EW0469

Relationship between self-reported and clinician-rated psychopathology in youth psychiatric outpatients

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Introduction   Psychopathology rating scales have been widely used. Studies evaluating the congruence between self and observer-reported ratings show inconsistent results.

Objectives or aims   Determine whether there was consistency between psychopathology as assessed by patients and clinicians' assessment in outpatients observed in the Young Adult Unit of our Psychiatry Department (Coimbra Hospital and University Centre-Portugal).

Methods   Socio-demographic characterization was undertaken with young adult outpatients observed during nineteen months (1st January 2015–31st July 2016). Brief Symptom Inventory–53 items (BSI-53) and Brief Psychiatric Rating Scale (BPRS) were applied at the first clinical evaluation. Spearman correlation coefficient between General Severity Index (GSI) of BSI-53 and BPRS total score was calculated.

Results   During the mentioned interval 255 outpatients were observed: 64.3% females and 35.7% males; aged between 17 and 39 years old (average: 20.56; median: 20). Fifty percent were diagnosed with neurotic, stress-related and somatoform disorders (ICD-10 F40-48) and 14.1% with mood disorders (ICD-10 F30-39). BPRS and BSI-53 rating scales were administered to 55 patients: 72.5% females and 27.5% males; average age 21.2. A statistical significant correlation was found between BPRS total and GSI score.

Conclusions   Several factors can determine the accuracy of psychopathology self-assessment, including diagnosis and severity of illness. In fact, studies show strong correlation between self and observer assessment of depressive and anxious psychopathology, but no correlation in psychotic psychopathological dimensions. Therefore, the correlation found in this population can be explained by the fact that the majority of patients were diagnosed with neurotic, stress-related and somatoform and mood disorders.

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

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EW0470

Executive functions in delusion-prone individuals – Preliminary studies

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Introduction   Executive dysfunctions in psychotic disorders, mainly schizophrenia are well-known phenomenon, however the information about executive functioning in subclinical psychotic states are still scarce. The rationale for focusing on the delusion-proneness (delusion-like states) is suggested role of executive dysfunction in the process of developing delusions.

Aims   Our aim is to assess the relationship between delusion-proneness and executive functions.

Objectives   We would like to assess two cognitive functions: shifting and inhibition and updating, depending on the severity of delusion-like symptoms. We expect that higher delusion-proneness is associated with more pronounced executive dysfunctions, as it is observed in clinical population with existing delusions.

Methods   In order to assess delusion-proneness, we used Polish version of Peters et al. Delusions Inventory (PDI). To evaluate shifting and inhibition, two test were conducted–Berg's Card Sorting Task (BCST) and Stroop task respectively. Correlation analysis were performed.

Results   Sixty-four participants (41 women and 23 men) were recruited in this study. Mean age was 28.8, SD = 10.37. Statistical analysis revealed significant negative correlation of PDI distress subscale and BCST non-perseverative errors. The overall score, as well as all PDI subscales correlated negatively also with the Stroop task's total number of errors and positively with the accuracy in incongruent variant.

Conclusions   Contrary to our expectation, results have shown that delusion-proneness is associated with better results in executive functions test, especially in terms of accuracy. These results suggest that executive functions may play a role in the development and maintenance of delusional ideation, however, its relationship may be a bit more complex.

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

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e-Poster Walk: Schizophrenia and other psychotic disorders - Part 3

EW0471

Impact of an intervention of neuro-cognitive rehabilitation in treatment resistant schizophrenia (TRS) compared to schizophrenia responder patients

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Introduction   Schizophrenia is a condition with high impact in terms of disability, also because between 30% and 60% affected individuals do not respond to treatment. It has been proposed that cognitive functioning is strongly impaired in schizophrenia and even more in TRS patients. Cognitive dysfunctions are regarded to worsen psychopathology, psychosocial functioning, and overall course of the illness.

Objectives   To investigate the impact of Cognitive Remediation (CR) on psychopathology and psychosocial functioning in TRS vs. schizophrenia responder patients.

Aims   To determine whether a CR intervention could improve functional outcomes in TRS patients.

Methods   We evaluated proximal and distal effects of CR on approximately 20 schizophrenia responders and 20 TRS patients. Patients in each group were randomized to receive CR or not. Patients were assessed in training task performance, neurocognition, functional capacity, symptoms and psychosocial functioning. Evaluations were conducted at baseline, at the end of the 4-month intervention, and at 6-month, 1 and 2 year-follow-ups. The study is still in active recruitment phase.

