

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

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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.

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

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

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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.

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

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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