stigma.

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

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EW505

Avolition in schizophrenia: associations with trait and state anhedonia

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Introduction Current research suggested that avolition in patients with schizophrenia (SCZ) is not due to a deficit of hedonic experience, but to a poor ability to translate pleasurable experiences into motivational states. In line with this hypothesis, several evidences showed a preserved hedonic experience, even in the presence of severe trait anhedonia and avolition in SCZ.

Objectives To test the hypothesis that memory dysfunction, generally found in SCZ, could lead to inaccurate representations of emotional experiences and interfere with translation of pleasurable experience in motivation.

Aims The present study was aimed to investigate the relationships between state and trait anhedonia, avolition and cognitive functioning in 35 SCZ.

Methods In SCZ and matched healthy controls (HC) the Temporal experience of Pleasure (TEPS) and Chapman's scales were used to assess trait anhedonia. The MID task was used to assess in-the-moment hedonic experience. Avolition was measured by the Schedule for the Deficit Syndrome. MATRICS Consensus Cognitive Battery was used to assess cognition.

Results SCZ did not differ from HC on TEPS or on MID task performance but reported higher scores for trait social anhedonia. Trait social anhedonia was associated with memory dysfunction and showed a correlation with avolition.

Conclusions Our results confirm the disjunction between state and trait anhedonia and demonstrate a relationship of the latter with memory impairment and avolition, suggesting that inaccurate representations of emotional experiences might impede their translation in motivation to act.

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

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EW506

Relation between EEG source functional connectivity and the negative symptom severity in schizophrenia: a preliminary report from a multicentre study

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Introduction Neural dysconnectivity is hypothesized to be a key element in pathophysiology of schizophrenia. However, the relation of disordered connectivity with the different clinical characteristics of the syndrome is not fully elucidated.

Objectives The current research investigated the relations between resting-state EEG Source Functional Connectivity (EEG-SFC) and the two main clusters of negative symptoms derived from the Brief Negative Symptom Scale, the Expressive Deficit (ED) and the Avolition (AV), in subjects with schizophrenia (SCZ) enrolled to the multicentre study of the Italian Network for Research on Psychoses.

Methods Out of 97 chronic, stabilized SCZ included, we selected subjects according the lower and the upper quartile of the ED and AV value distribution: 25 were in upper and 24 in the lower quartile of ED (respectively, HIGH-ED and LOW-ED); 27 were in upper and 24 in the lower quartile of AV (respectively, HIGH-AV and LOW-AV). Fifty-five healthy controls (HC) were included, comparable to SCZ for gender, age and educational level. EEG-SFC analysis was based on the lagged phase synchronization (LPS) computed by eLORETA from 5 minutes resting-state EEG recordings in eyes closed condition. LPS indices were determined for each spectrum band and between all 28 regions of interest (ROI) pairs. Group differences were significant for corrected P -value < 0.05 .

Results SCZ had higher theta band LPS than HC. Respect to LOW-ED, HIGH-ED showed significant increased alpha LPS in fronto-cingulate, para-hippocampal and insular inter-hemispheric ROI pairs. No significant difference emerged between HIGH-AV and LOW-AV.

Conclusions Subgrouping SCZ according to negative symptom severity reveals heterogeneous patterns of resting-state LPS connectivity.

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EW507

Low erythrocyte glutathione peroxidase activity in schizophrenic patients is mediated by gender, the number of episodes, disease duration and drug treatment

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