Table 1

Characteristic	Compliant (n=10)	Non-compliant (n=8)	p-value
Age, mean (SD)	30.7 (12.7)	26.8 (14.8)	0.559
Sex (male), n (%)	7 (70)	6 (75)	0.814
Involuntary admission, n (%)	0 (0)	0 (0)	-
Drug abuse (cannabis), n (%)	6 (60)	6 (75)	0.421
Admission length (days), mean (SD)	18.5 (8.9)	10.3 (6.3)	0.036
Diagnosis at discharge, n (%)			0.258
- Brief psychotic disorder	1 (10)	0 (0)	
- Substance-induced psychotic disorder	2 (20)	4 (50)	
- Schizophreniform disorder	3 (30)	1 (12.5)	
- Schizophrenia	2 (20)	0 (0)	
- Bipolar disorder	1 (10)	0 (0)	
- Psychotic disorder NOS	1 (10)	3 (37.5)	
Treatment at discharge, n (%)			0.575
- Aripiprazole vo	2 (20)	2 (25)	
- Olanzapine vo	4 (40)	2 (25)	
- Paliperidone vo	1 (10)	0 (0)	
- Risperidone vo	0 (0)	2 (25)	
- Depot	2 (20)	1 (12.5)	
- Politherapy (oral)	1 (10)	1 (12.5)	
Referral, n (%)			0.178
- Community treatment	6 (60)	7 (87.5)	
- Day Hospital	3 (30)	0 (0)	
- Short stay psychiatric unit	1 (10)	0 (0)	
- Voluntary discharge	0 (0)	1 (12.5)	
Readmission, n (%)	0 (0)	2 (25)	0.094

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EW527

Quality of care for medical comorbidities among patients with and without schizophrenia

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Introduction The association between schizophrenia and quality of care for medical comorbidities in universal health care systems remains unclear.
Objectives To elucidate whether equal access also implies equivalent and sufficient care.
Aims To compare the quality of care for heart failure, diabetes and chronic obstructive pulmonary disease (COPD) among patients with and without schizophrenia in Denmark.
Methods In a nationwide population-based cohort study, we used Danish national registries to estimate the risk of receiving guideline recommended disease-specific processes of care between 2004 and 2013.
Results Compared to patients without schizophrenia, patients with schizophrenia had lower chance of receiving high overall quality of care (≥ 80% of recommended processes of care) for heart failure (Relative risk [RR] 0.67, 95% CI: 0.48-0.92), diabetes (RR 0.84, 95% CI: 0.79-0.89) and COPD (RR 0.82, 95% CI: 0.72-0.93) as well as lower chance of receiving individual disease-specific processes of care including treatment with beta-blockers (RR 0.87, 95% CI: 0.79-0.96) in heart failure care and measurement for albuminuria (RR 0.96, 95% CI: 0.93-0.99), eye examination at least every second year (RR 0.97, 95% CI: 0.94-0.99) and feet examination (RR 0.96, 95% CI: 0.93-0.99) in diabetes care. Diabetic patients with schizophrenia also had lower chance of receiving antihypertensive (RR 0.84, 95% CI: 0.73-0.96) and ACE/ATII inhibitors (RR 0.72, 95% CI: 0.55-0.94). In COPD care, patients with schizophrenia had lower chance of receiving LAMA/LABA medication (RR 0.92, 95% CI: 0.87-0.98), however, higher chance of treatment with non-invasive inhalation (RR 1.85, 95% CI: 1.61-2.12).
Conclusions Quality of care for three medical comorbidities was suboptimal for patients with schizophrenia.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW528

Efficacy and tolerability of switching to long-acting injectable (LAI) aripiprazole in outpatients with schizophrenia

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Introduction Switching antipsychotics is a therapeutic alternative for managing side-effects, or efficacy and compliance issues.
Aim To evaluate the efficacy and tolerability of switching to LAI-aripiprazole in patients who had insufficient response or were intolerant to the previous antipsychotic, or required a more convenient treatment regimen.
Methods This was a prospective, observational, 6-months study carried out in 45 outpatients with schizophrenia who were clinically stabilized but a switching to another antipsychotic was clinically indicated. Patients who required hospitalization, treatment discontinuation or adding another antipsychotic (including supplementation with oral-aripiprazole) were considered treatment failures. Switching was considered successful if the side-effect/symptom/adherence/convenience improved or, if applicable, disappeared.
Results Patients aged 38 years, 51% women, and previous antipsychotics comprised: LAI-paliperidone (42%), oral-aripiprazole (22%), oral-olanzapine (11%), oral-risperidone (7%), LAI-risperidone (4%) and others (14%). The efficacy results of the switching are presented in the table. Of the 45 patients, 7 (15%) were considered treatment failures: 3 patients were hospitalized due to recurrence of psychotic symptoms, 2 discontinued LAI-aripiprazole, and 2 required supplementation with oral-aripiprazole (Table 1).
Conclusions Our results suggest that switching to LAI-aripiprazole is an efficacious strategy for managing some antipsychotic-induced side-effects, persistence of negative symptoms and/or lack of treatment adherence.

