

into intervention ( $n=15$ ) or control ( $n=14$ ) arm, including 736 patients (73% psychotic disorder, 63% male,  $48 \pm 13$  years). The intervention aimed to improve the obesogenic environment using a small change approach with a focus on nutrition and physical activity. Primary outcome was waist circumference (WC) after three and twelve month's intervention. Secondary outcomes were BMI and metabolic syndrome.

**Results** General linear mixed models adjusted for age, gender, housing facility and antipsychotic medication showed that WC significantly decreased with 1.51 cm (95%CI =  $-2.99; -0.04$ , Cohen's  $d=0.07$ ) in the intervention group compared to control group after three months and tended to remain lower with 1.28 cm (95%CI =  $-2.79; 0.23$ , Cohen's  $d=0.06$ ) after twelve months. Metabolic syndrome Z-score decreased after three months with 0.225 SD (95% CI =  $-0.4038; -0.096$ , Cohen's  $d=0.20$ ), mainly due to lower fasting glucose and WC. No significant effects were found on BMI.

**Conclusion** A small change approach targeting the obesogenic environment of SMI residential patients reduces cardiometabolic risk.

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

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#### EW0475

### Paliperidone palmitate and quality of life in schizophrenia

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There is growing interest in the study of the quality of life of mental disorders in general, and particularly in schizophrenia. The quality of life is defined by the world health organization as the perception that an individual has of his place in existence, in the context of culture and value system in which they live and in relation to its objectives, their expectations, their rules, their concerns. Paliperidone palmitate is a depot anti-psychotic treatment monthly application is indicated for maintenance treatment of schizophrenia in adult patients. In this work the quality of life in 5 subjects with a diagnosis of paranoid schizophrenia (less than 10 years of diagnosis) is evaluated, all males, aged between 42 and 45 years and with poor adherence to oral treatment. The patients received an average of paliperidone palmitate 100 mg/month. We evaluate the quality of life at baseline and after 3 months – BREF quality of life (WHOQOL – BREF) Scale Quality of Life (QOLS) and WHO was used. The results showed significant improvements in major QOLS scale in all subjects. There were no significant differences in total score WHOQL – BREF scale, but if there was improvement in the scores of some subscales. They no side effects evaluated in the UKU scale. The quality of life in schizophrenic patients can be affected by the presence of, particularly cognitive and negative clinical symptoms. New treatments as paliperidone palmitate improve adherence and have fewer side effects can improve the perceived quality of life. However, they need more extensive studies double-blind evaluation.

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#### EW0476

### Effect of long-acting injectable aripiprazole in glucose and lipids: A 1 year study

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**Introduction** Atypical anti-psychotics are associated with an impaired in glucose and lipids homeostasis.

**Aims** To evaluate, the effect in lipids and glucose levels after switching to long-acting injectable (LAI) aripiprazole.

**Methods** This was a prospective, observational, 1 year study carried out in 125 outpatients with schizophrenia who were clinically stabilized but a switching to another anti-psychotic was indicated. We measured basal levels of glucose and lipids at the time to start the study and 1 year after switching to LAI-aripiprazole.

**Results** In basal analytic we observed these abnormalities: hyperglycemia (16.7%), high-levels of LDL-cholesterol (33.3%), low-levels of HDL-cholesterol (39%) and hypertriglyceridemia (22.2%). One year after switching to LAI-aripiprazole we found: glucose levels were normalized in all patients; levels of LDL-cholesterol were lower in 66.7% (in 33.3% levels were normalized) and they were higher in 16.7% (in 11% marked a change from normal to abnormal parameters); levels of HDL-cholesterol were lower in 23.3% and higher in 32.2% (in 11% levels were normalized); and finally, levels of tryglicerides were higher in 66.7% (in 8% marked a change from normal to abnormal parameters) and in 16.7% they were lower (in 7.3% levels were normalized).

**Conclusions** LAI-aripiprazole has a beneficial effect in glucose and cholesterol levels. Although, it usually increases tryglicerides levels, only in seven cases there was a change from normal to abnormal parameters. Our study suggests that LAI-aripiprazol could be an alternative in patients with schizophrenia who have high levels of glucose and lipids related with atypical anti-psychotics treatment.

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#### EW0477

### Risk factors related to homicide in Moroccan patients with schizophrenia

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**Background** The relationship between schizophrenia and homicide is complex and cannot be reduced to a simple causal link.

**Objectives** The objectives of this study were to describe the characteristics of homicide in Moroccan patients suffering from schizophrenia and to determine the correlated socio-demographic, clinical and toxic variables.

**Methods** The study included two groups of patients with a DSM-IV diagnosis of schizophrenia who attended the "Ibn Nafis" university psychiatric hospital of Marrakech in Morocco. The first group was composed of 30 patients hospitalized for homicide in the forensic unit between the first January 2005 and the 31st of August 2015. The second group included 90 patients without any criminal record. These two groups have been matched according to age and gender. Demographic, clinical and therapeutic variables were analyzed and compared between the two groups.

