observe any inter-group differences in VFT P, SCWT (relative inhibition) or the GNG. In both patient groups, there appeared significant correlations between their WCST and TMT scores. The general neuropsychological profiles were similar in both groups. The DS patients exhibited slightly greater interference within concept formation and non-verbal cognitive flexibility. Such problems may therefore be specific to that particular subset of schizophrenia. Our results may be useful for the development of new rehabilitation activities, which may increase the chance of the patients' better social functioning.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.02.112

EW0499
Relapse after first-episode psychosis: A 3-year follow-up

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Introduction Relapse after first-episode psychosis (FEP) is a frequent problem, which can lead to patients' poorer functioning and response to treatment. Its prevention is one of the most important and challenging targets in the treatment of psychotic disorders.
Objectives To characterize and evaluate relapse rates after FEP, during the course of 3 years, of a group of patients admitted at a psychiatry department.
Methods A retrospective observational study was conducted. Patients with a FEP between ages 18 to 40, admitted at the Clinic of Psychiatry and Mental Health at São João Hospital Centre between January 1, 2007 and September 30, 2013. Only patients with, at least, 3 years of follow-up at the clinic were included.
Results Final sample of 58 patients, 39 of which were male (mean age = 26.4 years). Forty patients were excluded by not completing the 3 years follow-up at our department. The cumulative relapse rates were 32.8% at 12 months, 53.4% at 24 months and 63.8% at 36 months. Patients with at least one relapse were younger (25.78 years vs. 27.52 years) and had shorter periods of first hospitalization (19.25 days vs. 23.52 days). These data did not reach statistical significance. Non-adherence to prescribed medication was described in 73.0% ($n = 27$) of patients at the time of relapse. Eight of them (21.6%) presented with cannabis use.
Conclusions Although no statistical significance was reached, our findings are consistent with other studies. A future study with a bigger sample would be important in achieving statistical significant results.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.02.113

EW0500
Medical comorbidity in schizophrenia

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People with schizophrenia have higher prevalence of physical disease and its lifespan is shortened when compared with general population. On average, they die 10 to 25 years earlier than general population.
Aim The authors aim to identify the main comorbidities in people with schizophrenia and define strategies to prevent it.
Methods Literature review on Medline database.

Results People with schizophrenia have higher risk to have hepatitis, cardiovascular diseases, diabetes, overweight, sexual dysfunction and obstetric complications. This high vulnerability is associated with higher rates of preventable risk factors, such as smoking, alcohol consumption, use of street drugs, poor dietary habits and lack of exercise. Moreover, some antipsychotic medications used to treat schizophrenia have been associated with higher incidence of physical disease. At last, there are risk factors attributable to patients and healthcare services. Psychiatrists are often not trained in detection and treatment of physical disease. Despite this, there are several attitudes that can reduce the associated morbidity and mortality in people with schizophrenia, such as improving access to healthcare services, integrated healthcare interventions to enable early diagnosis and promotion of healthy habits.
Conclusions Diagnosis and management of morbidity in people with schizophrenia are more difficult because obstacles related to the patient, the illness, the medical attitudes and the structure of the healthcare services. Regardless these difficulties, the increased frequency of physical disease in people with schizophrenia must be valued due to improved detection and treatment of medical disease will have significant benefits for their psychosocial function and overall quality of life.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.02.114

EW0501
Empowerment with Psychotic Symptoms Scale (EWPSS): Exploratory study of the scale's psychometric properties

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Background Empowerment has been defined as the ability to act autonomously, the willingness to take risks and being aware of responsibility. The importance of this construct in psychosis has been emphasized by recovery models. An integrant part of the Clinical Interview for Psychotic Disorders (CIPD), the EWPSS is a visual analog scale in which the participants assess their sense of empowerment regarding symptoms (delusions, hallucinations, negative symptoms and disorganization). EWPSS focuses on personal empowerment (self-worth and self-efficacy) as it could apply to symptoms.
Aims To preliminarily assess the psychometric properties of the EWPSS in a sample of participants with psychosis.
Methods The sample comprised 22 participants (68.2% male), 72.7% single, 50% employed, between 19 and 47 years old (M = 31.05; SD = 7.088), with 4–17 years of education (M = 11.77; SD = 3.176). The most prevalent diagnosis was schizophrenia (68.2%) and the participants had a mean of 1.90 hospitalizations (SD = 2.548). The participants were assessed with the CIPD (EWPSS) and Depression, Anxiety and Stress Scales-21.
Results EWPSS has shown acceptable reliability for all dimensions (with alphas ranging between .54 and .78). Empowerment