

29 patients. Those with the common deletion were typified by a history of relapsing schizophrenia-like psychoses and partial non-response to conventional antipsychotics. In most patients, anxieties and mood instability were also manifest. The two patients with a distal deletion predominantly showed anxiety symptoms, while the behaviour of the patient with a central deletion was characterized by symptoms from the autism spectrum. Most patients with a common deletion could successfully be treated with clozapine or quetiapine, often combined with valproic acid. One patient with a distal deletion showed full remission upon treatment with citalopram (the second refused such a pharmacological intervention). The behaviour of the patient with central deletion improved upon contextual measures only.

Conclusions The genetic subtype of 22q11DS enables targeting of treatment strategy.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.433>

EW0820

Clustering and switching on verbal and nonverbal fluency in patients with schizophrenia

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In our study, we focus on the extent of occurrence of switching and clustering during fluency task among patients with schizophrenia compared to healthy controls. The previous studies found that both switching and clustering were affected in patients with schizophrenia. However, it has not clear yet if the decrease is caused by the impairment of executive functions or is related to poorer vocabulary. In our study, participants were tested Verbal Fluency Task (phonological and semantic) and also the nonverbal fluency task (measured by Five Point Test) so that the effect of vocabulary would be removed. Our study included 50 participants: 25 individuals with schizophrenia and 25 healthy controls. We found significant differences in the way of organization between group of psychiatric patients and healthy controls. The absence of clustering is typical for psychiatric population, patients tell the words without closer connection, they neglect association links, switch between clusters. Due to this way of response, they achieved lower score, they told fewer words than healthy controls. However, this manner was found also in nonverbal task where the patients did not follow one-way in drawing patterns and they often change the number of connecting dots or used lines. Our study implies that this condition is probably caused by disruption of the executive functions.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.434>

EW0821

Memory and medial temporal lobe structures in patients with schizophrenia and their siblings

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Episodic retrieval is characterized by the subjective experience of remembering. Semantic memory, on the other hand, is a more structured record of facts, meanings, concepts and knowledge about the external world that we have acquired. The medial temporal lobe (MTL), especially the hippocampus and parahippocampal cortex, plays a central role in both types of memory process. Published studies suggested that individuals with schizophrenia have deficits in episodic and semantic memory, as well as structural abnormalities of the medial temporal lobe. However, it is not clear whether reported correlations reflect the impact of the disease state or that of underlying genetic influences contributing to the risk. To understand better etiology and effects of psychosis on the global brain structure and cognitive processing, relatives of individuals with schizophrenia can be studied. The aim of our study was to examine the association between abnormalities of the MTL, psychopathology, and memory impairment in schizophrenia. Study sample ($n=60$) consisted of first episode schizophrenia patients, their non-psychotic siblings and matching control subjects. We used high-resolution magnetic resonance imaging and probabilistic algorithms for image analysis. Episodic and semantic memory was measured with neuropsychological tests. Our results showed differences in memory performance between the groups. Neuropsychological data were correlated with MRI findings. The results may provide insight into etiology of schizophrenia and its effects on cognition and help to identify neuroanatomical and cognitive endophenotypes of psychotic disorders.

Supported by the grant projects MH CR AZV 15-28998A, MEYS NPU4NUDZ: LO1611; Czech Science Foundation, grant No. 16-13093S; Institutional Support 00023001IKEM.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.435>

EW0822

Hope, self-stigma, personality traits and quality of life in patients with psychotic disorders

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Introduction Recently, as a result of an increased emphasis on patients' needs, the awareness on the quality of life has been engaged into account in the exploration of schizophrenia.

Objectives The aim of the study was to explore the relations between hope, self-stigma, personality traits and quality of life in patients with schizophrenia spectrum disorder.

