Conclusion EPS may influence functional remission at several levels starting from the neurobiological to the social stigmatization and the treatment adherence levels. Further research in this matter is required.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.2134

EW0265

Concomitant psychotropic medications and functional remission in schizophrenia patients

B. Ghajati[1,*], C. Leila[2], L. Raja[1], C. Majda[2]
[1] *Razi Hospital, Psychiatry Department "C", Tunis, Tunisia*
[2] *Razi Hospital, Psychiatry Department "E", Tunis, Tunisia*
[*] *Corresponding author.*

Along with the rise of symptomatic and functional remission concepts in schizophrenia, multiple aspects of the disease treatment have been explored in their link to vocational prognosis. Although antipsychotics are the corner stone treatment, monotherapy is seldom. In fact, concomitant psychotropic medications (CPM) use during treatment of schizophrenia has dramatically increased worldwide.

Aim To examine whether concomitant psychotropic medications use is associated to functional remission in schizophrenia patients.

Methods A cross-sectional, retrospective and descriptive study was conducted in the psychiatry department "C", in Razi hospital (Tunis), between October 2014 and March 2015. Sixty patients suffering from schizophrenia spectrum disorder (DSM IV-R) were included. Functional status was explored with the Global Assessment of Functioning Scale (GAF), the Social and Occupational Functioning Assessment scale and the Social Autonomy Scale (EAS). Sociodemographic and therapeutic characteristics have been collected during a semi-structured interview.

Results Rates of functional remission were respectively: 63.30% at the GAF scale, 48.30% at the SOFAS and 51.70% at the SAS. Antipsychotics were prescribed alone in more than half patients (56.70%), mood stabilizers in 40% and antidepressants in 1.7% of the cases. Benzodiazepines were prescribed in 40% of the patients. There was no association between CPM use and functional remission, using three scales (GAF: $P = 0.091$; SOFAS = 0.125; EAS = 0.728).

Conclusion Largely used, concomitant psychotropic medications can increase side effects, cause drug interactions, escalate treatment costs, and lead to non-adherence. That is said, their therapeutic effectiveness should be thoroughly investigated, aiming to recovery not only symptoms control.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.2135

EW0266

Functional connectivity of the ventral tegmental area and avolition in schizophrenia: A resting state functional MRI study

G.M. Giordano[1,*], M. Stanziano[2], A. Mucci[1], M. Papa[2], S. Galderisi[1]
[1] *University of Naples SUN, Department of Psychiatry, Largo Madonna delle Grazie, 80138, Napoli, Italy*
[2] *University of Naples SUN, Laboratory of Neuronal Networks, Department of Mental and Physical Health and Preventive Medicine, Via Luciano Armanni 5, 80138, Napoli, Italy*
[*] *Corresponding author.*

Introduction Impaired motivation is considered a fundamental aspect of the Avolition domain of negative symptoms. The ventral tegmental area (VTA) contains the highest number of DA neurons projecting to the brain areas involved in motivation-related processes.

Aim The aim of our study was to investigate by functional MRI the resting-state functional connectivity (RS-FC) of the VTA in patients with schizophrenia and its relationships with real-life motivation and avolition.

Method The RS-FC was investigated in 22 healthy controls (HC) and in 26 schizophrenia patients (SCZ) treated with second generation antipsychotics only and divided in high (HA = 13) and low avolition (LA = 13) subgroups. We used the Quality of Life Scale and the Schedule for the Deficit Syndrome to assess real-life motivation and avolition, respectively.

Results HA, as compared to LA and HC, showed a reduced RS-FC of VTA with the right ventrolateral prefrontal cortex (R VLPFC), right posterior insula (R pINS) and right lateral occipital cortex (R LOC). The RS-FC for these regions was positively correlated with motivation in the whole sample and negatively correlated with avolition in schizophrenia patients.

Conclusion Our findings demonstrate that motivational deficits in schizophrenia patients are linked to reduced functional connectivity in the DA circuit involved in retrieval of the outcome values of different actions to guide behavior. Further characterization of the factors modulating the functional connectivity in this circuit might foster the development of innovative treatments for avolition.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.2136

EW0267

The impact of cannabis in the early stages of schizophrenia: A 3-year longitudinal study on cannabis influence on relapse rates

M. Gomez Revuelta[1,*], M. Juncal Ruiz[2], O. Porta Olivares[2], V. Gajardo Galan[2], G. Pardo de Santayana Jenaro[2], L. Sanchez Blanco[2], D. Abejas Diez[2], R. Landera Rodriguez[2], L. Garcia Ayala[2], N.I. Nuñez Morales[2], M. Fernandez Rodriguez[2]
[1] *Hospital Universitario de Álava-Sede Santiago, Vitoria, Gasteiz, Psychiatry, La Penilla, Spain*
[2] *Hospital Universitario Marques de Valdecilla, Psychiatry, Santander, Spain*
[*] *Corresponding author.*

Introduction The first five years after the onset of a first episode of psychosis (FEP) are crucial for long term outcome. In this period, the risk of relapse is particularly high. Consequences of relapse include an increased risk of neurotoxicity, chronicity, hospitalization, decreased response to treatment, increased economic burden and functional impairment.

Objectives To discern the influence of cannabis on relapse as it may contribute to adopt specific measures in patients during early stages of the illness.

Material and methods PAFIP is an early intervention program for patients with a FEP. Between January 2005 and January 2011, 163 patients were recruited for this study. They were followed-up during 3 years at intervals of three months. The sample was divided into three groups: (1) those non-cannabis users neither before the FEP nor during follow-up (nn), (2) consumers before the FEP and during follow-up (ss) and (3) consumers before the FEP that gave up consumption during follow-up (sn).

Results No statistically significant differences between the three groups were observed but a trend ($P = 0.057$) towards a more enduring survival in Group 3 (sn). (Kaplan–Meier curve and detailed Log Rank Test results will be included in the final poster).

Conclusions Cannabis has a detrimental effect on schizophrenia. The interruption of its use could contribute to improve the outcome of the disease, as the results of our study suggest.