

**Conclusions** A decreased ability to identify emotions is directly correlated with decreased social functioning in subjects with schizophrenia spectrum disorders.

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

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#### EW0241

### Long acting antipsychotics treatment of schizophrenia: A 24-month prospective study on patient's attitude towards treatment

E. Calderani\*, F. Pietrini, I. Burian, F. Chiarello, D. Dahlke, S. Gemignani, P. Marino, G.A. Talamba, L. Poli, A. Santangelo, V. Ricca, A. Ballerini

University of Florence, Neuro. Far. Ba, University of Florence, Florence, Italy

\* Corresponding author.

**Introduction** Long-acting injectable (LAI) second-generation antipsychotics (SGAs) are considered an alternative to oral antipsychotics for schizophrenic patients with low adherence to therapy. However, it is still a matter of debate whether LAI-SGAs are able to significantly improve patient's attitudes towards treatment (ATT) [1].

**Objective** To investigate the impact of LAI on ATT over 24 months.

**Methods** Nineteen schizophrenic patients were switched from either oral olanzapine (11) or paliperidone (8) to the corresponding LAI. Patients were assessed at baseline (T0), after 6 (T1), 12 (T2) and 24 months (T3). Drug Attitude Inventory-10 (DAI-10) [2] was used to assess ATT. Young Mania Rating Scale (YMRS), Montgomery-Asberg Depression Rating Scale (MADRS), Positive and Negative Syndrome Scale (PANSS), and Short Form Health Survey (SF-36) were used for psychopathology evaluations.

**Results** Eleven patients reached T3. Eight patients were excluded (4 olanzapine, 4 paliperidone): 4 required a significant change in concomitant treatment, 4 a change of antipsychotic (metabolic comorbidity). No changes in psychopathology occurred between T2 and T3, some scales improved from baseline to T2. DAI-10 mean scores were improved after 12 months, thus not significantly, and were further improved at 24 months ( $P = .008$  vs baseline).

**Conclusions** ATT keeps improving after one year of LAI treatment, unrelated to clinical response.

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

#### References

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#### EW0242

### Relationship between cognition and primary negative symptoms sub-domains in schizophrenia

O.O. Capatina<sup>1,\*</sup>, I.V. miclutia<sup>1</sup>, A. toma<sup>2</sup>

<sup>1</sup> University of Medicine and Pharmacy Iuliu Hatieganu, Psychiatry, Cluj-Napoca, Romania

<sup>2</sup> Psychiatry City Hospital Tarnaveni, Psychiatry, Tarnaveni, Romania

\* Corresponding author.

**Introduction** The relationship between negative symptoms and cognition in schizophrenia is not clear, a number of authors whom

studied this relationship came up with inconsistent findings and meta-analyses show that there is a small moderate associations between the two domains.

**Objectives and aims** The aim of this study was to investigate the relationship between cognition and the primary negative symptoms sub-domains.

**Methods** Sixty-seven female patients with schizophrenia were evaluated using PANSS and NSA-16 scales. Correlation and regression analyses were used in the present study to investigate the relationship between the primary negative symptoms sub-domains obtained by using the principal component analysis, and cognition evaluated with the PANSS using the 5 factor model as described by Lindenmayer.

**Results** No relationship was found between the PANSS Cognitive factor and Negative factor, but when investigating the relationship of the Cognitive PANSS factor with the negative sub-domains: diminished expression (DE) and avolition-apathy (AA), it was shown that there is a significant association between cognition and AA domain, but there was shown no association with the DE domain, and there was just a small association with the composite score of the NAS-16.

**Conclusions** Our study reveals the relative independence of cognitive factor from the negative domain of the psychopathology, even though the association with AA domain was clear. These findings also support the need of using appropriate assessment tools in order to get a refined understanding of the phenomenology of schizophrenia.

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

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#### EW0243

### Assessing suicide risk with the Clinical Interview for Psychotic Disorders (CIPD): Preliminary reliability and validity of the Suicide Risk Scale for Psychosis (SRS-P)

M.J. Martins<sup>1</sup>, P. Castilho<sup>1</sup>, C. Carvalho<sup>2</sup>, T. Pereira<sup>3</sup>, J. Gonçalves<sup>1</sup>, R. Guiomar<sup>1</sup>, C. Marques<sup>3</sup>, A. Pinto<sup>1</sup>, D. Carreiras<sup>1,\*</sup>, M. Bajouco<sup>3</sup>, A. Macedo<sup>3</sup>

<sup>1</sup> Faculty of Psychology and Educational Sciences, University of Coimbra, CINEICC, Coimbra, Portugal

<sup>2</sup> University of Azores, Portugal, Department of Educational Sciences, Açores, Portugal

<sup>3</sup> Faculty of Medicine, University of Coimbra, Psychological Medicine Department, Coimbra, Portugal

\* Corresponding author.

**Background** Suicide risk is an important variable to consider both in assessment and throughout the therapeutic process in psychotic disorders. The SRS-P is an 18-item scale computed from the patient and clinician-rated scores obtained in the CIPD. The scale comprises lifetime assessment of depressed mood, anhedonia and its current interference and severity, current and past feelings of hopelessness, suicidal ideation, 'voices' about suicide, and suicide-related behaviors.

**Aims** To assess reliability and convergent validity of the SRS-P in a sample of participants with psychosis.

**Methods** The sample comprised 22 participants (68.2% male), single (72.7%), between 19 and 47 years old ( $M = 31.05$ ;  $SD = 7.088$ ), with 4–17 years of education ( $M = 11.77$ ;  $SD = 3.176$ ), employed (50%). The most prevalent diagnosis was schizophrenia (68.2%) and the participants had a mean of 1.90 hospitalizations ( $SD = 2.548$ ). The mean age of illness onset was 23.57 years ( $SD = 5.555$ ). The participants were assessed with the CIPD, Depression, Anxiety and Stress Scales-21, Forms of Self-Criticism and Reassurance Scale, Self-Compassion Scale, Other as Shamer Scale and the Empowerment with Psychotic Symptoms Scales.