Methods Fifty-two stabilized outpatients with schizophrenia spectrum disorders participated in cross-sectional study. The psychiatrist assessed each patient with Mini International Neuropsychiatric Interview and Clinical Global Impression-Severity. The patients completed Quality of Life Satisfaction and Enjoy-

ment Questionnaire, Internalized Stigma of Mental Illness Scale, Temperament and Character Inventory, Adult Dispositional Hope Scale, Drug Attitude Inventory, Liebowitz Social Anxiety Scale, Beck Depression Inventory – II, and Beck Anxiety Inventory.

Results The quality of life was significantly higher in employed patients, and individuals with higher hope, self-directedness, and persistence. The quality of life was lower among the patients with higher number of hospitalizations, those with higher severity of the disorder and individuals who were taking more medication. The patients with more pronounced symptoms of depression, anxiety, and social anxiety had a lower quality of life. Finally, the quality of life was lower among the individuals with higher harm avoidance, and self-stigmatization.

Conclusions Detection of the quality of life in the context of personality traits, hope, self-stigma and demographical and clinical factors may be an important part of the treatment of patients with schizophrenia.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.436>

EW0823

Negative aspects of self-stigma in patients with schizophrenia spectrum disorders

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Introduction Most individuals diagnosed with schizophrenia must cope with some form of stigmatization. Different types of public stigma, self-stigma and label avoidance, may have negative consequences for these individuals.

Objectives The aim of the study was to search the degree of self-stigma in schizophrenia and its association with the clinical and demographic factors.

Methods One hundred and ninety-seven stabilized outpatients diagnosed with schizophrenia spectrum disorders participated in the study. The mean age of the sample was 40 years. All individuals completed the Internalized Stigma of Mental Illness Scale (ISMI) and a demographic questionnaire. The disorder severity was assessed both by a psychiatrist (objCGI-S: the objective version of Clinical Global Impression – Severity scale) and by the patients (subjCGI-S: the subjective version of Clinical Global Impression – Severity scale).

Results The total score of the ISMI positively correlated with the severity of the disorder measured by the objCGI-S and the subjCGI-S. Additionally, the self-stigma positively correlated with the treatment duration, and the number of hospitalizations. The regression analysis identified these regressors as the most relevant to the self-stigma – the number of hospitalizations, the severity of the disorder rated by a psychiatrist, and the difference between the objective rating and the subjective rating of the severity of the disorder.

Conclusions Outpatients with psychosis, who have undergone a higher number of hospitalizations, dispose of a higher severity of the disorder and show a bigger discrepancy between their rating of

the severity and the psychiatric rating, display a greater degree of self-stigma.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.437>

EW0824

Therapy initiation during a first acute episode psychosis in the psychiatric department of Mahdia

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Introduction The quality of the therapeutic care during a first episode psychosis (FEP) determines the middle- and long-term prognosis.

Objectives The aim of our study is to describe the therapeutic attitudes in front of a FEP and discuss them according to current international recommendations.

Methods This is a retrospective descriptive study. All patients with a FEP, hospitalized in the psychiatric department of the university hospital, Mahdia during the period from 15 May 2000 to 31 December 2013 have been included.

Results We recruited 111 patients. The average age was 27 years, a male predominance was noted. Initially, the majority of patients were treated in monotherapy (55.9%) and mostly with typical antipsychotic drugs (80.2%), by injection. Among those under association, 63.4% received corrective treatment and 26.8% a benzodiazepine. The prescription of a mood stabilizer and an antidepressant was noted in respectively 5.6 and 2.8% of cases. The majority of patients received typical antipsychotic drugs (53.1%) while 39.6% were under atypical antipsychotic. The follow-up period, after which a reduction of the antipsychotic dose was decided, ranged from 1 to 66 months with an average of 8.26.

Conclusion The progression to a chronic psychosis, still has a severe connotation. The Early and adequate therapeutic care in accordance with the international recommendations, determines the prognosis and constitute a decisive moment in the evolutionary trajectory of the disease.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.438>

EW0825

Effectiveness of health checks to improve the physical health of people with severe mental illness in secondary care: A single blind cluster randomised controlled trial

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