Conclusions In patients with major depressive disorder resilience were associated with a good self-perception of physical and mental health, higher self-esteem levels and problem-focused/emotion focused coping strategies. In schizophrenic patients, sample there was no positive correlation between resilience and perceived quality of life. Further implications will be discussed.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.2125

EW0256

Systematic evaluation of dose-escalation strategies after initial non-response to standard-dose pharmacotherapy in schizophrenia

M. Dold[1,*], G. Fugger[1], M. Aigner[2], R. Lanzenberger[1], S. Kasper[1]
[1] *Medical University of Vienna, Department of Psychiatry and Psychotherapy, Vienna, Austria*
[2] *Karl Landsteiner University, Department of Psychiatry, Tulln, Austria*
* *Corresponding author.*

Objectives This meta-analysis investigates if dose increase of an antipsychotic drug (high-dose treatment, dose escalation) is advantageous for schizophrenic patients who failed to respond adequately to standard-dose treatment with the same antipsychotic.
Methods Within a systematic literature survey, we identified all randomized controlled trials (RCTs) comparing a dose increase directly to standard-dose continuation treatment in schizophrenic subjects with initial non-response to prospective standard-dose pharmacotherapy with the same antipsychotic. The primary outcome was mean change in the Positive and Negative Syndrome Scale (PANSS) total score. Secondary outcomes were dichotomous response and attrition rates. Study selection and data extraction were conducted independently by two authors. We calculated effect sizes (Hedges's *g* and risks ratios) using the Mante–Haenszel random-effects model. Meta-regression analyses were performed to explore the influence of the degree of the dose increase on effect sizes.
Results Five trials ($n = 348$) examining quetiapine ($n = 2$, $n = 191$), ziprasidone ($n = 1$, $n = 75$), haloperidol ($n = 1$, $n = 48$), and fluphenazine ($n = 1$, $n = 34$) were included. We found no significant between-group differences for the mean PANSS/BPRS total score change, even not when itemized according to the individual antipsychotic agents. There were no between-group differences for response and dropout rates. The non-significant meta-regressions indicate no impact of the different amounts of dose increments on effect sizes.
Conclusions We found no evidence for the efficacy of a dose escalation after initial non-response to standard-dose pharmacotherapy as general advisable treatment strategy. As the high-dose treatment was not accompanied by significant increased attrition rates, appropriate tolerability and acceptability of this pharmacological option can be assumed.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.2126

EW0257

Cognition in schizophrenia: Selective impairment and factors that influence it

N. Petrova[1,*], M. Dorofeikova[2]
[1] *Saint Petersburg State university, Medical faculty, Saint-Petersburg, Russia*
[2] *Saint-Petersburg V.M. Bekhterev psychoneurological research institute, Department of geriatric psychiatry, Saint-Petersburg, Russia*
* *Corresponding author.*

Currently it is well known that schizophrenia is associated with cognitive impairment. Still there are many unresolved questions, such as whether cognitive deficit is total, what are the relationships of cognitive impairment with clinical features, demographic characteristics and different biomarkers, which could shed light on its pathogenesis. The aim of our study was to characterize cognitive impairment in schizophrenia and to find factors that may contribute to it. Sixty patients with paranoid schizophrenia were examined. BACS, Rey-Osterreith complex figure and correction task were used to assess cognitive functioning. Only 14.3% of patients had BACS score in the normal range. The vast majority of them showed impaired motor function, verbal and visual memory. Cognitive functioning did not worsen with time. Working memory impairment was influenced by genetic predisposition to schizophrenia and age of disease onset. Residual positive symptoms led to a decrease in the speed of skill development. Symptoms of anxiety and depression contributed to the impairment of accuracy. Hypomania was associated with impaired planning. Planning and problem-solving behavior did not correlate with other cognitive functions, which makes them isolated domains. Higher levels of NSE had been found in patients with more severe memory impairment. S100B level was associated with safer constructive abilities. In general, cognitive impairment in schizophrenia, although present in the majority of patients, varies a lot and appears selective and dependent on certain clinical features.
The study was supported by RSCF 14-50-00069 grant.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.2127

