

Results From the original sample ($n=226$), 31 patients were included in the study. The mean age was 64.4 years (min 50–max 91) and the majority were male (67.7%; $n=21$). The mean years of hospitalization were 28.7 years (min 15–max 60). The average total PANSS score was 99.8 (positive symptoms: 25.4; negative symptoms: 29.9; general symptoms: 44.4).

Conclusions Although in last decades many psychiatric hospitals were closed and community approaches to treatment of the mentally ill were the direction preconized by several international organizations, some patients still “live” in the hospital. Mostly, as we found in our study, have a severe, refractory disease, sometimes with behaviour changes that unable them to be discharged. With the continuous evolution of psychopharmacological drug treatment, this paradigm may change. Meanwhile other therapeutic approaches should be used to improve the disease symptoms.

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Socio-demographic features of first-episode psychosis associated with an increased likelihood of subsequent schizophrenia in a psychiatric inpatient sample

V.R. Enatescu^{1,*}, R.B. Munteanu², R. Romosan¹, A. Toader², I. Papava¹, V.A. Pinzaru¹, A.M. Draghici², I. Enatescu³

¹ “Victor Babes” University of Medicine and Pharmacy Timisoara,

Department of Psychiatry, Timisoara, Romania

² Timisoara County Emergency Clinical Hospital, “Eduard Pamfil” Psychiatric Clinic, Timisoara, Romania

³ “Victor Babes” University of Medicine and Pharmacy Timisoara, Department of Neonatology and Puericulture, Timisoara, Romania

* Corresponding author.

Introduction Early diagnosis of schizophrenia is often delayed in first-episode psychosis and this could be viewed as an obstacle for a proper therapeutic approach and optimal clinical management.

Objective Our main objective was to identify baseline socio-demographic variables in first-episode psychosis which are associated with an increased likelihood of diagnosing schizophrenia in the second episode of psychosis. As a secondary objective we aimed to assess the diagnostic stability between first and second episode psychosis.

Material and methods Data belonging to 100 patients that were twice admitted in Timisoara Psychiatric Clinic, between 2010 and 2015, for two distinct and consequent episodes of psychosis, were analyzed. The first admittance had to coincide with first episode psychosis.

Results Logistic binary regression showed that a younger mean age (OR=0.90; 95% CI=0.85–0.95), a more unfavorable professional status (OR=3.75; 95% CI=1.10–12.74) and a lesser quality of social support (OR=3.47; 95% CI=1.11–10.82) at the onset of the first episode of psychosis were associated with an increased likelihood for a subsequent diagnosis of schizophrenia.

Conclusions Identifying an initial socio-demographical profile with a high predictive value for a subsequent outcome towards schizophrenia should encourage using this diagnosis starting with the first episode of psychosis.

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Treatment with antipsychotics and sexual dysfunction in a sample of schizophrenic inpatients

M.D.C. García Mahía^{1,*}, Á. Fernández Quintana¹, M. Vidal Millares¹, R. Castro Calvo²

¹ CHU A CORUÑA, Psychiatry, A Coruña, Spain

² CHUS Santiago de Compostela, Admission, Santiago de Compostela, Spain

* Corresponding author.

Introduction Previous studies show association between sexual dysfunction and antipsychotic treatment.

Objectives To study the prevalence and clinical correlates of sexual dysfunction in schizophrenic inpatients treated with antipsychotics. To analyze the influence of sexual complaints in treatment adherence.

Methods Retrospective descriptive study of psychiatric inpatients diagnosed of schizophrenia following DSM-IV-TR) criteria and treated in an acute care unit of Psychiatry in a university hospital in a 12-month period. Patients treated with combination of antipsychotics (typical and atypical) were excluded from the analysis ($n=60$). Sexual side effects were evaluated with Udvalg for Kliniske Undersogelser (UKU) Side Effect Rating Scale and evaluated in two treatment groups: conventional antipsychotics, and atypical antipsychotics. Patients were asked about subjective experience with other treatments.

