and 29.4% which was discharged with another antipsychotic, the most frequent association was of PP with Quetiapine (80%).
Conclusions PP is a highly effective medicament in the treatment of the schizophrenia that improves the adherence to the treatment, so in our experience and we consider it a medicament to be considered in the early stages of the disease. According to our experience and there are patients who can benefit from better control of symptoms adjusting the dose individually.
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EW517

Inflammatory and metabolic biomarkers of psychopathological dimensions of schizophrenia

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Introduction The concept of schizophrenia as a systemic disease includes, not only psychosis, but an increase in somatic comorbidity and cardiovascular risk [1]. Furthermore, it is known the implication of inflammation in the pathogenesis of schizophrenia [2].
Objectives To determinate potential inflammatory/metabolic biomarkers of schizophrenia's dimensions.
Methods Sample: 36 outpatients with schizophrenia for less than 11 years, under stable maintenance treatment (mean age [32.25], males [63.9%]) and their 36 matched controls (age [32.53 ± 6.63]; males [72.2%]).
Evaluation PANSS, Clinical Assessment Interview for Negative Symptoms(CAINS), Calgary Scale(CDS), CGI, Personal and Social Performance Scale(PSP). Biomarkers: C-reactive protein (CRP), homocysteine, glucose, insulin, HOMA-IR (insulin resistance), cholesterol, HDL, LDL, triglycerides.
Results Biomarkers differences between groups are shown in Table 1. Table 2 shows the correlations found after controlling for Body Mass Index [patients(28.61 ± 5.69);controls(24.64 ± 3.80); p = 0.001] and Smoking [patients(52.8%-yes);controls(5.6%-yes);p = 0.000].
Conclusions 1. CRP, a potential inflammatory biomarker in schizophrenia, is related to depression severity. Homocysteine, representing an oxidative stress, is related to positive, negative, cognitive and depressive symptoms severity, and worse functioning. 2. Patients with schizophrenia have lower HDL–related to negative and cognitive symptoms severity and worse functioning–and insulin resistance – related to worse cognition –.

Table 1

	Patients(Mean±SD)	Controls(Mean±SD)	*t*
CRP(mg/dl)	0.42±0.73	0.11±0.09	*2.50**
Homocysteine(mg/dl)	12.97±3.35	12,05±3.78	0.98
Glucose(mg/dl)	85.2±11.34	80.88±9.76	1.80
Insulin(mg/dl)	17.85±14.73	7.91±3.33	*3.93***
HOMA-IR	1.91±1.30	0.99±0.42	*3.88***
Cholesterol(mg/dl)	185.89±34.65	178.09±22.99	1.12
HDL(mg/dl)	46.19±13.55	62.14±15.10	*-4.68***
LDL(mg/dl)	113.81±29.40	103.97±27.11	1.46
TG(mg/dl)	134.08±67.63	79.11±30.39	*4.44***

*p<0.05,**p<0.01

Table 2

	CRP	Homocysteine	Insulin/HOMA-IR	Chol/LDL/TG	HDL
PANSS-Positive		0.59**			
PANSS-Negative		0.46*			-0.51**
PANSS-General		0.58**			
PANSS-Total		0.60**			-0.35*
CAINS		0.49*			-0.49**
CDS	0.55**	0.41*			
CGI-Cognition		0.47*	0.42*/0.42*		-0.40*
CGI-Global		0.49*			-0.46**
PSP		-0.51**			0.49**

*p<0.05,**p<0.01

Disclosure of interest The authors have not supplied their declaration of competing interest.
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EW518

Clinical and functional response to paliperidone palmitate in early schizophrenia–A retrospective observational study in newly diagnosed patients treated over a 12-month period

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Introduction Data on clinical outcomes with long-acting antipsychotic treatment in young, newly diagnosed patients with schizophrenia is sparse.
Objectives To explore hospitalization, drug utilization and clinical outcomes from medical records of newly diagnosed schizophrenia patients during first 12 months of treatment with once-monthly paliperidone palmitate (PP).
Methods International, multicenter, retrospective, observational study. Outcomes presented: baseline (BL) characteristics and demographics, clinically relevant improvements in disease severity (ie ≥ 20% decrease in PANSS or BPRS total score or CGI-S Change ≥ −2 or CGI-C ≥ 3, with no score showing worsening) and clinically relevant functional improvement (i.e. change in PSP total score ≥ +7 points or change in GAF total score ≥ +20 points, with no score showing worsening) from BL to last-observation-carried-forward endpoint (LOCF-EP) within 12-month documentation period, mean mode PP dose and adverse drug reactions.
Results Eighty-four patients analyzed: 69% male, mean age at initiation of PP was 24.1 (SD2.7) years, mean BL weight was 78.7 (SD16.0) kg and 80.0 (SD14.7) kg at LOCF-EP, with a mean change of 1.2 (SD3.9) kg; mean time from first psychotic episode to initiation of PP was 5.5 (SD3.3) months. At LOCF-EP 86.6% achieved a clinically relevant improvement (71/84, Kaplan-Meier median time from initiation of PP: 52.4 days). 63.4% achieved a clinically relevant functional improvement (52/84, Kaplan-Meier median time from initiation of PP: 53.1 days). PP mean mode maintenance dose was