EW0258

Testing decision-making competency of schizophrenia participants in clinical trials. A meta-analysis and meta-regression

H. Sorin[1], M.C. Rusu[2], N. Ionut[3], E. Drima[4,*]
[1] *Carol Davila University of Medicine and Pharmacy, Legal Medicine and Bioethics, Bucharest, Romania*
[2] *Carol Davila University of Medicine and Pharmacy, Anatomy, Bucharest, Romania*
[3] *Carol Davila University of Medicine and Pharmacy, Surgery, Bucharest, Romania*
[4] *Clinical Hospital Of Psychiatry "Elisabeta Doamna", Psychiatry, Galati, Romania*
* *Corresponding author.*

Aim The primary purpose of this study is to evaluate the degree of impairment of decision-making capacity in schizophrenia patients compared to non-mentally-ill controls, as determined by the MacCAT-CR instrument.
Materials and methods We analyzed the results obtained from three databases: ISI Web of Science, Pubmed, and Scopus. Each database was scrutinized using the following keywords: "MacCAT-CR + schizophrenia", "decision-making capacity + schizophrenia", and "informed consent + schizophrenia."
Results and discussions We included ten studies in the analysis. Even if schizophrenia patients have a significantly decreased decision-making competence compared to non-mentally-ill controls, they should be considered as competent unless very severe changes are identified during the clinical examination. Using enhanced informed consent techniques significantly decreased the difference between schizophrenia patients and non-mentally-ill controls (except for the reasoning dimension), and should be employed whenever the investigators want to include more severe

patients in their clinical trials. Older age, an increased percentage of men gender or inpatient status tend to escalate the score difference of decision-making competence compared to non-mentally-ill subjects in various dimensions of the decision-making capacity. The main limitations of the study are: (1) a decreased number of studies included in the analysis is small (2) only three studies included data about enhanced ways of informing potential subjects.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.2128

EW0259

Diagnostic stability in the first episode of psychosis

M. Duarte*, A. Batista, J. Maia
Centro Hospitalar de Leiria, Psychiatry, Leiria, Portugal
* *Corresponding author.*

Introduction Early intervention programs in psychosis have demonstrated efficiency in reduction the duration of untreated psychosis, relapse prevention, socio-professional integration and prognosis improvement. In daily practice, it is evident the clinical heterogeneity of the first episodes of psychosis (FEP), as well as the difficulty in initially assigning a specific diagnosis, being difficult to do the differential diagnosis and verifying, during follow-up, very different clinical outcomes among patients.
Objectives/aims Two years after the start of specific consultation for FEP, the authors intended to characterize the followed patients and their evolution, comparing socio-demographic and clinical parameters, with emphasis on diagnosis at the first visit and after two years assessing their variability/stability.
Methods Data research from a 48 patients sample followed up on the FEP consultation.
Results The diagnostics on the first consultation were 79% psychosis with no other specification (NOS), followed by cannabinoids addiction in 35%. After two years, in 29% of cases, there was a diagnostic change being actually 46% Psychosis NOS, 21% cannabinoids addiction and 17% schizophrenia. Initially, only 39% did not have previous history of toxic substances use, being 75% the current percentage. Six percent abandoned the consultation.
Conclusions The authors conclude that, in this specific psychiatry consultation, it is important to initially keep an unspecified diagnostic, with further progressive evaluation allowing a more accurate diagnostic, since the initial diagnostic specification is often found to be incorrect, with adverse consequences for the patient. It would be useful to compare the results with a sample of patients under "as usual" treatment.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.2129

EW0260

Auditory verbal hallucinations in first episode psychosis – an fMRI symptom capture study