**Results** The mean of age in the first group was 37.03 and in the second group was 31.4. No significant difference was found

between the two groups regarding the different socio-demographic variables and the age of onset of disease. Significant difference was found between the two groups regarding: personal antecedents of attempt of homicide ( $P < 0.003$ ), personal antecedents of attempt of suicide ( $P < 0.001$ ), a history of previous violence ( $P = 0.005$ ), untreated psychosis before the act ( $P < 0.001$ ) poor medication compliance and a low familial support ( $P < 0.001$ ), antisocial behavior ( $P < 0.001$ ), addictive behavior ( $P = 0.007$ ).

**Conclusion** Awareness of these factors will allow us to provide improved prevention of violence within schizophrenic subjects.

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

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#### EW0478

### Elevated C-reactive protein levels associated with aggressive behavior in Moroccan patients with schizophrenia

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**Background** Recent studies reported an association between aggression and inflammation. In this study, we examined the association between aggressive behavior and inflammatory markers (serum levels of CRP) in schizophrenia inpatients.

**Methods** Adult schizophrenia inpatients ( $n = 145$ ) were prospectively identified and categorized according to their C-reactive protein measurement at admission as either elevated (CRP  $> 1$  mg/dL;  $n = 45$ ) or normal (CRP  $< 1$  mg/dL;  $n = 100$ ). The following indicators of aggression were compared: PANSS excitement component (PANSS-EC), restraints and suicidal behavior during hospitalization.

**Results** The results show that patients with elevated CRP levels are more aggressive during hospitalization as detected by statistically significant higher scores of aggressive behavior (PANSS-EC score), and by increased rates of physical restraint during hospitalization. No statistically significant differences in the other clinical features, including suicidal behavior.

**Conclusion** Our results are consistent with previous findings linking schizophrenia to activation of the inflammatory response system.

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

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#### EW0479

### Relationship between childhood trauma and psychotic symptoms in patients with schizophrenia

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**Introduction** The association between childhood trauma and psychotic symptoms is still not clearly understood. Findings for positive and negative symptoms are confounding. This symptomatic response may differ according to the type of childhood trauma, for example childhood abuse was associated with positive symptoms while childhood neglect was associated with negative symptoms.

**Objectives** This study examined the relationship between childhood trauma and psychotic symptoms in schizophrenic patients after controlling for the possible confounding factors, such as clinical features, depression, and sleep quality.

**Methods** The childhood trauma questionnaire – short form, Positive and Negative Syndrome Scale (PANSS), Calgary Depression Scale for Schizophrenia, Pittsburgh sleep quality index, and the suicidality subscale of mini-international neuropsychiatric interview were administered to 199 patients with schizophrenia. We used sequential multiple stepwise regression analyses in which positive symptoms, negative symptoms, overall psychopathology and total symptoms of schizophrenia were dependent variables.

**Results** Depressive symptomatology and childhood physical abuse (CPA) significantly contributed to positive, negative, general psychopathology and global schizophrenia symptomatology. Stepwise regression analysis results are presented in Table 1.

**Conclusions** Our findings suggest that CPA during childhood could have an impact on psychopathology in schizophrenia.

Table 1 Stepwise regression analysis results.

	Depressive symptomatology	Childhood physical abuse
Positive symptoms	$\beta = 0.29, t = 4.051$ $P < 0.001$	$\beta = 0.20, t = 3.160$ $P < 0.01$
Negative symptoms	$\beta = 0.30, t = 4.575$ $P < 0.001$	$\beta = 0.14, t = 2.214$ $P < 0.05$
General psychopathology	$\beta = 0.53, t = 8.966$ $P < 0.001$	$\beta = 0.17, t = 2.939$ $P < 0.01$
PANSS Global	$\beta = 0.46, t = 7.643$ $P < 0.001$	$\beta = 0.20, t = 3.343$ $P < 0.01$

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#### EW0480

### Quality of life in healthy siblings of patients with first episode of psychotic illness and its predictors

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Families of patients with first episode of psychotic illness are exposed to numerous distress factors related to the care of their relative. It has been shown that these families experience higher levels of anxiety, depression, economic strain, and helplessness. According to the prior studies, long-term psychotic illness can also have negative impact on quality of life (QoL) in healthy siblings [1]. The aim of our study was to assess QoL in siblings of patients with first episode of psychosis and to examine effects of sibling-related and illness-related variables on QoL. Study sample consisted of first-episode psychosis patients ( $n = 20$ ) and their healthy siblings ( $n = 20$ ). All subjects were administered World Health Organisation Quality of Life Questionnaire Scale Brief (WHOQOL-Brief). Duration of untreated psychosis, medication adherence (Hayward scale) and severity of positive psychotic symptomatology (evaluated by Positive and Negative Symptom Scale) were used as illness-related variables, birth order served as a sibling-related variable. QoL has