

BAVQ, Intervention group showed a statistically significant reduction in Malevolence ($P=0.008$), Engagement ($P=0.001$); and showed a statistically significant increase in Resistance ($P=0.049$) compared to control.

Conclusions Brief cognitive behavioral therapy for auditory hallucinations can improve severity of schizophrenia, increase the level of functioning and improve the beliefs about the voices.

Keywords Schizophrenia; Auditory hallucinations; Brief cognitive behavioral therapy

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

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EW545

The effect of a 16-week walking program on biomarkers, physical fitness, health related quality of life and self-perceptions of adults with schizophrenia

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Introduction People with schizophrenia exhibit low levels of physical activity, which have impact on physical and mental health as well as overall quality of life (QOL). Mental and physical benefits of exercise are known, although the mechanisms through which physical exercise improves schizophrenia symptoms are not fully understood.

Objectives To assess the effect of a 16-week exercise program (EP) on the expression of BDNF and S100B biomarkers, physical fitness, health related quality of life and self-perceptions of adults with schizophrenia.

Methods Thirty-five patients with schizophrenia (PwSZ) were divided in three groups Institutionalized Patients ($n=11$); Psychosocial Rehabilitation ($n=13$); and Control Group ($n=11$). The EP consisted of one-hour walking session three times a week during 16 weeks. All participants were assessed before and after EP using the six minutes walking test, a psychological tests battery including MOS Short Form 36, Rosenberg Self-Esteem Scale, Physical Self-Perception Profile, Satisfaction with Life Scale as well as the BDNF and S100B measurements using serum analysis.

Results No significant statistical differences were found both for BDNF and S100B levels as a result of exercise. Additionally, no significant statistical differences were found for Physical Self-concept and Global Self-esteem changes as a result of the walking program (WP). However, PwSZ showed significant statistical differences on the satisfaction with life ($P<0.05$) and on the perceived health related QOL ($P<0.05$) in all groups participating in the EP.

Conclusion In spite of the limited impact of the WP in PwSZ, this group may obtain positive outcomes of the exercise participation based on a more positive attitude towards life.

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

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Social cognition across stages and forms of schizophrenia

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Introduction Social cognition is considered as a main predictor of functional outcomes and a candidate for endophenotype of schizophrenia. We hypothesize that social cognition capacities follow the course of schizophrenia as a prodromal disorder.

Objective To investigate social cognition across different groups of patients with schizophrenia and schizophrenia spectrum disorders.

Aims To evaluate social cognitive impairments in patients with first episode psychoses (FEP), chronic schizophrenia (CS) and schizophrenia-spectrum disorders (SSD).

Methods In a cross-sectional study, 71 patients with FEP, CS and SSD were assessed with a battery of clinical and social cognitive tests. Three key social cognitive domains were assessed: emotion perception, Theory of Mind and attributional style.

Results Patients with schizoaffective disorder and schizotypal disorder showed better scores in Hinting task (mean ranks: 47.0 and 39.9 respectively) than patients with less favourable forms of schizophrenia (mean ranks: 24.7 and 30.2 respectively) ($P=0.003$). Patients with FEP showed better results in Hinting task (18.1 ± 2.4) versus CS patients (17.4 ± 2.0) ($P<0.05$). No differences in emotion perception (Ekman-60 task) among FEP and CS patients were detected. Patients with schizoaffective disorder showed better scores in emotional processing comparing to all forms of schizophrenia patients (mean ranks 49.1 vs. 30.1, 34.5, 28.0, $P<0.05$). No significant differences in attributional style were registered.

Conclusions Emotion perception and Theory of Mind domains show different level of impairment across FEP and CS patients and across forms of schizophrenia. Further longitudinal studies to establish how social cognition domains mirror the course and severity of schizophrenia and SSD are needed.

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

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Tolerability and safety of long-acting injectable aripiprazole

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Introduction Long-acting injectable aripiprazole is the most recently introduced depot treatment in schizophrenia.

Objectives The objective of this study is to determine the tolerability and safety of this new treatment.

Aims The aim is to provide useful information regarding the use of this new drug.

