sis. We started treatment with corticosteroids in spite of we did not observe a decompensation of sarcoidosis. In a few days it was remarked a clinical improvement and remission of the delusional and affective clinic.
Conclusions It is needed to complete the study and continue the monitoring of the patient to see the evolution and drug response. The diagnosis of neurosarcoidosis should be kept in mind for patients with both neurologic and psychiatric symptoms.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1318

Can drug interaction be useful? Case report of a schizophrenic patient treated with paliperidone long-acting injection

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Introduction Intramuscular paliperidone palmitate (PLAI) is a long-acting atypical anti-psychotic approved in Romania for the maintenance treatment of adults with schizophrenia.
Objectives To determine the efficacy and tolerability of PLAI in a non-compliant patient with previously very low tolerability to oral anti-psychotics. The patient had been on risperidone long acting injection (RLAI) and had significant adverse events (i.e. tremor, akatisia) which persisted even when treated with the lowest dose of PLAI: 50 mg.
Aims Since the efficacy of PLAI was good, and since a lower dose (than 50 mg of PLAI) is not available in Romania, we tried different ways to lower plasma concentration (PC) of the anti-psychotic because the patient presented clinically significant adverse effects (AE).
Methods Initially the time between the injections was extended at maximum recommended (35 days), with a slight effect, then an off label treatment was associated in order to lower the PC of PLAI. We used 300 mg of carbamazepine long acting, that may lower the PC of PLAI up to 30%. For the evaluation of the efficacy and tolerability, we applied: the clinical evaluation, the positive and negative syndrome scale, the Barnes Akathisia rating scale, the Simpson-Angus Scale and the abnormal involuntary movement scale.
Results After using the above mentioned, strategies, the one that had indeed good results on reducing AE, with no alteration of the psychic status of the patient, was the association of carbamazepine.
Conclusions In clinical practice, some off label medication associations may be salutary!
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1319

Tracking referrals to early intervention in psychosis team: An audit

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Aims To monitor if the early intervention services (EIS) in Sandwell meet the standard of assessing all patients referred to the team within the set target. To monitor factors that affects the outcome including the source of referral, whether the patients, are known to another team, and the demographic features of the patient.
Background Providing timely, appropriate and coordinated care for patients presenting with a first episode of psychosis has been a focus for EIS teams to improve outcomes, experiences and in reducing costs. In April 2016, new target times of 5–10 days for referral-to-assessment and 14 days for referral-to-treatment were introduced by the government.
Method All the referrals that were made since 01/04/2016 were followed up. A comparison was made with the referral-to-assessment and referral-to-treatment target for referrals made before the 01/04/16.
Results There has been an increase in referrals. Preliminary evidence gathered suggests that there has been a marked improvement in the referral-to-assessment pathway and referral-to-management pathway. Patients referred to the EIS are offered an earlier assessment. Majority of the referrals made are however not appropriate to receive care from the EIS, and are not taken on by the team. All the patients that are accepted by the team are offered a NICE treatment package. Most of the referrals that come from other EIS teams or wards, are accepted by the team, at least for an extended assessment. Referrals from Children services are usually at the point when they are due to turn 18, for a second opinion.
Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1320

Antipsychotics in first-episode psychosis: Patterns of prescription in an inpatient unit

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Introduction The treatment of first-episode psychosis patients is different from those with multiple-episode schizophrenia: the response to antipsychotics is better, the required doses are lower and the sensitivity to side-effects is higher. As such, current guidelines recommend a "start slow, go slow" strategy and an active avoidance of side-effects.
Objectives/aims To know the patterns of antipsychotic prescription in first-episode psychosis patients of our inpatient unit.
Methods We retrospectively reviewed the clinical data of all non-affective first-episode psychosis patients admitted to the Inpatient Unit C of Hospital de Magalhães Lemos during 2015. The antipsychotics prescribed at admission and discharge were recorded, as well as the doses.
Results A total of 29 patients were identified. The mean age was 36.6 and 65.5% were man. At admission, all patients were medicated with second-generation antipsychotics: 62.1% with risperidone, 27.6% with olanzapine, 6.9% with paliperidone and 3.4% with aripiprazol. The mean dose of risperidone was 3.5 mg/day. By the time of discharge, 34.5% of patients were prescribed a depot antipsychotic, half of them risperidone. Among those with oral medication only, 55.5% were prescribed risperidone, 22.2% paliperidone and the remainder 22.3% other antipsychotics (aripiprazol, olanzapine or quetiapine). The mean dose of risperidone was 3.7 mg/day.
Conclusions Second-generation antipsychotics are clearly preferred. The mean dose by the time of discharge is similar to that used in clinical trials. However, antipsychotics are initiated at doses above the minimum effective dose. On discharge, an important proportion of patients are prescribed depot antipsychotics, which are known to improve medication adherence.

