women. Thus, AVP may increase the differences between men and women on social cognition.

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EW0817

Long-term metabolic effect of second-generation antipsychotics in first episode of psychosis

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Introduction There is growing evidence indicating that the use of second-generation antipsychotic (SGA) treatments in psychosis is related to potential metabolic side effects. Previous studies have shown clear metabolic side effects at short-term (12 weeks). However, to detect clinically-relevant impairment in metabolic parameters a long-term follow-up is preferred.

Objectives The aim of this study was to investigate the effect of aripiprazole, ziprasidone and quetiapine on metabolic measures in medication-naïve first episode psychosis patients after 1 year of treatment.

Methods One hundred and sixty-eight, drug-naïve patients, suffering from a non-affective first episode of psychosis, were included in the present study. Patients were randomly assigned to quetiapine, ziprasidone or aripiprazole treatment lines. Weight and glucemic/lipid parameters were recorded at baseline and after 1 year of treatment. Other clinical and socio-demographic variables were recorded to eliminate potential confounding effects.

Results Weight ($t = -10.85$; $P < 0.001$), BMI ($t = -11.38$; $P < 0.001$), total cholesterol ($t = -5.37$; $P < 0.001$), LDL-cholesterol ($t = -5.21$; $P < 0.001$), triglycerides ($t = -5.18$; $P < 0.001$) and the triglyceride/HDL insulin resistance index ($t = -4.09$; $P < 0.001$), showed statistically significant increments after 1 year of treatment.

Moreover, on comparing the percentage of patients with pathological levels before and 1 year after the antipsychotic treatment, we detected higher percentages of patients with obesity (5.1% vs. 15.3%; $P < 0.001$), hypercholesterolemia (23.2% vs. 39.6%; $P < 0.001$) and hypertriglyceridemia (5.8% vs. 14.2%; $P = 0.021$) after 1 year of treatment.

Conclusions The primary exposure to SGAs during the first year of psychosis was associated with significant increments in weight and metabolic parameters leading to a significant increment in the proportion of obesity, hypertriglyceridemia and hypercholesterolemia in our sample.

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

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EW0818

Lack of differential long-term metabolic profile of aripiprazole, quetapine and ziprasidone in first episode of psychosis

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Introduction The use of second-generation antipsychotic (SGA) treatments in psychosis has been associated with metabolic changes. However, there are differences in metabolic profile between SGAs. In a previous study conducted in our sample of first episode psychosis patients, we observed that the ziprasidone had a more benign metabolic profile compare to aripiprazole and quetiapine, at short-term (12 weeks). However, to detect clinically-relevant impairment in metabolic parameters a long-term follow-up is preferred.

Objectives The aim of this study was to investigate if the differentiated metabolic profile of aripiprazole, ziprasidone and quetiapine observed at short-term is maintained after 1 year of treatment in a sample of drug-naïve patients with a first episode of psychosis.

Methods One hundred and sixty-eight, drug-naïve patients, suffering from a non-affective first episode of psychosis, were included in the present study. Patients were randomly assigned to receive quetiapine, ziprasidone or aripiprazole. Weight and glucemic/lipid parameters were recorded at baseline and after 1 year of treatment. Other clinical and socio-demographic variables were recorded to eliminate potential confounding effects.

Results No significant differences between antipsychotic groups (all $F < 2.61$; $P > 0.05$) were found in any of the metabolic parameters studied after one year of treatment.

Conclusions Despite the metabolic profile differences observed at short-term in our previous studies, we did not find significant differences in the metabolic and weight parameters studied between treatment groups after one year of treatment, concluding that they present similar metabolic profiles at long-term. Other clinical individual interventions (e.g.: diet, exercise), not here controlled, may have influenced possible differences in long-term metabolic outcomes.

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EW0819

Differentiated psychopharmacological treatment in three genetic subtypes of 22q11.2 deletion syndrome

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Introduction The 22q11.2 deletion syndrome (22q11DS), mostly caused by the common deletion including the *TBX*- and *COMT*-genes (LCR22A-D), is highly associated with somatic anomalies. The distal deletion (distal of LCR22D) comprises the *MAPK1*-gene and is associated with specific heart defects. The rare central deletion (LCR22B-D) encompasses the *CRKL*-gene and shows predominantly urogenital anomalies. 22q11DS also differs in its neuropsychiatric profile: common deletion accompanied by schizophrenia-like psychoses and autism spectrum disorders, distal deletion by anxiety disorders, and central deletion by autistic-like behaviours.

