

comparison to the initiation of the treatment 18% of the patients were slightly better, 45% moderately better and 36% much better.

Conclusion A remarkable clinical improvement was observed, maintaining good health, with an acceptable level of functionality. This study shows that the incorporation of long-acting Aripiprazole to the treatment of our sample has been a significant improvement in overall functioning of the patient.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.615>

EW499

A multicentric study on cognitive functions in a large sample of patients with schizophrenia and their unaffected first-degree relatives

M. Chieffi^{1,*}, A. Mucci¹, A. Rossi², P. Rocca³, A. Bertolino⁴, S. Galderisi¹, M. Maj¹

¹ University of Naples SUN, psychiatry, Naples, Italy

² University of L'Aquila, department of biotechnological and applied clinical sciences - section of psychiatry, L'Aquila, Italy

³ University of Turin, department of neuroscience - section of psychiatry, Turin, Italy

⁴ University of Bari, department of neurological and psychiatric sciences, Bari, Italy

* Corresponding author.

Introduction Neurocognition may represent an indicator of genetic risk and poor outcome in schizophrenia patients (SCZ) predicting real life functioning.

Objectives As cognitive performance of unaffected first-degree relatives (UR) is intermediate between SCZ and healthy controls (HC), neurocognitive impairment may represent a marker of vulnerability to schizophrenia.

Aims To investigate social and neurocognition in all subjects and their impact on functional capacity of patients as markers of vulnerability.

Methods Sample: 922 SCZ, 379 UR and 780 HC. Assessment: MATRICS Consensus Cognitive Battery (neurocognition), Facial Emotion Identification Test and Awareness of Social Inference Test (social cognition) and Specific Level of Functioning Scale (social functioning). Analyses: Structural Equation Model (SEM) analyses to model the impact of all variables on functional outcome.

Results SCZ scored worse in all domains than UR and HC. UR had significant impairments in all cognitive domains with respect to HC. Cognitive functioning had direct and indirect impacts on functional outcome mainly through social cognition and functional capacity. Social cognition had a direct impact on outcome, independent of neurocognition.

Conclusion SCZ and UR display similar patterns of social and neurocognition deficits. Our results confirm a strong impact of neurocognition on functional outcome. Social cognition has become an interesting object of study and its conceptualization as trait variable and the existence of a continuum between SCZ and UR are hypotheses for further research.

Acknowledgements The study was carried out within the project "Multicenter study on factors influencing real-life social functioning of people with a diagnosis of schizophrenia" of the Italian Network for Research on Psychoses.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.617>

EW500

Validation of the remission criteria in a Chinese population with chronic schizophrenia

Y.H. Chou

Taipei Veterans general hospital, psychiatry, Taipei, Taiwan

Background A consensus definition of symptomatic remission in schizophrenia was recently established based on a fixed threshold for symptom severity and a time component. The objective of this study was to determine the clinical relevance of this definition in a Chinese population and find the predictors of symptomatic remission, functional outcome and cognition.

Methods Seventy-five schizophrenic patients were recruited within a period of 2 years. All patients need to prospectively be followed up in an outpatient clinic for at least 6 months. During this period, it was not allowed to adjust their medications. Three different definitions of symptomatic remission included the Remission in Schizophrenia Working Group (RSWG), clinical global impression (CGI) and brief psychiatric rating scale (BPRS) was evaluated. In addition, the function and cognition was assessed as the measured outcomes. The prediction model of outcomes measurement was used for statistic analysis.

Results The cumulative percentage of achieving remission criteria among three different definitions of symptomatic remission was 52% in RSWG criteria, 63% in CGI and 65% in BPRS, respectively. In comparison of remitted and non-remitted groups, there were significant differences in sex, education, function and cognition in terms of RSWG definition but not in CGI and BPRS. Female gender and education were two factors for predicting symptomatic remission and function, whereas body mass index and education were two factors for prediction of better cognition.

Conclusions Our study indicates that the definition of RSWG was more clinical relevant compared with CGI and BPRS in Chinese schizophrenia.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.618>

EW501

Association between implicit motor learning and neurological soft signs in schizophrenia

A. Chrobak^{1,*}, K. Siuda-Krzywicka², G. Siwek¹, A. Tereszko¹, M. Siwek³, D. Dudek³

¹ Jagiellonian university medical college, faculty of medicine, Cracow, Poland

² École des neurosciences à Paris, Paris, France

³ Jagiellonian university medical college, department of affective disorders, Cracow, Poland

* Corresponding author.

Introduction Schizophrenia (SZ) patients present subtle motor deficits known as Neurological Soft Signs (NSS). Those deficits encompass impairments of motor coordination, sequencing of complex motor acts and sensory integration. It has been shown that SZ patients present also deficits of higher motor functions as implicit motor learning. Growing number of studies indicate that both NSS and implicit motor learning deficits are associated with impairments of common cortico-cerebellar pathways, however relationship between these two deficits has not been evaluated yet.

Objectives To assess NSS and implicit motor learning in SZ patients.

Aims To evaluate associations between NSS and implicit motor learning scores in SZ patients.

Methods Twenty schizophrenia patients and 20 healthy controls were examined. Patients were under olanzapine, clozapine or que-

tiapine treatment. NSS were assessed with Neurological Evaluation Scale (NES). Implicit motor learning were assessed with a use of Serial Reaction Time Task.

Results SZ patients presented statistically higher NSS scores than healthy controls ($P < 0.001$) and presented no signs of implicit motor learning. There was statistically significant negative correlation between implicit motor learning score and total score of neurological soft signs ($r = -0.44$), sequence of motor acts subscore ($r = -0.54$) and sensory integration subscore ($r = -0.47$) in SZ patients group ($P < 0.05$).

