observe any inter-group differences in VFT P, SCWT (relative inhibition) or the GNG. In both patient groups, there appeared significant correlations between their WCST and TMT scores. The general neuropsychological profiles were similar in both groups. The DS patients exhibited slightly greater interference within concept formation and non-verbal cognitive flexibility. Such problems may therefore be specific to that particular subset of schizophrenia. Our results may be useful for the development of new rehabilitation activities, which may increase the chance of the patients' better social functioning.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0499

Relapse after first-episode psychosis: A 3-year follow-up

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Introduction Relapse after first-episode psychosis (FEP) is a frequent problem, which can lead to patients' poorer functioning and response to treatment. Its prevention is one of the most important and challenging targets in the treatment of psychotic disorders.
Objectives To characterize and evaluate relapse rates after FEP, during the course of 3 years, of a group of patients admitted at a psychiatry department.
Methods A retrospective observational study was conducted. Patients with a FEP between ages 18 to 40, admitted at the Clinic of Psychiatry and Mental Health at São João Hospital Centre between January 1, 2007 and September 30, 2013. Only patients with, at least, 3 years of follow-up at the clinic were included.
Results Final sample of 58 patients, 39 of which were male (mean age = 26.4 years). Forty patients were excluded by not completing the 3 years follow-up at our department. The cumulative relapse rates were 32.8% at 12 months, 53.4% at 24 months and 63.8% at 36 months. Patients with at least one relapse were younger (25.78 years vs. 27.52 years) and had shorter periods of first hospitalization (19.25 days vs. 23.52 days). These data did not reach statistical significance. Non-adherence to prescribed medication was described in 73.0% ($n = 27$) of patients at the time of relapse. Eight of them (21.6%) presented with cannabis use.
Conclusions Although no statistical significance was reached, our findings are consistent with other studies. A future study with a bigger sample would be important in achieving statistical significant results.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0500

Medical comorbidity in schizophrenia

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People with schizophrenia have higher prevalence of physical disease and its lifespan is shortened when compared with general population. On average, they die 10 to 25 years earlier than general population.
Aim The authors aim to identify the main comorbidities in people with schizophrenia and define strategies to prevent it.
Methods Literature review on Medline database.
Results People with schizophrenia have higher risk to have hepatitis, cardiovascular diseases, diabetes, overweight, sexual dysfunction and obstetric complications. This high vulnerability is associated with higher rates of preventable risk factors, such as smoking, alcohol consumption, use of street drugs, poor dietary habits and lack of exercise. Moreover, some antipsychotic medications used to treat schizophrenia have been associated with higher incidence of physical disease. At last, there are risk factors attributable to patients and healthcare services. Psychiatrists are often not trained in detection and treatment of physical disease. Despite this, there are several attitudes that can reduce the associated morbidity and mortality in people with schizophrenia, such as improving access to healthcare services, integrated healthcare interventions to enable early diagnosis and promotion of healthy habits.
Conclusions Diagnosis and management of morbidity in people with schizophrenia are more difficult because obstacles related to the patient, the illness, the medical attitudes and the structure of the healthcare services. Regardless these difficulties, the increased frequency of physical disease in people with schizophrenia must be valued due to improved detection and treatment of medical disease will have significant benefits for their psychosocial function and overall quality of life.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0501

Empowerment with Psychotic Symptoms Scale (EWPSS): Exploratory study of the scale's psychometric properties

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Background Empowerment has been defined as the ability to act autonomously, the willingness to take risks and being aware of responsibility. The importance of this construct in psychosis has been emphasized by recovery models. An integrant part of the Clinical Interview for Psychotic Disorders (CIPD), the EWPSS is a visual analog scale in which the participants assess their sense of empowerment regarding symptoms (delusions, hallucinations, negative symptoms and disorganization). EWPSS focuses on personal empowerment (self-worth and self-efficacy) as it could apply to symptoms.
Aims To preliminarily assess the psychometric properties of the EWPSS in a sample of participants with psychosis.
Methods The sample comprised 22 participants (68.2% male), 72.7% single, 50% employed, between 19 and 47 years old (M = 31.05; SD = 7.088), with 4–17 years of education (M = 11.77; SD = 3.176). The most prevalent diagnosis was schizophrenia (68.2%) and the participants had a mean of 1.90 hospitalizations (SD = 2.548). The participants were assessed with the CIPD (EWPSS) and Depression, Anxiety and Stress Scales-21.
Results EWPSS has shown acceptable reliability for all dimensions (with alphas ranging between .54 and .78). Empowerment

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with delusions was associated with the other dimensions, excepting for empowerment with negative symptoms (which in turn was not associated significantly with any dimension). Empowerment regarding hallucinations and with disorganization were only associated with empowerment with delusions, which was also associated with anxiety symptoms ($r = -.52$, $P = .016$).

