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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.608

### EW491

## The validity of observer-based scales in the measure of drug-induced motor symptoms in a spanish sample of patients with severe mental disorders

J. Aznarte [1,*], Y. Crespo [2], S. Iglesias-Parro [3], M.F. Soriano-Peña [4], A. Ibáñez Molina [3]
[1] *Servicio Andaluz de Salud, Psiquiatria, Linares, Spain*
[2] *Universidad de Jaén, PhD Biology, Jaén, Spain*
[3] *Universidad de Jaén, Psychology, Jaén, Spain*
[4] *Servicio Andaluz de Salud, Mental Health, Linares, Spain*
* *Corresponding author.*

*Background* Antipsychotic drugs are effective in schizophrenic disorders, but they are also used to treat other psychiatric conditions. Typical antipsychotics cause important extrapyramidal symptoms (EPS), which frequently result in non-compliance with antipsychotic medication. It has been stated that the second-generation antipsychotics (atypical) provoke EPS side effects less frequently than typical antipsychotics. However, there is some controversy around this statement, especially because of inefficient measures of EPS. Clinical assess of EPS normally relies upon observer-based ratings, but their reliability and validity has not been consistently established.

*Objective* In the present work, we have explored the convergent and discriminant validity of the Abnormal Involuntary Movement Scale (AIMS) and the Simpson-Angus Scale (SEE), in a Spanish sample of patients with severe mental disorders. Patients could be under typical or atypical antipsychotics, antidepressants, benzodiacepines, or a combination of these.

*Method* Sixty-one patients with severe mental disorders from the Mental Health Day Hospital of St. Agustín (Linares, Spain) participated in the study. Inclusion criteria were DSM-V diagnosis of schizophrenia or schizophrenic disorder, bipolar, or borderline personality disorders, and age between 18-61. In order to explore the discrimination capacity of each rating scale, Receiver Operator Characteristic (ROC) analyses were conducted.

*Results* ROC curves indicated a suitable construct validity of the scales in the measurement of drug-induced motor symptoms. However, the scales were not sensitive to the number of years under treatment.

*Conclusions* In line with previous research, our results question the use of rating scales as the only measure in the evaluation of EPS symptoms.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.609

### EW492

## Metacognitive training vs psycho-educational group, results from a clinical trial in patients with psychosis of recent onset

M.L. Barrigon [1,*], S.M.S.G. [2]
[1] *Fundación Jiménez Díaz, Psychiatry Department, Madrid, Spain*
[2] *Spain*
* *Corresponding author.*

*Aim* To assess the efficacy of Metacognitive Training (MCT) in symptoms and metacognitive variables in people with a recent onset of psychosis.

*Method* A multicenter, randomized and controlled clinical trial was performed. One hundred and twenty-six patients were randomized to MCT or a psycho-educational intervention. Patients with a recent onset of psychosis were recruited from 9 centers of Spain. The treatment consisted in 8 weekly sessions in both groups. Patients were assessed at baseline, post-treatment, and 6 months of follow-up. Symptoms were assessed by the PANSS. Metacognition was assessed by a battery of questionnaires of cognitive biases and social cognition: BCIS, IPSAQ, TCI, Hinting task and Emotional Recognition Test.

*Results* PANSS positive symptoms significant declined between baseline and post-treatment in psycho-educational ($P = 0.04$) and MCT group ($P = 0.01$), while general PANSS and total PANSS were significant between baseline and post-treatment in the MCT group only ($P = 0.008$; $P = 0.005$). Across time, the MCT group was superior to psycho-educational on the BCIS total and self-certainty subscale ($P = 0.042$). Regarding irrational beliefs, the intolerance to frustration subscale declined more strongly in the MCT in relation to psycho-educational group ($P = 0.016$). ToM, Personalizing Bias and JTC improved more strongly in the MCT group compared to psycho-educational group ($P < 0.001$–$0.032$). Most results remained significant at the follow-up.

*Conclusions* MCT could be an effective psychological intervention for people with a recent onset of psychosis in order to improve symptoms, insight, tolerance to frustration and personalizing bias.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.610

### EW493

## Medication and aggressiveness in real-world schizophrenia. Results from the FACE-SZ dataset

G. Fond [1], M. Favez [1], L. Boyer [2], L. Pierre-Michel [3], A. Pelissolo [1], F. Berna [4,*]
[1] *Schizophrenia expert, center Fondation fondamental, Creteil, France*
[2] *Pôle psychiatrie universitaire - CHU Sainte-Marguerite, pôle psychiatrie universitaire, Marseille, France*
[3] *Schizophrenia expert, center Fondation fondamental, Clermont-Ferrand, France*
[4] *Hôpitaux universitaires de Strasbourg- Inserm U1114- FMTS- Fondation FondaMental, psychiatry, Strasbourg cedex, France*
* *Corresponding author.*

*Introduction* The primary objective of this study was to determine if second generation antipsychotic (SGA) administration was associated with lower aggressiveness scores compared to first generation (FGA) in schizophrenia (SZ). The secondary objective was to determine if antidepressants, mood stabilizers and benzodiazepines administration were respectively associated with lower aggressiveness scores compared to patients who were not administered these medications.

*Methods* Three hundred and thirty-one patients with schizophrenia ($n = 255$) or schizoaffective disorder ($n = 76$) (mean age = 32.5 years, 75.5% male gender) were systematically included in the network of FondaMental Expert Center for Schizophrenia and assessed with the Structured Clinical Interview for DSM-IV Axis I Disorders and validated scales for psychotic symptomatology, insight and compliance. Aggressiveness was measured by the Buss-Perry Aggression Questionnaire (BPAQ) score. Ongoing psychotropic treatment was recorded.

*Results* Patients who received SGA had lower BPAQ scores than patients who did not ($P = 0.01$). On the contrary, patients who received benzodiazepines had higher BPAQ scores than patients who did not ($P = 0.04$). These results were found independently of socio-demographical variables, psychotic symptomatology, insight, compliance into treatment, daily-administered antipsychotic dose, the way of antipsychotic administration (oral vs long acting), current alcohol disorder and daily cannabis consumption.