Results   Both TRS and schizophrenia responder patients exposed to CR exhibited a significant improvement in specific neurocog-

nitive domains, and in psychosocial functioning as assessed by either rating scales (SLOF and PSP) and performance-based measures (UPSA) at the 4-month time-point.

Conclusions　　CR improved psychosocial functioning in both group of patients, however, they were more pronounced in TRS patients.

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

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EW0472

Estradiol production suppressed by prolactin in at-risk mental state and first episode psychosis female patients? Preliminary results

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Introduction　　Clinical, epidemiological and basic research studies have confirmed that estradiol can have protective effects in schizophrenic psychoses. At the same time many patients with schizophrenic psychoses – even antipsychotic naïve at-risk mental state (ARMS) patients show hyperprolactinemia and gonadal dysfunction with estrogen deficiency in women and possibly testosterone deficiency in men.

Aim　　To investigate the relation between the stress hormone prolactin and the sex hormones estradiol in women and testosterone in men in emerging psychosis.

Methods　　Forty-seven antipsychotic-naïve ARMS (38 men and 9 women) and 17 antipsychotic-naive first episode psychosis (FEP) (14 men and 3 women) patients were recruited via the Basel Früherkennung von Psychosen (*FePsy*) study. Blood was taken under standardized conditions between 8 and 10 am after an overnight fast and 30 minutes of rest. We performed a linear regression model to evaluate the association between prolactin and sex hormones including age and current antidepressant use as covariates.

Results　　In women, estradiol was negatively associated with prolactin ($\beta = -1.28$, $P = 0.01$) whereas in men there was a positive association of testosterone with prolactin ($\beta = 0.52$, $P = 0.031$).

Conclusion　　The often observed estrogen deficiency in women with psychosis could therefore be explained by the stress hormone prolactin suppressing the gonadal axis already in very early untreated stages of the emerging disease.

In ARMS or FEP men prolactin does not seem to influence the gonadal axis in the same way as in women.

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

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EW0473

Association between prolactin gene polymorphism (−1149 G/T) and hyperprolactinemia in anti-psychotic treated patients with schizophrenia

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Hyperprolactinemia (HPRL) is a classical side effect of antipsychotic drugs. Extrapituitary prolactin (PRL) production is regulated by an alternative promoter, which contains the functional single nucleotide polymorphism – 1149 G/T (rs134,1239) in prolactin gene. We examined whether this polymorphism is associated with hyperprolactinemia in patients with schizophrenia. The experimental group comprised 443 patients with schizophrenia. The control group comprised 126 healthy persons. The PRL concentration was measured in serum using the AccuBind ELISA Microwells kit. The functional polymorphism – 1149 G/T (rs134,1239) of the *PRL* gene was genotyped using the The MassARRAY® system. Genotype and allele frequencies were compared using χ^2 test. A total of 227 patients suffered from HPRL (98 males/129 females) according to the criteria of hyperprolactinemia. The frequency of genotypes and alleles in patients with schizophrenia did not differ from those in control subjects. A comparison between patients with schizophrenia with and without hyperprolactinemia revealed that the frequency of *G* allele in patients with hyperprolactinemia is significantly higher than in patients without hyperprolactinemia ($\chi^2 = 7.25$; $P = 0.007$; OR = 1.44 [1.10–1.89]). Accordingly, the genotype *GG* was found to be more often in patients with hyperprolactinemia than without it ($\chi^2 = 9.49$; $P = 0.009$). A significant association of the polymorphic variant rs134,1239 with the development of hyperprolactinemia in patients with schizophrenia treated with anti-psychotic drugs was revealed. Therefore, the serum concentration of prolactin in antipsychotic treatment patients with schizophrenia may also give an indication of the activity of gene regulating extrapituitary prolactin expression.

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

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EW0474

Changing the obesogenic environment to improve cardiometabolic health in residential patients with a severe mental Illness: ELIPS, a randomized controlled trial

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Introduction　　The life expectancy of severe mentally ill (SMI) patients is shortened up to 30 years, due to cardiometabolic diseases, partly caused by unhealthy lifestyles behaviors. In residential facilities, adopting a healthy lifestyle is hampered by the obesogenic environment; an obesity promoting environment.

Objective　　To determine, the effectiveness of a 12 month lifestyle intervention addressing the obesogenic environment to improve cardiometabolic health of SMI residential patients.

Methods　　The effectiveness of lifestyle interventions in psychiatry (ELIPS) trial is a multi-site, cluster randomized controlled pragmatic trial. Twenty-nine sheltered and long-term clinical care teams serving SMI patients in the Netherlands were randomized