

Methods Retrospective naturalistic 2 years follow-up study of FEP patients aged 18 to 35 admitted into the department of psychiatry of the Beatriz Angelo's hospital from 2012 to 2014. Data on socio-demographics, clinical characteristics, appointments and medication adherence and readmissions were collected.

Results Between 2012 and 2014 were admitted 56 patients with a FEP into the department of psychiatry of the Beatriz Angelo's hospital. The great majority of the patients (67.9%) disengaged from the treatment, both appointments and medication. Of those, 13.2% did not attend any appointment, 26.3% attended between one and three appointments and 60.5% attended at least 3 appointments before disengaged. About 23% were readmitted between the 2 years follow up period, 15.4% were readmitted more than once.

Conclusions The evidence reviewed indicates that approximately 30% of individuals with FEP disengage from services. Continuity of care is of particular importance with FEP, given evidence suggesting that long-term care can improve symptoms and functioning and reduces relapse risk.

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

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EW0487

Economic aspects in the treatment of schizophrenia in Italy: Cost consequences of an early long-acting injectable anti-psychotics (lais) approach

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Purpose The aim of this analysis was to evaluate the economic consequences of a new treatment approach in the treatment of schizophrenia in the Italian setting. In terms of direct costs, in Italy was estimated that the main driver were represented by hospitalization and residential cost (71% of total direct cost per patient), followed by semi-residential services (13%), anti-psychotic and other drugs (8%) and ambulatory services (8%).

Methods A probabilistic cost consequence model was developed to estimate the potential cost reductions derived from an early treatment with atypical long-acting injectable anti-psychotics (aLAIs) drugs. A systematic literature review was carried out to identify direct and indirect costs associated to the management of schizophrenic patients in Italy. The model projects a scenario analysis in order to estimate potential cost reductions applying a new model management (MoMa) based on patient recovery and early aLAIs treatment.

Results Overall, the total economic burden associated with schizophrenia was estimated at €2.7 billion per year. A total of 50.5% of the economic burden was related to indirect costs and 49.5% to direct costs. Drug costs correspond to 10% of the total

expenditure in terms of direct costs, while hospitalization and residential costs accounts for 81%. Scenario analysis demonstrate a potential cost reduction between 200 million and 300 million based on the effects of MoMa over the reduction of hospitalization and residential costs.

Conclusions This analysis was the first attempt to translate clinical management aspects in economic consequences and will be a useful instruments for decision maker.

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EW0488

Insight and social cognition in first episode of psychosis

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Introduction Impairment of insight in psychotic disorder is associated with adverse impact in treatment compliance, outcome and social functioning although its underlying mechanisms are still unknown. Social cognition and more specifically Theory of mind have been proposed to be correlated to insight. However, the relationship between both factors is still not well defined.

Aims To study the association between social cognition and insight into mental illness in individuals with early psychosis included in the first episode of psychosis program of Hospital del Mar.

Methods From the 94 patients included in the first psychotic episode program between January 2011 and January 2016, thirty-eight patients were evaluated six months after the episode. The three initial items of SUMD (Scale Unawareness of Mental Disorder) were used to measure insight and MSCEIT (Mayer-Salovey-Caruso Emotional Intelligence Test) was used to assess social cognition. Linear correlation analysis by Pearson correlation was conducted.

Results Insight results of SUMD six months after the first episode of psychosis were significantly associated with several subsections of MSCEIT, such as experiential area total punctuation ($r = -0.574$; $P = 0.025$), emotional facilitation section ($r = -0.633$; $P = 0.011$) and the facial emotion perception task ($r = -0.572$; $P = 0.026$).

Conclusions Results suggest an association between insight and emotional perception and facilitation performance in first episode patients, which may suggest a role of social cognition in psychosis insight impairment. Further research to better define the participation of social cognition in insight into psychosis alteration is mandatory to understand the etiology of insight, define treatment targets and consequently improve the disorder prognosis.

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EW0489

Results of using micronutrients as adjunctive treatment for psychotic disorders

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Objective To evaluate the use of micronutrients (minerals and vitamins) as adjunctive therapies for psychosis when added to conventional medications.

Setting/locations Rural primary care and psychiatry clinic in Northern New England, USA.

Subjects People over age 18 diagnosed with a psychotic disorder on medications.