Objectives Investigating genetic subtypes of 22q11DS.

Aims Achieving a targeted pharmacological treatment based on genetic sub-typing.

Methods Thirty-two patients with genetically proven 22q11DS, referred for detailed neuropsychiatric analysis.

Results Apart from two patients with distal deletion and one with central deletion, common 22q11.2 deletion was detected in

29 patients. Those with the common deletion were typified by a history of relapsing schizophrenia-like psychoses and partial non-response to conventional antipsychotics. In most patients, anxieties and mood instability were also manifest. The two patients with a distal deletion predominantly showed anxiety symptoms, while the behaviour of the patient with a central deletion was characterized by symptoms from the autism spectrum. Most patients with a common deletion could successfully be treated with clozapine or quetiapine, often combined with valproic acid. One patient with a distal deletion showed full remission upon treatment with citalopram (the second refused such a pharmacological intervention). The behaviour of the patient with central deletion improved upon contextual measures only.

Conclusions The genetic subtype of 22q11DS enables targeting of treatment strategy.

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EW0820

Clustering and switching on verbal and nonverbal fluency in patients with schizophrenia

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In our study, we focus on the extent of occurrence of switching and clustering during fluency task among patients with schizophrenia compared to healthy controls. The previous studies found that both switching and clustering were affected in patients with schizophrenia. However, it has not clear yet if the decrease is caused by the impairment of executive functions or is related to poorer vocabulary. In our study, participants were tested Verbal Fluency Task (phonological and semantic) and also the nonverbal fluency task (measured by Five Point Test) so that the effect of vocabulary would be removed. Our study included 50 participants: 25 individuals with schizophrenia and 25 healthy controls. We found significant differences in the way of organization between group of psychiatric patients and healthy controls. The absence of clustering is typical for psychiatric population, patients tell the words without closer connection, they neglect association links, switch between clusters. Due to this way of response, they achieved lower score, they told fewer words than healthy controls. However, this manner was found also in nonverbal task where the patients did not follow one-way in drawing patterns and they often change the number of connecting dots or used lines. Our study implies that this condition is probably caused by disruption of the executive functions.

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EW0821

Memory and medial temporal lobe structures in patients with schizophrenia and their siblings

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Episodic retrieval is characterized by the subjective experience of remembering. Semantic memory, on the other hand, is a more structured record of facts, meanings, concepts and knowledge about the external world that we have acquired. The medial temporal lobe (MTL), especially the hippocampus and parahippocampal cortex, plays a central role in both types of memory process. Published studies suggested that individuals with schizophrenia have deficits in episodic and semantic memory, as well as structural abnormalities of the medial temporal lobe. However, it is not clear whether reported correlations reflect the impact of the disease state or that of underlying genetic influences contributing to the risk. To understand better etiology and effects of psychosis on the global brain structure and cognitive processing, relatives of individuals with schizophrenia can be studied. The aim of our study was to examine the association between abnormalities of the MTL, psychopathology, and memory impairment in schizophrenia. Study sample ($n = 60$) consisted of first episode schizophrenia patients, their non-psychotic siblings and matching control subjects. We used high-resolution magnetic resonance imaging and probabilistic algorithms for image analysis. Episodic and semantic memory was measured with neuropsychological tests. Our results showed differences in memory performance between the groups. Neuropsychological data were correlated with MRI findings. The results may provide insight into etiology of schizophrenia and its effects on cognition and help to identify neuroanatomical and cognitive endophenotypes of psychotic disorders.

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EW0822

Hope, self-stigma, personality traits and quality of life in patients with psychotic disorders

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Introduction Recently, as a result of an increased emphasis on patients' needs, the awareness on the quality of life has been engaged into account in the exploration of schizophrenia.

Objectives The aim of the study was to explore the relations between hope, self-stigma, personality traits and quality of life in patients with schizophrenia spectrum disorder.

Methods Fifty-two stabilized outpatients with schizophrenia spectrum disorders participated in cross-sectional study. The psychiatrist assessed each patient with Mini International Neuropsychiatric Interview and Clinical Global Impression-Severity. The patients completed Quality of Life Satisfaction and Enjoy-