patients in their clinical trials. Older age, an increased percentage of men gender or inpatient status tend to escalate the score difference of decision-making competence compared to non-mentally-ill subjects in various dimensions of the decision-making capacity. The main limitations of the study are: (1) a decreased number of studies included in the analysis is small (2) only three studies included data about enhanced ways of informing potential subjects.
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EW0259

Diagnostic stability in the first episode of psychosis

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Introduction Early intervention programs in psychosis have demonstrated efficiency in reduction the duration of untreated psychosis, relapse prevention, socio-professional integration and prognosis improvement. In daily practice, it is evident the clinical heterogeneity of the first episodes of psychosis (FEP), as well as the difficulty in initially assigning a specific diagnosis, being difficult to do the differential diagnosis and verifying, during follow-up, very different clinical outcomes among patients.
Objectives/aims Two years after the start of specific consultation for FEP, the authors intended to characterize the followed patients and their evolution, comparing socio-demographic and clinical parameters, with emphasis on diagnosis at the first visit and after two years assessing their variability/stability.
Methods Data research from a 48 patients sample followed up on the FEP consultation.
Results The diagnostics on the first consultation were 79% psychosis with no other specification (NOS), followed by cannabinoids addiction in 35%. After two years, in 29% of cases, there was a diagnostic change being actually 46% Psychosis NOS, 21% cannabinoids addiction and 17% schizophrenia. Initially, only 39% did not have previous history of toxic substances use, being 75% the current percentage. Six percent abandoned the consultation.
Conclusions The authors conclude that, in this specific psychiatry consultation, it is important to initially keep an unspecified diagnostic, with further progressive evaluation allowing a more accurate diagnostic, since the initial diagnostic specification is often found to be incorrect, with adverse consequences for the patient. It would be useful to compare the results with a sample of patients under "as usual" treatment.
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EW0260

Auditory verbal hallucinations in first episode psychosis – an fMRI symptom capture study

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Introduction Neurobiological models of auditory verbal hallucination (AVH) have been advanced by symptom capture functional magnetic resonance imaging (fMRI), where participants self-report hallucinations during scanning. To date, regions implicated are those involved with language, memory and emotion. However, previous studies focus on chronic schizophrenia, thus are limited by factors, such as medication use and illness duration. Studies also lack detailed phenomenological descriptions of AVHs. This study investigated the neural correlates of AVHs in patients with first episode psychosis (FEP) using symptom capture fMRI with a rich description of AVHs. We hypothesised that intrusive AVHs would be associated with dysfunctional salience network activity.
Methods Sixteen FEP patients with frequent AVH completed four psychometrically validated tools to provide an objective measure of the nature of their AVHs. They then underwent fMRI symptom capture, utilising general linear models analysis to compare activity during AVH to the resting brain.
Results Symptom capture of AVH was achieved in nine patients who reported intrusive, malevolent and uncontrollable AVHs. Significant activity in the right insula and superior temporal gyrus (cluster size 141 mm^3), and the left parahippocampal and lingual gyri (cluster size 121 mm^3), $P < 0.05$ FDR corrected, were recorded during the experience of AVHs.
Conclusions These results suggest salience network dysfunction (in the right insula) together with memory and language processing area activation in intrusive, malevolent AVHs in FEP. This finding concurs with others from chronic schizophrenia, suggesting these processes are intrinsic to psychosis itself and not related to length of illness or prolonged exposure to antipsychotic medication.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0261

QTc Interval in individuals with schizophrenia receiving antipsychotic as monotherapy or polypharmacy

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Introduction Antipsychotics are associated with the polymorphic ventricular tachycardia, Torsade's de pointes, which in worst case can lead to sudden cardiac death. The QTc interval is used as a clinical proxy for Torsade's de pointes. QTc interval is prolonged by monotherapy with antipsychotic, but it is unknown if the QTc interval is prolonged further with antipsychotic polypharmacy.
Objectives To investigate the associations between QTc interval and antipsychotic mono- and polypharmaceutical treatment, respectively, in schizophrenic patients.
Aims To learn more about the impact of antipsychotics on the QTc interval.