Table 1

Reason por switching	Baseline, n(%)	Outcome (month 6), n(%)		
		Resolution	Improvement	Overall sucess
Hyperprolactinemia	10(21%)	8(80)%	2(20%)	10(100%)
Persistent negative symptoms	10(21%)	NA	8(80%)	8(80%)
Metabolic syndrome	9(20%)	1(11%)	7(80%)	8(91%)
Sexual dysfunction	5(12%)	1(20%)	4(80%)	5(100%)
Extrapyramidal symptoms	4(9%)	0(0%)	2(50%)	2(50%)
Lack of adherence	4(9%)	NA	3(67%)	3(67%)
Convenient regimen	3(8%)	NA	2(75%)	2(75%)

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EW532

Serum hormone levels and cognitive functioning in male schizophrenia patients

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Background Hormones deregulation is a common feature in schizophrenia. Among the hormones that gained increased interest are sex hormones, thyroid hormones and prolactin. However, the question whether there is an impact of the hormonal disturbances on cognitive functioning of schizophrenia patients is rarely addressed.
Objective To assess the relationship between serum levels of hormones and cognitive abilities in male schizophrenic patients.
Subjects and methods In the index group, there were 15 schizophrenia male patients, mean age 36. The control group was formed by 15 healthy volunteers, mean age 36. In the two groups, serum hormones levels were measured and neuropsychological tests were performed. Analysed hormones included thyroid-stimulating hormone (TSH), luteinizing hormone (LH), follicle-stimulating hormone (FSH), estradiol, testosterone, progesterone and prolactin. Cognitive abilities were measured with the following tests: Trail Making Test (TMT) Part A and B, Semantic Category Fluency (SCF), Initial Letter Fluency (ILF) and Stroop Task Part 1 and 2.
Results The levels of FSH, LH and testosterone were lower in the index group than in the control group (3.01 mIU/mL vs 5.90 mIU/mL; 3.83 mIU/mL vs 5.28 mIU/mL; 2.76 ng/mL vs 4.69 ng/mL; accordingly) while the level of prolactin was higher in the index group (620 uIU/mL vs 118 uIU/mL). Patients performed worse that controls in all neuropsychological tests. The differences in scores of TMT Part B, ILF and Stroop Task Part 2 were found to be statistically significant.
Conclusions There was no significant relationship between serum level of analysed hormones and performance on cognitive tasks.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW533

Reaction time, processing speed and sustained attention in patients with schizophrenia: Impact on functioning

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Introduction Some studies have related processing speed with functionality. A more discriminative analysis of different components of this neuropsychological construct is needed.
Objectives/Aims To measure the performance of a group of patients with schizophrenia in reaction time, processing velocity and sustained attention. To compare the impact on functioning of these three measures.
Methods Ninety-eight outpatients between 18 and 65 years diagnosed with schizophrenia, based on the DSM-V, with a 3-month period of clinical stability, were recruited. Sociodemografic and clinical data were collected: PANSS scale, Akathisia Simpson-Angus Brief Scale, State-Trait Anxiety Inventory (STAI) and Global Functioning Scale (GAF). The following variables were measured: reaction time (SUPERLAB PRO), processing speed (TMT-A, subtest of symbol coding BACS, verbal fluency) and sustained attention (Continuous Performance Test).
Results Functionality of patients was correlated to Elective Reaction Time (the subject must react to different types of stimuli and to choose between several possible answers) [$P = -0.205$; $P = 0.047$], but NOT with Simple Reaction Time [$P = 0.109$; $P = 0.293$)]. Functionality was significantly correlated to Symbols Coding ($P = 0.328$; $P = 0.001$), and a trend was observed regarding semantic fluency ($P = 0.190$; $P = 0.06$) and the TMT-A ($P = -0.179$; $P = 0.08$). In CPT, Correct Detection was correlated with GAF score ($P = 0.380$; $P = 0.000$) but not omission errors. The model of lineal regression shows a differential impact of every measure in global functioning.
Conclusions Reaction time, processing speed and sustained attention are different variables and each of them have impact on functioning in schizophrenia.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW534

Monotherapy treatment with cariprazine for the treatment of predominant negative symptoms of patients with schizophrenia: A double-blind, active comparator-controlled trial

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Objective To examine the effect of cariprazine, a dopamine D_3/D_2 receptor partial agonist with preferential binding to D_3 receptors, on predominant negative symptoms of schizophrenia.
Methods Subjects with schizophrenia and PANSS factor score for negative symptoms (PANSS-FSNS) ≥ 24 and no pseudospecific factors (e.g. extrapyramidal symptoms, depression) were randomized to cariprazine 4.5 mg/d (dose range: 3-6 mg/d) or risperidone 4 mg/d (dose range: 3-6 mg/d) for 6 months.
Results Four hundred and sixty-one patients were randomized 1:1 to double-blind risperidone ($n = 231$) or cariprazine ($n = 230$) treatment. Change from Baseline (CfB) at week 26 in the primary parameter, PANSS-FSNS, was larger in the cariprazine group than in the risperidone group (LSMD = −1.47; 95% CI: [−2.39, −0.53]; $P = 0.002$) significant from week 14 onwards. CfB at week 26 in the functional parameter, Personal and Social Performance (PSP) total score, showed similarly greater improvement with cariprazine than risperidone (LSMD = 4.63; 95% CI: [2.71, 6.56]; $P < 0.001$) significant from week 10 onward. Statistically significant differences in favor of cariprazine at week 26 were shown in the PSP areas of self-care, socially useful activities and personal and social relationships. Most patients tolerated the study treatment well, as reflected by low discontinuation rates due to adverse events (AEs). Adverse event profiles of cariprazine and risperidone were similar. The most common AEs during study treatment were insomnia (10.0%), and headache (10.4%), both in the risperidone group.
Conclusion 26-week cariprazine treatment, given as antipsychotic monotherapy, was significantly more effective on negative