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Objectives Evidence from meta-analyses of randomised clinical trials shows interventions for young people at ultra-high risk (UHR) of developing psychosis are effective both clinically and economically. While research evidence has begun to be integrated into clinical guidelines, there is a lack of research on the implementation of these guidelines. This paper examines service provision for UHR individuals in accordance with current clinical guidelines within the National Health Service (NHS) in England.
Method A self-report online survey was completed by clinical leaders of Early Intervention in Psychosis (EIP) teams ($n = 50$) within the NHS across the UK.
Results Of the 50 EIP teams responding (from 30 NHS Trusts), 53% reported inclusion of the UHR group in their service mandate, with age range predominantly 14–5 years (81%) and service provided for at least 12 months (53%). Provision of services according to NICE clinical guidelines showed 50% of services offered cognitive behavioural therapy (CBT) for psychosis, and 42% offered family intervention. Contrary to guidelines, 50% of services offered antipsychotic medication. Around half of services provided training in assessment by CAARMS, psycho-education, CBT for psychosis, family work and treatment for anxiety and depression.
Conclusions Despite clear evidence for the benefit of early intervention in this population, current provision for UHR within EIP services in England does not match clinical guidelines. While some argue this is due to a lack of allocated funding, it is important to note the similar variable adherence to clinical guidelines in the treatment of people with established schizophrenia.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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e-Poster walk: Schizophrenia and other psychotic disorders–part 2

EW0254

Effects of chronic antipsychotic treatment on neurophysiological correlates of the auditory oddball task in schizophrenia: A preliminary report from a multicentre study

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Introduction The effects of chronic antipsychotic administration on the human brain are debated. In particular, first-generation (FGAs) and second-generation antipsychotics (SGAs) seem to have different impacts on brain function and structure in subjects with schizophrenia. Few studies have investigated the effect of chronic administration of FGAs and SGAs on indices of brain function, such as event-related potentials (ERP) or neuropsychological performance.
Objectives Within the Italian Network for Research on Psychoses study, subjects stabilized on FGAs or SGAs were compared on P300, an ERP component, thought to reflect attention, working memory and context integration and on neurocognitive indices.
Methods ERPs were recorded in 110 chronic, stabilized patients with Schizophrenia (28 used FGAs) during a standard auditory oddball task. P300 latency and amplitude were assessed at Pz channel. MATRICS Consensus Cognitive Battery (MCCB) was used for cognitive assessment.
Results Compared with the SGAs group, patients on FGAs showed significant increased P300 latency ($P = 0.003$; Cohen's $d = 0.67$) and significant decreased P300 amplitudes ($P = 0.023$; Cohen's $d = 0.38$). The two groups did not differ on psychopathology and MCCB scores. Multiple linear regressions revealed that "FGAs vs. SGAs" ($\beta = 0.298$, $P = 0.002$) and MCCB neurocognitive composite T-score ($\beta = -0.273$, $P = 0.004$) were independent predictors of P300 latency, whereas only age ($\beta = -0.220$, $P = 0.027$) was an independent predictor of P300 amplitude.
Conclusions FGAs seem to affect the functional brain activity more than SGAs, particularly slowing cortical processing. Our results suggest that discrepant findings concerning P300 latency in schizophrenia might be related to the type of antipsychotic treatment used. Longitudinal studies are needed to further address this issue.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0255

Schizophrenia and major depression: Resilience, coping styles, personality traits, self-esteem and quality of life

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Introduction Resilience is commonly defined as positive adaptation to adverse events or as the ability to maintain or regain mental health after exposure to difficulties. According to the bio-psycho-social model, resilience is influenced by self-esteem, coping strategies and personality traits. In schizophrenic patients, resilience seems to affect real-life functioning, while in mood disorders, resilience influences the longitudinal course of the disorder, reducing the frequency of relapses and improving drugs response.
Objectives The aim of this study is to asses levels of resilience and self-esteem, coping strategies, perceived quality of life and temperament characteristics in a sample composed by patients with major depressive disorder and patients affected by schizophrenia.
Methods We collected a sample composed by 40 patients with major depressive disorder and 40 patients affected by schizophrenia patients recruited at the "Maggiore della Carità" Hospital in Novara, Italy. The assessment protocol included: Resilience Scale for Adults (RSA), Coping Orientation to Problems Experienced Inventory–Brief (BRIEF–COPE), Rosenberg Self-esteem Scale (RSES), Paykel List Of Stressful Events, Temperamental and Character Inventory (TCI) and Short form 36 (SF-36). Comparison of qualitative data was performed by means of the χ^2, a t-test was performed for continuous normal-distribution variables otherwise a non-parametric Mann–Whitney test was performed. Statistical significance was set at $P \leq 0.05$.