T. Dunne[1,*], P. Mallikarjun[2], M. Broome[3], B. Farmah[4], K. Heinze[5], R. Reniers[5], S. Wood[5,6], F. Oyebode[2], R. Upthegrove[2]
[1] *University of Birmingham, College of Medical and Dental Sciences, Birmingham, United Kingdom*
[2] *University of Birmingham, Barberry, Birmingham and Solihull Mental Health NHS Foundation Trust, Birmingham, United Kingdom*
[3] *University of Oxford, Department of Psychiatry, Oxford, United Kingdom*
[4] *Worcester Health and Care NHS Trust, Psychiatry, Worcester, United Kingdom*
[5] *University of Birmingham, School of Psychology, Birmingham, United Kingdom*
[6] *University of Melbourne, Department of Psychiatry, Melbourne, Australia*
* *Corresponding author.*

Introduction Neurobiological models of auditory verbal hallucination (AVH) have been advanced by symptom capture functional magnetic resonance imaging (fMRI), where participants self-report hallucinations during scanning. To date, regions implicated are those involved with language, memory and emotion. However, previous studies focus on chronic schizophrenia, thus are limited by factors, such as medication use and illness duration. Studies also lack detailed phenomenological descriptions of AVHs. This study investigated the neural correlates of AVHs in patients with first episode psychosis (FEP) using symptom capture fMRI with a rich description of AVHs. We hypothesised that intrusive AVHs would be associated with dysfunctional salience network activity.
Methods Sixteen FEP patients with frequent AVH completed four psychometrically validated tools to provide an objective measure of the nature of their AVHs. They then underwent fMRI symptom capture, utilising general linear models analysis to compare activity during AVH to the resting brain.
Results Symptom capture of AVH was achieved in nine patients who reported intrusive, malevolent and uncontrollable AVHs. Significant activity in the right insula and superior temporal gyrus (cluster size 141 mm^3), and the left parahippocampal and lingual gyri (cluster size 121 mm^3), $P < 0.05$ FDR corrected, were recorded during the experience of AVHs.
Conclusions These results suggest salience network dysfunction (in the right insula) together with memory and language processing area activation in intrusive, malevolent AVHs in FEP. This finding concurs with others from chronic schizophrenia, suggesting these processes are intrinsic to psychosis itself and not related to length of illness or prolonged exposure to antipsychotic medication.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.2130

EW0261

QTc Interval in individuals with schizophrenia receiving antipsychotic as monotherapy or polypharmacy

A. Elliott[1,2,*], M. Højlund[1,2], T.J. Mørk[1], T. Christensen[1], R. Jeppesen[1], N.J. Madsen[1], A.G. Viuff[3], P. Hjorth[4], J.C. Nielsen[5], P. Munk-Jørgensen[1,2]
[1] *Aarhus University Hospital, Department of Affective Disorders, Risskov, Denmark*
[2] *Psychiatric Research Academy, Psychiatric Hospital and University of Southern Denmark, Odense, Denmark*
[3] *Regional Psychiatry Services West, Department of Psychiatry, Herning, Denmark*
[4] *Region of Southern Denmark, Department of psychiatry, Kolding/Vejle, Denmark*
[5] *Aarhus University Hospital, Skejby, Department of Cardiology, Skejby, Denmark*
* *Corresponding author.*

Introduction Antipsychotics are associated with the polymorphic ventricular tachycardia, Torsade's de pointes, which in worst case can lead to sudden cardiac death. The QTc interval is used as a clinical proxy for Torsade's de pointes. QTc interval is prolonged by monotherapy with antipsychotic, but it is unknown if the QTc interval is prolonged further with antipsychotic polypharmacy.
Objectives To investigate the associations between QTc interval and antipsychotic mono- and polypharmaceutical treatment, respectively, in schizophrenic patients.
Aims To learn more about the impact of antipsychotics on the QTc interval.