Results The mean age of subjects was 32.4 (SD=8.7). From the whole sample 38 (63.3%) were men and 22 (36.7%) women. Sexual dysfunction related to treatment was present in 78% of patients. Men were more affected than women and 69% of them related that sexual dysfunction had influenced the decision of treatment withdrawal previous to income. Amenorrhea was more common on risperidone and amisulpride. Analysis of different antipsychotics and its relationship with sexual dysfunction are presented.

Conclusions Sexual dysfunction is a frequent side effect associated with antipsychotics in schizophrenic patients. The sexual side effects may reduce the quality of life and may increase non-compliance that is usually associated to readmissions and worse prognosis of severe mental illness.

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

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Analysis of the duration of untreated illness (DUI) in the first episode psychosis Program (FEP) in AGS South Granada

B. Girela Serrano*, M. Guerrero Jiménez, C.M. Carrillo de Albornoz Calahorra, J.A. Rodrigo Manzano, O.B. Martínez García

Hospital Santa Ana Motril, Psiquiatría, Motril, Granada, Spain

* Corresponding author.

Introduction Duration of untreated illness (DUI) has been considered as a relevant variable used to measure the degree of disabilities that are associated with psychotic disorders. In this paper we describe a cluster of patients with a DUI superior to 1 year according to their symptoms and sociofamiliar functioning.

Methods We compare a group with a DUI superior to 1 year ($n=7$) against a group with a DUI inferior to 1 year ($n=17$).

Results The group with a DUI superior to 1 year showed an average age of 4 years younger (21) as the duration of untreated psychosis (DUP) of 1 to 3 months in the 80% of cases and higher percentage of unemployed or without occupation. The 60% were derived from primary care, compared to the 17% of the other group. Although the consumption of toxic substances was similar in both

groups, no toxic psychosis were found in comparison with the 35% present in the group with a DUI inferior to 1 year. PANSS' profile scored more positive and less negative symptoms. Both have similar general psychopathology. There were group differences in the Social Functioning Scale (SFS) with lower scores in the superior to 1 year DUI, in the following scales: Prosocial, Autonomy, Execution and Employment. The Global Assessment of Functioning (GAF) gives an average of almost 8 points higher.

Discussion While the SFS shows significant differences in several areas of social functioning, both PANSS profile and the family questionnaire do not support greater deterioration, as evidenced in the GAF's average score.

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EV1157

Psychosis-related polydipsia and chronic hyponatremia – A case report

F. Gonçalves Godinho*, A.L. Melo, S. Marques, D. Barrocas
Hospital Espírito Santo de Évora, Psychiatry and mental health,
Évora, Portugal

* Corresponding author.

Introduction Psychogenic polydipsia has an estimated prevalence of 6–20% in psychiatric population. Although first described in the 1930s, there are few studies addressing this problem and its management. The high water intake can lead to severe hyponatremia with a mortality rate high enough to merit clinical concern.

Aims Report a case of a schizophrenic patient with psychogenic polydipsia and hyponatremia.

Methods Retrospective review of the clinical file and literature research on this topic.

Results A 41-year-old man with a long-term schizophrenia presented to the emergency room (ER) with exacerbation of psychotic symptoms. In the prior 24 months, he had stopped medication and began excessive water intake (5 to 10L/day). He presented with auditory hallucinations, passivity phenomena and persecutory and other delusional thoughts that justified this behavior – “The water will end; I have to stock it, like camels do”. Presently he had an asymptomatic hyponatremia (128 mg/dL), but 6 months before he had been admitted in the ER with vomiting, altered state of consciousness and convulsions secondary to severe hyponatremia (108 mg/dL). During the present hospitalization, organic causes of hyponatremia were excluded and he was started on behavioral measures and antipsychotics. The psychotic symptoms improved and there was no need for water restriction after the first week, with restored natremia values on discharge.

