

option. Many caregivers (46%) reported dissatisfaction with their level of involvement in treatment decisions.

Conclusions This survey underlines the critical role HCPs play in providing relevant information on treatment alternatives and emphasize the need for an open dialogue on available treatment options between HCPs, patients and caregivers.

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EW0806

Lack of insight as a third variable between subjective appraisal of cognitive impairment and psychotic symptoms

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Background The relationship between subjective appraisal of cognitive deficits and symptom severity in schizophrenia is unclear. Insight reportedly impacts on both factors. Our aim is to further assess the relationship between the subjective perception of cognitive deficits, symptom severity and lack of Insight as a mediator variable.

Methods A total of 109 subject diagnosed with schizophrenia. Positive and Negative Syndrome Scale (PANSS) was modelled as dependent variable; Subjective Scale to Investigate Cognition in Schizophrenia (SSTICS) was modeled as independent variable and "Lack of Insight" (LoI) PANSS Item was tested as a mediator variable. Mediation was assessed using the Sobel Mediation Test.

Results LoI acts as a suppressor variable (i.e. it enhances the relation between the independent and dependent variable) between SSTICS and negative symptoms, while showing a mediator effect between SSTICS and depressive symptoms.

Discussion LoI has a central role in mediating the relationship between subjective appraisal of cognitive deficits on the one hand and positive and depressed symptoms on the other. Its suppressor role between SSTICS and depression is consistent with several reports of an enhanced risk of depression in patients fully aware of their disability. Its mediator role between SSTICS and positive symptoms supports the centrality of LoI as a metacognitive function whose failure may worsen psychotic symptoms.

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EW0807

Somatic comorbidities are associated with poorer treatment outcome in schizophrenia spectrum disorders, independently of psychiatric comorbidities and other clinical factors

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Introduction Increased somatic morbidities in schizophrenic patients and their association with HRQoL are well documented. Less is known about their association with schizophrenia treatment outcome.

Objective To explore whether the number of somatic comorbidities is associated with poorer psychosis treatment outcome independently of psychiatric comorbidities and other clinical and socio-demographic parameters.

Aim To improve understanding of association of somatic morbidities on treatment outcome of schizophrenic patients.

Methods This nested-cross-sectional study was done during 2016 at Psychiatric hospital Sveti Ivan, Zagreb-Croatia on the sample of 301 patients diagnosed with schizophrenia spectrum disorder. Outcomes were the number of psychiatric rehospitalizations since primary psychiatric diagnosis and the composite of significant improvement measured by CGI-S and the best self-rated health defined as 4th quartile of EQ-5D-5L VAS. Predictors were number of somatic and psychiatric comorbidities. By logistic regression, we controlled socio-demographic and clinical confounders.

Results Having two or more somatic comorbidities was significantly associated with the failure to achieve the composite of improvement. The number of somatic comorbidities was significantly associated with increase in psychiatric hospitalizations, even after the adjustment for psychiatric comorbidities and large number of clinical and socio-demographic variables.

Conclusions Chronic somatic comorbidities are associated with poorer psychosis treatment outcome independently of psychiatric comorbidities and other factors. Therefore, to treat psychosis effectively it may be essential to treat chronic somatic comorbidities promptly and adequately. The integrative approach should be the imperative in clinical practice.

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EW0808

Predictors of insight in patients with schizophrenia

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Aim To establish predictors of insight in patients with schizophrenia with regard to symptoms severity, executive functioning, level of education, marital status, age, and number of hospitalizations.

Subjects and methods A cross-sectional study was conducted on 60 consecutive outpatients with schizophrenia. Positive symptoms were established with 4-item Positive Symptom Ranking Scale (PSRS), and negative symptoms with Brief Negative Symptoms Assessment (BNSA). The level of insight was established with Self-Appraisal of Illness Questionnaire (SAIQ). Executive functions were established with Wisconsin card sorting test, and three verbal subtests from Wechsler's Intelligence Test: information, similarities, and calculating. All neuropsychological tests were administered by psychologist educated in administration of these and other neuropsychological tools.

Results Predictive statistical model identifies age and illness duration as negative, and higher level of education, and being married as a positive predictors of insight with 38.5% variance