Conclusions There is association between implicit motor learning deficits and neurological soft signs in SZ patients.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.619>

EW502

First-generation versus second-generation antipsychotic drugs for depression in schizophrenia

M. Corbo*, T. Acciavatti, S. Marini, E. Cinosi, L. Di Tizio, L. Di Caprio, D. Viceconte, L. Matteo, D.I. Giuseppe, G. Martinotti, M. Di Giannantonio

University "G.D. Annunzio" Chieti, Neuroscienze- Imaging e Scienze Cliniche, Chieti, Italy

* Corresponding author.

Introduction A certain degree of depressive symptoms is common in schizophrenic patients. The assessment and treatment of depressive symptoms in schizophrenia is clinically challenging.

Objectives We conducted a cross-sectional study to investigate the depressive dimension of schizophrenic patients.

Aims The aim was to evaluate the effect of pharmacotherapy on depressive symptomatology.

Methods Thirty-four outpatients (18-65 years old) with stable schizophrenia in monotherapy with FGAs or SGAs. We evaluated: depressive symptoms with Calgary Depression Scale for Schizophrenia; positive and negative symptoms (with Positive and Negative Symptom Scale); neurocognition (with Matrics Cognitive Consensus Battery); social cognition (with Facial Emotional Identification Test); social functioning (with Personal and Social Performance Scale and with UCSD Performance-based Skills Assessment). Collected data underwent statistical analyses.

Results A SGAs therapy was associated with: lower depressive symptoms (mean SGAs group = 4.0; mean FGAs group = 7.86, $P < 0.05$); lower mean positive symptoms (mean SGAs group = 12.65; mean FGAs group = 17.43, $P < 0.05$); lower negative symptoms (mean SGAs group = 21.35; mean FGAs group = 29.07, $P < 0.05$); lower scores on the PANSS-total (mean SGAs group = 71.05; mean FGAs group = 91.86, $P < 0.01$). After correction for multiple variables, the SGAs group still had significantly lower values towards the FGAs group ($P < 0.05$).

Conclusions Our study support the notion that switch from a FGA to a SGA could be a relatively simple first-step for the treatment of this condition. Atypical antipsychotics might exercise antidepressant effects with different potential mechanism including: remission of a FGA-induced depression and action on of 5-hydroxytryptamine, dopamine [other than postsynaptic D2], and $\alpha 1$ -noradrenergic receptor sites.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.620>

EW503

Clinical and functioning outcomes of second-generation long-acting antipsychotics in a sample of schizophrenia patients during a follow-up period of 6 months

V. Corigliano^{1,*}, I. Mancinelli¹, A. De Carolis², S.M. Tamorri¹, S. Di Pietro¹, F. Pazzelli¹, I. Ciccaglione¹, P. Girardi¹, A. Comparelli¹

¹ Sant'Andrea hospital, NEMOS department neurosciences- mental health and sense organs unit of psychiatry- Sant'Andrea hospital-school of medicine and psychology- Sapienza university, Roma, Italy
² Sant'Andrea hospital, NEMOS department neurosciences- mental health and sense organs unit of psychological medicine- Sant'Andrea hospital- school of medicine and psychology- Sapienza university, Roma, Italy

* Corresponding author.

Introduction Second-generation long-acting injectable antipsychotics (LAIs) constitute a valuable alternative for the treatment of schizophrenia and combine advantages of both long-acting injectable drugs and atypical antipsychotics. Realistic, naturalistic studies are necessary to evaluate the impact of LAIs on specific cluster of symptoms.

Objectives To collect clinical and functioning outcomes in outpatients with schizophrenia treated with LAIs during a follow-up period of 6 months.

Aims To determine the impact on symptoms and functioning of second-generation LAIs.

Methods It is a 6-month naturalistic, observational, prospective, non-interventional study of patients diagnosed with DSM-V schizophrenia disorder. Clinical data were assessed by the Positive and Negative Syndrome Scale (PANSS) and the Global Assessment of Functioning (GAF). For statistical analysis, we used the Wallwork's five-factor model of the PANSS.

Results A total of 50 schizophrenia patients (70% male; mean age: 36.2 ± 10.4) referred to the Depot Clinic at Sant'Andrea Hospital in Rome was included. Eight patients received treatment with risperidone LAI (RLAI), 20 with paliperidone-palmitate LAI (PLAI), 10 with olanzapine-pamoate LAI (OLAI) and 12 with aripiprazole LAI (ALAI). LAIs were overall associated with improved functioning and positive symptoms; OLAI, ALAI e PLAI correlated with improved negative symptoms, RLAI, OLAI e PLAI with improved disorganised/concrete symptoms, OLAI e PLAI with improved excited symptoms; ALAI improved depressive symptoms.

Conclusion Over the 6-month period, LAIs were associated with improved functioning and illness severity in schizophrenia patients with different symptoms profile. Treatment with PLAI and OLAI showed the major clinical advantages, whereas only ALAI correlated with improved depressive symptoms.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.621>

EW504

Reduction of negative social attributions towards people with mental illness through a combination of treatments

C. Vaquero^{1,*}, M. Cebollero¹, M.Á. Escudero¹, J. Saiz^{1,2}

¹ Grupo 5, psychosocial rehabilitation, Aranjuez, Spain

² Universidad Complutense de Madrid, Facultad de Psicología, Madrid, Spain

* Corresponding author.