Conclusions With this case report we intended to raise awareness on this potentially fatal condition that despite its prevalence has no defined diagnostic criteria, nor established controlled trials concerning the effectiveness of treatments.

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EV1158

Schizophrenia spectrum disorders: Focus on social cognition and empathy

C. Gramaglia^{1,*}, E. Gattoni¹, G. Giovanna¹, S. Gili¹, A. Feggi¹, V. Binda², P. Prosperini², P. Zeppego¹

¹ University of Eastern Piedmont, Traslational Medicine, Novara, Italy

² AOU “Maggiore della Carità”, S.C. Psichiatria, Novara, Italy

* Corresponding author.

Background Schizophrenic patients show deficits in social cognition, functioning and in interpreting facial expressions. These disabilities contribute to global impairment in social and relational skills. Data started being collected in the context of the Italian Network of Research on Psychosis headed by Prof. Maj and Prof. Galderisi (Galderisi S et al. The influence of illness-related variables, personal resources and context-related factors on real-life functioning of people with schizophrenia. *World Psychiatry* 2014;275–87. Mucci A et al. The Specific Level of Functioning Scale: Construct validity, internal consistency and factor structure in a large Italian sample of people with schizophrenia living in the community. *Schizophr Res* 2014;159(1):144–50); collection in our centre went on also after the conclusion of the national project.

Aims To identify the correlations among social inference, facial emotion identification and clinical history and therapies in schizophrenic patients.

Material and methods We recruited patients with Schizophrenia referring to our Psychiatry Ward, AOU Maggiore della Carità, Novara, Italy. Socio-demographic characteristics were gathered; assessment of patients included The Awareness of Social Inference Test (TASIT), the Facial Emotion Identification Test (FEIT), the Positive and Negative Syndrome Scale (PANSS) and the Brief Negative Symptom Scale (BNSS).

Results Data collection is still ongoing. In a previous study we pointed out that schizophrenic patients showed social skills deficits and difficulties in identifying facial emotions. These features underlie poor and limited social relationships proper to schizophrenia. Our preliminary results revealed that identification of facial emotions is influenced by psychopathological symptoms especially by avolition, blunted affect and alogia. Implication will be discussed.

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Feasibility study of culturally adapted cognitive behaviour therapy for psychosis in Pakistan

N. Husain¹, N. Mehmood², M.O. Husain^{3,*}, T. Kiran¹, F. Naem⁴, I.B. Chaudhry¹

¹ University of Manchester, Psychiatry, Manchester, United Kingdom

² Pakistan Institute of Learning and Living, Research and Development, Karachi, Pakistan

³ Manchester Mental Health and Social Care Trust, General Adult Psychiatry, Manchester, United Kingdom

⁴ Queen's University, Psychiatry, Kingston, Canada

* Corresponding author.

Background It is becoming well established that CBT is both effective and cost efficient in the treatment of positive and negative symptoms of schizophrenia. However, there is a need to adapt CBT to the cultural, linguistic, and socioeconomic context of diverse cultural groups. We aimed to establish the feasibility of culturally adaptive cognitive behavior therapy for treatment of psychosis in a low-income country.

Methods This is a rater-blind, randomized, controlled trial of the use of CBT in patients with psychosis from a low-income country. Patients with a DSM-IV diagnosis of schizophreniform disorder were assessed using Positive and Negative Syndrome Scale for Schizophrenia (PANSS), PSYRATS (Psychotic Symptom Rating Scales), and the Insight Scale. Participants were randomized into the intervention group ($n=18$) and TAU group ($n=18$). The intervention group received 12 weekly sessions of culturally adapted CBT for psychosis (CaCBTp).

Results There were no significant differences between the two groups at baseline. At three months follow-up, there was a statistically significant improvement in the CaCBTp group on PANSS general Psychopathology subscale, PANSS overall score and Insight