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 asses 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 STICSS 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 Wechler'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

explained. Scores on subscales "Similarities" and "Calculating" had positive association with insight score. Model explains 24.7% of variance. When model was adjusted on alpha 5% level of concluding only three significant positive predictors appears: higher level of education, higher score on "Similarities" subscale, and being married. Model explains 38.5% of variance.

Conclusion Level of education and marital status, among all other factors, have important impact on level of insight in patients with schizophrenia.

Keywords Insight; Predictors; Education; Marital status

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EW0809

Can neuropsychological testing facilitate differential diagnosis between at-risk mental state for psychosis and adult attention deficit hyperactivity disorder?

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Introduction Patients with an at-risk mental state (ARMS) for psychosis and patients with attention deficit hyperactivity disorder (ADHD) have many overlapping symptoms and hence can be difficult to differentiate clinically.

Objectives The aim of this study was to investigate whether the differential diagnosis between ARMS and ADHD could be improved by neuropsychological testing.

Methods A total of 157 ARMS and 122 adult ADHD patients were recruited via the Basel Früherkennung von Psychosen (FePsy) study and the ADHD Special Consultations Unit of the University of Basel Psychiatric Hospital, respectively. Verbal learning and memory was tested with the California Verbal Learning Test (CVLT), sustained attention with the Continuous performance test (CPT) and problem solving abilities with the Tower of Hanoi task. Group differences in neuropsychological performance were analyzed using generalized linear models, which included age and gender as covariates.

Results Adult ADHD patients recalled significantly fewer words in the CVLT (both after short and long delay) and had significantly more false alarms and omissions and longer reaction times in the CPT than ARMS patients.

Conclusions Adult ADHD patients show larger deficits than ARMS patients in the domains of verbal memory and sustained attention, but not in problem solving abilities. This in line with current meta-analyses, which found that impairments in the domains of attention and verbal memory are of medium effect size in adult ADHD patients and of small effect size in ARMS patients. Our results suggest that measures of these domains can be exploited to improve the differential diagnosis between adult ADHD and ARMS patients.

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EW0810

Clozapine augmented with risperidone in treatment-resistant schizophrenia

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Introduction The evolution of various pharmacological therapies for schizophrenia has given rise to several pharmacological models for the neuroreceptor targets of antipsychotics and the influence of various neuroreceptors on specific symptoms and side effects.

Objectives Experience in clinical practice affirms clozapine's position as the treatment of choice for patients with treatment-refractory schizophrenia. Unlike clozapine, risperidone has a more targeted profile of neurotransmitter binding, with particular predilection for dopamine and serotonin receptors. Risperidone is, to date, the most extensively documented clozapine augmentation agent.

Aim The aim was to evaluate clinical efficacy, safety and tolerability of augmenting clozapine with risperidone in patients with treatment-resistant schizophrenia.

Methods In a randomized, double-blind, placebo-controlled 8-week trial, 10 patients unresponsive or partially responsive to 300 mg/day of clozapine monotherapy ($n = 5$) received a steady dose of 450 mg/day clozapine combined with or up to 4 mg/day of risperidone ($n = 5$). Patient psychopathology was assessed at 2-week intervals with the Brief Psychiatric Rating Scale (BPRS), the Scale for the Assessment of Negative Symptoms (SANS) and Clinical Global Impression (CGI) improvement scale.

Results From baseline to week 4 and week 8, mean BPRS total and positive symptom subscale scores were reduced significantly in both groups, but the reductions were significantly greater with clozapine/risperidone treatment. Reductions in SANS scores were also significantly greater with clozapine/risperidone treatment than with clozapine monotherapy group. Clozapine/risperidone treatment did not induce additional weight gain or agranulocytosis compared with clozapine monotherapy treatment.

Conclusions Clozapine augmentation with risperidone appears to be well tolerated, safe and may provide additional clinical benefit for patients who are nonresponsive or only partially responsive to clozapine alone.

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EW0811

The association of schizophrenia symptoms clusters with obsessive compulsive symptoms

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Introduction Thirty percent of individuals with schizophrenia demonstrate obsessive compulsive symptoms (OCSs). There is conflicting data on the effects of antipsychotic medication on OCSs in schizophrenia. The delineation of the relationship of OCSs with positive, negative and general psychopathology symptoms has theoretical and treatment implications.

Objectives To investigate the relationship among OCSs with the symptoms clusters in schizophrenia.

Methods We recruited 110 chronic schizophrenia patients and assessed OCSs (Yale-Brown Scale) and schizophrenia symptoms (Positive and Negative Syndrome Scale). In order to investigate the relationship of OCSs with clusters of schizophrenia symptoms, we conducted correlation analyses between YBOCS total scores or obsession or compulsion subscores with the PANSS symptoms scores (total, positive, negative and general psychopathology) and the cognitive scores derived from CANTAB. We re-conducted these