Intervention Fifty consecutive clients during one month's time were invited to participate; 19 completed a one-month open-label phase of the addition of a micronutrient to their medication regimen; all 19 then withdrew rather than risk randomization to a placebo. We then compared the response of those 19 over 24 months of micronutrients + medication to the 31 people who declined participation enriched by an additional 28 consecutive patients recruited over the second month of the study for a total of 59 who received medication without micronutrients.

Outcome measures All clients were evaluated with the Positive and Negative Symptom Scale and the Clinical Global Impression scale at study baseline and after 3, 6, 9, 12, 15, 18, and 24 months. Psychosis was confirmed with clinical interview using DSM IV-TR criteria. All participants had normal physical examinations and laboratory studies.

Results Outcomes were similar for both groups until 15 months, though the micronutrient group used significantly less antipsychotic medication throughout that time ($P < 0.001$). At 15 months, the micronutrients + medication group exhibited significantly fewer symptoms than the medication only group, a difference that was even stronger at 24 months.

Conclusions Micronutrients may be a beneficial long-term, adjunctive strategy for people with psychotic disorders, allowing for smaller doses of antipsychotic medications.

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

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EW0490

Strategies for managing psychosis with small amounts or no medication: A proof of concept paper

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Introduction Some patients with the diagnosis of a psychotic disorder wish to minimize or avoid medications.

Methods We report qualitative and quantitative data on a group of patients as a proof of concept study—that management with minimal or no medication is possible.

Patients A series of 60 adult patients presented with psychosis and engaged with us in dialogical psychotherapy, medication, and lifestyle management over at least six months in an effort to minimize or eliminate medication. An additional 209 patients presented for treatment but did not continue for six months. An anonymous, matched comparison group of 60 patients of the same age, socio-economic status, diagnosis, and severity of illness was generated from the electronic health records at another large clinic where one of us also worked (LMM). We quantified symptom level using the Brief Psychiatric Rating Scale, the Positive and Negative Syndrome Scale, two depression rating scales, the Clinical Global Inventory, and the Revised Behavior and Symptom Identification Scale. Narrative interviews of all 269 patients generated qualitative data.

Results Thirty-nine patients managed well without medication; 16 managed well on low-dose medication. Four individuals required progressively higher levels of medication and one decompensated. The overall cost-benefit was favorable in creating fewer hospitalizations, crises, and diminished suicidality.

Conclusions The results suggest the need for individualized approaches that are client-centered and build upon the previous successes of the person, enroll family and friends in a community effort, and collaborate with those communities to apply those approaches desired by the people themselves.

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e-Poster Walk: Schizophrenia and Other Psychotic Disorders—Part 4

EW0491

Relationships between smoking, psychopathology and medication outside effects in schizophrenia

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Aim To determine the relationship between smoking status and clinical characteristics of schizophrenic patients.

Methods It was a cross-sectional study. One hundred and seventy-five schizophrenic outpatients were assessed by the Positive And Negative Syndrome Scale (PANSS), the Global Assessment of Functioning Scale (GAF), the scale of measurement of abnormal involuntary movements (AIMS) and by the rating scale akathisia caused by a drug Thomas Barnes. Current smokers ($n = 85$) were compared to non-smokers ($n = 90$) on clinical variables.

Results The mean number of cigarettes was 15 cig/day. In our sample, current smokers account for half of the patients and were exclusively men. Smokers were significantly more single patients (76.5 vs. 58.9, $P = 0.01$). There were no significant differences between smokers and non-smokers regarding clinical variables, including age of onset of the disease, the duration of the disease, the severity of positive and negative symptoms, and GAF scores. Smoking was significantly associated with more frequent prescription of conventional neuroleptics (98.8 vs. 92%, $P = 0.03$) and poorer adherence to treatment (77 vs. 62.2%, $P = 0.02$). There were no significant differences between the 2 groups regarding the average doses of neuroleptics, the presence of extrapyramidal signs, scores on the AIMS score and akathisia.

Conclusion Smoking is common in patients suffering from schizophrenia. Smoking status should be considered in the assessment of neuroleptic treatment in schizophrenia.

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EW0492

Evaluation of sleeping profile in schizophrenia patients treated with paliperidone-extended release: Result from an open labeled perspective study in south East Asia (perfect study)

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Objective To evaluate the impact of treatment with paliperidone extended release for 6 months on sleeping profile in schizophrenia patients.