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Conclusions In patients with major depressive disorder resilience were associated with a good self-perception of physical and mental health, higher self-esteem levels and problem-focused/emotion focused coping strategies. In schizophrenic patients, sample there was no positive correlation between resilience and perceived quality of life. Further implications will be discussed.
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EW0256

Systematic evaluation of dose-escalation strategies after initial non-response to standard-dose pharmacotherapy in schizophrenia

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Objectives This meta-analysis investigates if dose increase of an antipsychotic drug (high-dose treatment, dose escalation) is advantageous for schizophrenic patients who failed to respond adequately to standard-dose treatment with the same antipsychotic.
Methods Within a systematic literature survey, we identified all randomized controlled trials (RCTs) comparing a dose increase directly to standard-dose continuation treatment in schizophrenic subjects with initial non-response to prospective standard-dose pharmacotherapy with the same antipsychotic. The primary outcome was mean change in the Positive and Negative Syndrome Scale (PANSS) total score. Secondary outcomes were dichotomous response and attrition rates. Study selection and data extraction were conducted independently by two authors. We calculated effect sizes (Hedges's *g* and risks ratios) using the Mante–Haenszel random-effects model. Meta-regression analyses were performed to explore the influence of the degree of the dose increase on effect sizes.
Results Five trials ($n = 348$) examining quetiapine ($n = 2$, $n = 191$), ziprasidone ($n = 1$, $n = 75$), haloperidol ($n = 1$, $n = 48$), and fluphenazine ($n = 1$, $n = 34$) were included. We found no significant between-group differences for the mean PANSS/BPRS total score change, even not when itemized according to the individual antipsychotic agents. There were no between-group differences for response and dropout rates. The non-significant meta-regressions indicate no impact of the different amounts of dose increments on effect sizes.
Conclusions We found no evidence for the efficacy of a dose escalation after initial non-response to standard-dose pharmacotherapy as general advisable treatment strategy. As the high-dose treatment was not accompanied by significant increased attrition rates, appropriate tolerability and acceptability of this pharmacological option can be assumed.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0257

Cognition in schizophrenia: Selective impairment and factors that influence it

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Currently it is well known that schizophrenia is associated with cognitive impairment. Still there are many unresolved questions, such as whether cognitive deficit is total, what are the relationships of cognitive impairment with clinical features, demographic characteristics and different biomarkers, which could shed light on its pathogenesis. The aim of our study was to characterize cognitive impairment in schizophrenia and to find factors that may contribute to it. Sixty patients with paranoid schizophrenia were examined. BACS, Rey-Osterreith complex figure and correction task were used to assess cognitive functioning. Only 14.3% of patients had BACS score in the normal range. The vast majority of them showed impaired motor function, verbal and visual memory. Cognitive functioning did not worsen with time. Working memory impairment was influenced by genetic predisposition to schizophrenia and age of disease onset. Residual positive symptoms led to a decrease in the speed of skill development. Symptoms of anxiety and depression contributed to the impairment of accuracy. Hypomania was associated with impaired planning. Planning and problem-solving behavior did not correlate with other cognitive functions, which makes them isolated domains. Higher levels of NSE had been found in patients with more severe memory impairment. S100B level was associated with safer constructive abilities. In general, cognitive impairment in schizophrenia, although present in the majority of patients, varies a lot and appears selective and dependent on certain clinical features.
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EW0258

Testing decision-making competency of schizophrenia participants in clinical trials. A meta-analysis and meta-regression

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Aim The primary purpose of this study is to evaluate the degree of impairment of decision-making capacity in schizophrenia patients compared to non-mentally-ill controls, as determined by the MacCAT-CR instrument.
Materials and methods We analyzed the results obtained from three databases: ISI Web of Science, Pubmed, and Scopus. Each database was scrutinized using the following keywords: "MacCAT-CR + schizophrenia", "decision-making capacity + schizophrenia", and "informed consent + schizophrenia."
Results and discussions We included ten studies in the analysis. Even if schizophrenia patients have a significantly decreased decision-making competence compared to non-mentally-ill controls, they should be considered as competent unless very severe changes are identified during the clinical examination. Using enhanced informed consent techniques significantly decreased the difference between schizophrenia patients and non-mentally-ill controls (except for the reasoning dimension), and should be employed whenever the investigators want to include more severe