Conclusions The EWPSS presented adequate reliability and validity. Further studies intended to explore the factorial structure of the EWPSS are under development.

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

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EW0502

Audit on prescribing practice of depot antipsychotic injections in the adult community mental health service

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Introduction There are a number of good standard practices available for prescribing long acting antipsychotics. Adherence to these guidelines will minimise any harm to the service users.

Aims To compare depot antipsychotic prescribing practice with good standard practice guidelines of BNF, Trust and Maudsley guidelines.

Objectives To compare practice with standards in the areas of:
- licensed indication;
- dose/frequency range;
- avoiding poly-pharmacy;
- regular review of clinical and side effects.

Methods Case notes of a randomly selected sample of 30 patients from the depot clinic at the City East Adult Community Mental Health Team Leicester, UK were retrospectively investigated. The data collected was analysed and the results were produced. Compliance with the best practice guidelines was calculated and recommendations made based on the findings.

Results One hundred percent compliance was noticed in licensed indications and dose/frequency within BNF range. However, 14% patients received poly-pharmacotherapy, 86% had regular outpatient review, but only 46% had review of side effects.

Conclusions Better quality of documentations by the clinicians, improvised technology to elicit automatic review reminders, introduction of checklist for clinics to include review of all clinically important information, wider dissemination of the findings of this investigation, and re-auditing practice to explore impact of this investigation was recommended.

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

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EW0503

The role of cannabinoids in schizophrenia: Where have we been and where are we going?

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Introduction Several studies have shown that both endocannabinoid system (ECS) and synthetic cannabinoids (SC) might be involved in schizophrenia.

Objectives To review recent literature on the role of cannabinoids in schizophrenia. The review includes the evidence of cannabis use as a risk factor for the development of schizophrenia, but also the preliminary evidence for the use of cannabinoid-based compounds in the treatment of psychosis.

Methods The authors made an online search on PubMed for clinical trials and reviews published in the last 12 months, using the keywords: "cannabinoids", "endocannabinoids", "phytocannabinoids" and "schizophrenia".

Results The use of *Cannabis sativa* is associated with increased risk of developing psychotic disorders, including schizophrenia, and earlier age at onset of psychosis. Δ9-Tetrahydrocannabinol (THC) has multiple actions in the brain development, including impairment of neuroplasticity, dysregulation of dopamine and glutamate signaling, and, possibly, neurotoxicity. The ECS has been implicated in psychosis both related and unrelated to cannabis exposure. Cannabinoid receptors type 1 (CB1 R) and type 2 (CB2 R), as well as the endogenous ligand N-arachidonoylethanolamine (AEA) and 2-arachidonylglycerol (2-AG) levels, are most likely to be involved in the pathophysiology of this disorder. On the other hand, the antipsychotic effects of some cannabinoids have been investigated in recent studies. Cannabidiol (CBD) and Δ9-tetrahydrocannabivarin (THCV) may have therapeutic potential for the treatment of psychosis.

Conclusions Emerging evidence suggests an important role of ECB system and SC on schizophrenia. On the other hand, recent studies have shown some phytocannabinoids might represent therapeutic promises in this disorder.

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EW0504

Impact of environmental influence and vulnerability to stress in the development of first psychotic episode

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Introduction Some findings in patients with first psychotic episode (FEP) could be related to alterations of stress responses. Alterations of stress response are reflected in the alterations of the HPA axis.

Objective To assess the difference in stress response in FEP patients and healthy controls as well as implications of environment to vulnerability to psychosis.

Aim To assess endocrine and autonomic responses to acute psychosocial stress, their associations with onset of the first psychotic episode as well as the influence of the environmental factors.

Methods We have assessed clinical status through clinical psychiatric interviews, standardized psychiatric scales and validated psychological scales, (LEQ, WHOQOL-BREF, PBI, Rosenberg) in 45 subjects with FEP and 50 age and gender matched controls. All participants were then exposed to the Trier Social Stress Test (TSTT).

Results Our preliminary findings on a sample of 95 participants indicate a differences between patients and controls in salivatory

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