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Introduction In a recent placebo-controlled, double blind crossover trial ($n = 52$), we found significant beneficial effects on memory ($d = 0.30$) and negative symptoms ($d = 0.29$) after 12 weeks memantine augmentation in patients with clozapine-refractory schizophrenia.
Aims In this open-label 1 year extension study, we report the long-term effects and tolerability of memantine add-on therapy to clozapine.
Methods Completers of the first trial who experienced beneficial effects during 12 weeks of memantine treatment received memantine for one year. Primary endpoints were memory and executive function using the Cambridge neuropsychological test automated battery (CANTAB), the Positive and Negative Syndrome Scale (PANSS), and the Clinical Global Impression Severity Scale (CGI-S).
Results Of 31 RCT completers who experienced beneficial effects from memantine, 24 received memantine for one year. The small improvement in memory found in the memantine condition in the placebo-controlled trial remained stable in the extension study. Executive function did not improve. After 26 weeks of memantine add-on therapy to clozapine, PANSS negative symptoms ($r = 0.53$), PANSS positive symptoms ($r = 0.50$), and PANSS total symptoms ($r = 0.54$) significantly improved. Even further significant improvement in all these measures was observed between 26 weeks and 52 weeks memantine, with effect sizes varying from 0.39 to 0.51. CGI-S showed a non-significant moderate improvement at 26 weeks ($r = 0.36$) and 52 weeks ($r = 0.34$). Memantine was well tolerated without serious adverse effects.
Conclusions In the one-year extension phase, the favorable effect of adjunctive memantine on memory was sustained and we observed further improvement of positive, negative and overall symptoms of schizophrenia.
Disclosure of interest P.F.J.S. reports personal fees from H. Lundbeck A/S, outside the submitted work and he is a board member of the Dutch Clozapine Collaboration Group. L.d.H., has received investigator-led research grants or recompense for presenting his research from Eli Lilly, Bristol-Myers Squibb, Janssen-Cilag and AstraZeneca.

http://dx.doi.org/10.1016/j.eurpsy.2017.02.124

EW0511

Efficacy and tolerability of aripiprazole intramuscular as maintenance treatment in patients with paranoid schizophrenia

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Introduction Patients suffering from paranoid schizophrenia, require long-term anti-psychotic treatment, which provide, in addition to adequate efficacy both positive and negative symptoms, a good safety and tolerability profile that would ensure adequate adherence to prevent relapse.
Objectives To analyze the efficacy, tolerability and therapeutic adherence over a year after the introduction of aripiprazole depot in patients diagnosed with paranoid schizophrenia previously treated with other oral or depot anti-psychotics [1,2,3].
Methods One-year prospective longitudinal study with a sample size of 23 patients diagnosed with schizophrenia in outpatient treatment. Study variables (baseline, 6 and 12 months): Brief Psychiatric Rating Scale (BPRS), clinical global impression (CGI), mean dose of aripiprazole depot, previous treatments, adherence, relapse rate, prolactin levels, sexual dysfunction, BMIs.
Results Twenty-three patients (71% men, 29% women) diagnosed with paranoid schizophrenia were identified. Improvement was obtained in the different study variables with statistically significant difference ($P \leq 0.05$).
Conclusions Following the introduction of aripiprazole depot in patients diagnosed with schizophrenia previously treated with other oral or depot anti-psychotics in our study, we conclude that maintaining therapeutic efficacy a better tolerability and safety profile, better therapeutic adherence and consequently lower relapse rate were achieved.
Disclosure of interest The authors have not supplied their declaration of competing interest.
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http://dx.doi.org/10.1016/j.eurpsy.2017.02.125

EW0512

Devaluation towards people with schizophrenia in Italian medical, nursing, and psychology students

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Introduction Discrimination towards people with schizophrenia (PWS) by healthcare professionals is responsible of underdiagnosis and undertreatment of these patients. Negative attitudes toward PSW in health care professionals tend to be present since their university studies and are related to their knowledge and experience about the disease.
Objectives and aims To assess opinion towards PSW in medical, nursing and psychology students and to investigate the relation with their knowledge of schizophrenia and its causes.
Methods The study involved 133 medical, 200 nursing and 296 psychology undergraduate students. The opinion on mental illness questionnaire, the Devaluation Consumers Scale, and the Devaluation of Consumer Families Scale were administered to the sample. ANOVA and ANCOVA were used to test differences between groups and the relation between causal explanation of schizophrenia and discrimination towards PWS.
Results Psychology students were more aware than the other student of public stigma towards PWS and their families (F 12.57, $P < 0.001$; F 32.69, $P < 0.001$) and expressed a more positive view on treatments' effectiveness (F 30.74, $P < 0.001$). Psychology (OR 0.48, 95% CI 0.26–0.88) and nursing (OR 0.29, 95% CI 0.15–0.55) students were more likely to identify psychological and social risk factors as more frequent causes of schizophrenia (vs. biogenetics) and these, in turn, were related to a better opinion towards social equality of PWS.
Conclusions These preliminary findings underline the relevance of biopsychosocial model of schizophrenia within stigma-reduction programs for health science students.