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EV1321

Predictors of transition to psychosis in individuals at clinical high-risk for psychosis

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Objective Clinical high risk (CHR) for psychosis state is characterized by presence of potentially prodromal for schizophrenia symptoms. The aim of this study was to assess the predictors of transition to first psychotic episode.
Methods The study included 123 CHR subjects. All the subjects were characterized by the presence of one of the group of criteria: (1) UHR criteria, (2) basic symptoms criteria and (3) negative symptoms and formal thought disorders (FTD). The presence of FTD in clinical high-risk individuals was assessed with methods of experimental pathopsychology. The mean length of follow-up was 26 months (SD 18). All subjects were males, mean age = 20.2 (SD: 2.1). We examined the subjects' performance using the Cambridge automated neuropsychological test battery. We applied survival analyses to determine associations between a transition to psychosis and sociodemographic, clinical and neurocognitive parameters. To determine which items are the best predictors, Cox regression analyses were applied.
Results The psychosis developed in 39 subjects (31.7%). Global assessment of functioning, positive symptoms, blunted affect, social isolation, impaired role function, disorganizing/stigmatizing behavior, basic symptoms (thought pressure, unstable ideas of reference), neurocognitive parameters (visual memory and new learning, decision making, executive function) significantly influenced the transition to psychosis. A prediction model was developed and included unusual thought content (Wald = 12.386, $P < 0.0001$, HR = 2.996), perceptual abnormalities (Wald = 4.777, $P = 0.029$, HR = 1.43) and impaired role function (Wald = 1.425, $P < 0.028$, HR = 4.157).
Conclusion Clinical measures are important predictors for transition to psychosis in high-risk individuals.
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EV1322

Diogene syndrome: About two clinical cases

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Introduction Diogenes syndrome was first described in 1975 by Clark to characterize the behavioral disorder in the elderly involving neglect of personal and domestic hygiene and a hoarding disorder or hoarding. He is regarded as a psychiatric disorder in its own right in the DSM V and declines criteria compulsive hoarding disorder ("Hoarding Disorder"). The condition is under diagnosed or its prevalence is important from 3.3 to 4, 6%.
Objective Study through two clinical, etiologic and psychopathological diogenes syndrome (DS) and the main diagnostic and therapeutic difficulties.
Case nº. 1 Mrs. L. is 57 years old, without children and with a degree in political science. She was taken back by his partner for behavioral disorder type of pathological accumulation of objects. His home has become inaccessible due to the accumulation of multiple stacks of magazines and other items. The meeting allowed to objectify an incurique presentation, delusional and hallucinatory syndrome.
Case nº. 2 Mrs. BH aged 67, retired, widowed for 17 years. She lives alone after the suicide of his daughter. This would be followed by breast cancer. The patient was admitted following a report of neighbors who discovered that Mrs. BH, isolated for months, sleeping in the garden of her home saw the unhealthy state of the place and the accumulation of waste.
Conclusion Diogenes syndrome is heterogeneous, covering multiple medical, psychiatric and social situations. Its pathogenesis remains poorly understood and its management refers to any clinician can examine ethical questions the legitimacy of its actions.
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EV1323

Moment-to-moment associations between emotional disturbances, aberrant salience and persecutory delusions

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Introduction Experiences of depression and anxiety are common among patients with persecutory delusions. It has been theorized that emotional disturbances affect the formation and appraisal of persecutory delusions directly and possibly via increasing the sense of aberrant salience.
Objectives Using a time-lagged analysis of experience sampling data, this study modelled the role of momentary levels of negative emotions and aberrant salience in maintaining persecutory delusions in patients with active delusions.
Methods Clinically acute participants with at least a mild level of persecutory delusions were assessed using experience sampling method (ESM; 7 entries per day for 14 days) and clinical rating scales. ESM data of participants who completed at least 30 ESM entries were analysed by using multilevel regression modelling.
Results The final sample consisted of 14 participants, with a total of 1161 momentary observations. Time-lagged analysis revealed that both negative emotions ($B = 0.125$, $P = .009$) and aberrant salience ($B = 0.267$, $P < .001$) predicted an increase in persecutory delusions in the next moment. Conversely, persecutory delusions did not predict change in negative emotions or change in aberrant salience in the next moment ($ps > .05$). Negative emotions also predicted an increase in aberrant salience in the next moment ($B = 0.087$, $P = .009$).
Conclusions Our results supported the hypothesis that both negative emotions and aberrant salience exacerbate persecutory delusions, rather than being merely the sequelae of the symptoms. Our results suggested both direct and indirect (via aberrant salience) pathways from negative emotions to persecutory delusions.
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