

Parkinson's disease should be careful for the likely increase in motor clinical and increased mortality. The most useful, are especially quetiapine and clozapine atypical antipsychotics.

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Muscarinic mechanisms in psychosis: A multimodal imaging study

T. Van Amelsvoort

Maastricht University, Department of Psychiatry and Psychology, Maastricht, The Netherlands

Background The majority of people with psychosis suffer from cognitive problems. These cognitive problems are among the most disabling features of the illness and have a negative effect on clinical outcome. Research has demonstrated that acetylcholine including muscarinic receptors play an important role in cognitive function. A post-mortem study in chronic patients with schizophrenia demonstrated a decrease of 75% of muscarinic M1 receptors.

Aim The aim of this study was to investigate the role of M1 receptors in-vivo in brain and cognitive function in psychosis.

Methods Thirty medication free patients with psychosis and 30 healthy controls matched for age, gender and IQ were included for 1) 1x IDEX Spect scan to determine M1 binding potential; 2) 2x fMRI scan using a visual memory task; 3) 2x MRS to determine choline concentrations; 2x CANTAB cognitive battery. Except for SPECT all subjects were tested twice, once with placebo and once with biperiden M1 antagonist.

Resultaten Patients demonstrated a significant negative correlation between M1 binding potential and cognitive impairments and negative symptom scores on PANSS. Following biperiden challenge, performance on verbal learning and memory was worse. Hippocampal activity was larger during a visual memory task in patients.

Conclusie These results support a role for the M1 receptor in cognitive function in psychosis.

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Schizophrenia and obsessive compulsive disorder

K. Vrbova^{1,*}, J. Prasko¹, A. Cinculova¹, B. Krnacova¹, B. Talova¹, A. Tichackova¹, K. Latalova¹

Faculty of Medicine and Dentistry, Palacky University and University Hospital Olomouc, Department of Psychiatry, Olomouc, Czech Republic

* Corresponding author.

Introduction A recent reviews of published researchers suggest, that up to 25% of schizophrenia patients suffer from obsessive-compulsive symptoms (OCs) and about 12% fulfill the diagnostic criteria for obsessive-compulsive disorder (OCD). Recently, the interest in this issue has significantly increased, probably due to the finding, that second generation antipsychotics, especially clozapine, might induce or aggravate OCs.

Objective The aim of our study was to investigate and clarify the literature data about the extent to which comorbid OCs affects the severity and course of schizophrenia.

Methods The articles were identified by the keywords "schizophrenia comorbidity" and "obsessive compulsive disorder", using the medline and web of science search. Additional information was obtained by studying the references of summaries of relevant articles.

Results Obsessive-compulsive symptoms or fully expressed obsessive-compulsive disorder leads to more severe overall psychopathology and poorer treatment outcomes in patients with schizophrenia. This comorbidity is accompanied by increased neurocognitive impairment, high levels of anxiety, depression, and suicidality, less favorable levels of social and vocational functioning, and greater social and health service utilization.

Conclusions In clinical practice, schizophrenia patients should be carefully monitored for OCs, which may occur at any time during the schizophrenia disease. Early recognition and targeted treatment of this comorbidity reduce patient's distress; positively influence the course of illness and overall treatment outcome.

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Comorbidity of schizophrenia and social phobia

K. Vrbova^{1,*}, J. Prasko¹, K. Latalova¹, D. Kamaradova¹, M. Ociskova¹, Z. Sedlackova²

¹ Faculty of Medicine and Dentistry- Palacky University and University Hospital Olomouc, Department of Psychiatry, Olomouc, Czech Republic

² Faculty of Arts- Palacky University Olomouc, Department of Psychology, Olomouc, Czech Republic

* Corresponding author.

Introduction The most common comorbid disorder in schizophrenic patients is a social phobia. It is usually an unrecognized problem that may be associated with a high distortion in managing claims of life.

Objectives The aim of our study was to determine the extent to which comorbid social phobia affects the severity and course of schizophrenia.

Methods The publications were identified in the database medline and web of science using the keywords "schizophrenia comorbidity" in combination with the terms "social phobia" or "social anxiety disorder". Other relevant sources of information were obtained from the cited works by important articles.

Results The current state of research shows that the incidence of comorbid social phobia in psychotic disease states in the range from 11% to 36%. Social phobia in psychotic patients remains largely unrecognized. An untreated social phobia is associated with more severe psychotic symptoms, worse quality of life and lower self-esteem. It also increases the tendency to social isolation and overall worsens social adaptation. Patients with comorbid social phobia and schizophrenia have a higher amount of lifetime suicide attempts and often abuse alcohol or addictive substance.

Conclusions Patients who have both schizophrenia and social phobia have a lower quality of life, impaired functioning in life, a higher incidence of suicide attempts and increased risk of relapse of psychosis. It is, therefore, necessary that physicians treating the patients with schizophrenia had in mind the possibility of the presence of comorbid social phobia, and in the case of its occurrence, they also treat it.

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Schizoaffective disorder and life quality

W. Bouali^{*}, I. Marrag, F. Ellouze, A. Dekhil, M. Nasr Hospital, psychiatrie, Mahdia, Tunisia

* Corresponding author.