Methods Our sample consists on 20 patients treated with a monthly dose of long-acting aripiprazole. They were previously stabilized on oral aripiprazole before the first injection. The data on tolerability and safety were obtained by face-to-face interviews, using the Hogan Drug Attitude Inventory, the Patient Satisfaction with Medication Questionnaire and the UKU Side Effects Scale.

Results Our sample consists of 20 patients, with a 50/50 gender distribution and a mean age of 39 years. The average score in the satisfaction scale Hogan was positive (an average of 7.25). In

the Patient Satisfaction With Medication Questionnaire, 85% said they were satisfied with the new treatment, compared with 15% who showed some degree of dissatisfaction with the change. Overall, 90% of patients showed a preference for the current treatment compared to the previous. The patients showed good tolerance to medication, with a low score in the UKU scale (total score = 13.5). Side effects did not interfere with daily activity of the patient.

Conclusions Long acting injectable aripiprazole proved to be a safe treatment, with a good degree of acceptance among patients. These advantages makes of this new drug a useful addition to our kit tool.

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

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Comparative study of the side-effect profile between clozapine and non-clozapine patients

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Introduction For resistant schizophrenia, the only approved treatment is clozapine. However, clozapine is underused, mainly due to its wide range of side-effects. Secondary effects differ amongst antipsychotics (Leucht et al., 2009). Despite that there is no good evidence that combined antipsychotics offer any advantage over the use of a single antipsychotic, combination increases the frequency of adverse events (Maudsley guidelines).

Objectives To compare the side-effect profile between clozapine and non-clozapine patients.

Aims To provide evidence that clozapine patients do not show a worse side-effects profile.

Methods We cross-sectionally analysed all patients from a Spanish long-term mental care facility ($n=139$). Schizophrenic/schizoaffective patients were selected ($n=118$) and their treatment was assessed, 31 patients used clozapine. We paired clozapine and non-clozapine patients by sex and age and assessed antipsychotic side effects and possible confounder variables.

Results Our sample was 27 clozapine patients and 29 non-clozapine patients. 67.9% were male with a mean age of 51.3 (SD 9.6) years. For continuous variables: age, BMI, waist/hip, cholesterol, TG, glucose, prolactin, heart-rate, blood pressure, sleeping hours, the only statistical differences found were lower heart-rate ($P=0.001$) in clozapine group and higher salivation subscale of SAS ($P=0.002$) in clozapine group. For discrete variables: monotherapy, obesity, overweight, metabolic syndrome or possible confounders as propranolol, laxative, diet, antiglycemic or insulin, fibrates or statins, antihypertensive or anticholinergic, no statistical differences were found.

Conclusions We did not find differences in cardiometabolic parameters, which are the main barrier to prescribing clozapine, probably due to the concomitant use of other drugs in both groups.

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

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EW 550

Time to relapse monotherapy and acquisition in a sample of schizophrenic patients over 3 years of follow-up

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Introduction Poor adherence to treatment is one of the main problems in health care to psychiatric patients. The second-generation antipsychotics, and the subsequent emergence of the depot forms (long acting formulations) have facilitated this aspect, increasing the time to clinical relapse in patients with schizophrenia.

Goals Determine the time to relapse in a clinical sample of patients diagnosed with schizophrenia treated with paliperidone palmitate over 3 years. Other objectives include the possible reduction in hospital admissions, as well as the possible reduction of psychiatric emergency visits, concomitant medication (benzodiazepines and Biperiden) and the possible increase in drug monotherapy.

Methodology This is a study with a sample of 101 patients with schizophrenia who had started treatment with PP (consecutive sampling). Quantified variables in the 12 months prior to the change of PP treatment with variables at 6, 12, 24 and 36 months after initiation of treatment with PP were compared.

Results and conclusions At the end of the tracking, 72.22% (73 patients) remained clinically stable, with adequate adherence to treatment and there have been no clinical relapses. It has obtained a statistically significant reduction in the use of concomitant medication, emergency room visits and the average duration of revenues, with no clinical relapse should occur in patients of the sample in the second and third year.

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EW551

Effects of nicotine abstinence on clinical symptoms. Study at 3 and 6-months follow-up of outpatients with schizophrenia

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