Conclusions In patients with major depressive disorder resilience were associated with a good self-perception of physical and mental health, higher self-esteem levels and problem-focused/emotion focused coping strategies. In schizophrenic patients, sample there was no positive correlation between resilience and perceived quality of life. Further implications will be discussed.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0256

Systematic evaluation of dose-escalation strategies after initial non-response to standard-dose pharmacotherapy in schizophrenia

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Objectives This meta-analysis investigates if dose increase of an antipsychotic drug (high-dose treatment, dose escalation) is advantageous for schizophrenic patients who failed to respond adequately to standard-dose treatment with the same antipsychotic.
Methods Within a systematic literature survey, we identified all randomized controlled trials (RCTs) comparing a dose increase directly to standard-dose continuation treatment in schizophrenic subjects with initial non-response to prospective standard-dose pharmacotherapy with the same antipsychotic. The primary outcome was mean change in the Positive and Negative Syndrome Scale (PANSS) total score. Secondary outcomes were dichotomous response and attrition rates. Study selection and data extraction were conducted independently by two authors. We calculated effect sizes (Hedges's *g* and risks ratios) using the Mante–Haenszel random-effects model. Meta-regression analyses were performed to explore the influence of the degree of the dose increase on effect sizes.
Results Five trials ($n = 348$) examining quetiapine ($n = 2$, $n = 191$), ziprasidone ($n = 1$, $n = 75$), haloperidol ($n = 1$, $n = 48$), and fluphenazine ($n = 1$, $n = 34$) were included. We found no significant between-group differences for the mean PANSS/BPRS total score change, even not when itemized according to the individual antipsychotic agents. There were no between-group differences for response and dropout rates. The non-significant meta-regressions indicate no impact of the different amounts of dose increments on effect sizes.
Conclusions We found no evidence for the efficacy of a dose escalation after initial non-response to standard-dose pharmacotherapy as general advisable treatment strategy. As the high-dose treatment was not accompanied by significant increased attrition rates, appropriate tolerability and acceptability of this pharmacological option can be assumed.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0257

Cognition in schizophrenia: Selective impairment and factors that influence it

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Currently it is well known that schizophrenia is associated with cognitive impairment. Still there are many unresolved questions, such as whether cognitive deficit is total, what are the relationships of cognitive impairment with clinical features, demographic characteristics and different biomarkers, which could shed light on its pathogenesis. The aim of our study was to characterize cognitive impairment in schizophrenia and to find factors that may contribute to it. Sixty patients with paranoid schizophrenia were examined. BACS, Rey-Osterreith complex figure and correction task were used to assess cognitive functioning. Only 14.3% of patients had BACS score in the normal range. The vast majority of them showed impaired motor function, verbal and visual memory. Cognitive functioning did not worsen with time. Working memory impairment was influenced by genetic predisposition to schizophrenia and age of disease onset. Residual positive symptoms led to a decrease in the speed of skill development. Symptoms of anxiety and depression contributed to the impairment of accuracy. Hypomania was associated with impaired planning. Planning and problem-solving behavior did not correlate with other cognitive functions, which makes them isolated domains. Higher levels of NSE had been found in patients with more severe memory impairment. S100B level was associated with safer constructive abilities. In general, cognitive impairment in schizophrenia, although present in the majority of patients, varies a lot and appears selective and dependent on certain clinical features.
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EW0258

Testing decision-making competency of schizophrenia participants in clinical trials. A meta-analysis and meta-regression

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Aim The primary purpose of this study is to evaluate the degree of impairment of decision-making capacity in schizophrenia patients compared to non-mentally-ill controls, as determined by the MacCAT-CR instrument.
Materials and methods We analyzed the results obtained from three databases: ISI Web of Science, Pubmed, and Scopus. Each database was scrutinized using the following keywords: "MacCAT-CR + schizophrenia", "decision-making capacity + schizophrenia", and "informed consent + schizophrenia."
Results and discussions We included ten studies in the analysis. Even if schizophrenia patients have a significantly decreased decision-making competence compared to non-mentally-ill controls, they should be considered as competent unless very severe changes are identified during the clinical examination. Using enhanced informed consent techniques significantly decreased the difference between schizophrenia patients and non-mentally-ill controls (except for the reasoning dimension), and should be employed whenever the investigators want to include more severe