

focus on patients profiling and shaping of rehabilitation programs accordingly.

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#### EV1174

### Aripiprazole once-monthly efficacy in patients with schizophrenia. Review

M.F. Molina López<sup>1,\*</sup>, M.C. Cancino Botello<sup>2</sup>, A. Peña Serrano<sup>2</sup>, M.D.L.A. Canseco Navarro<sup>2</sup>

<sup>1</sup> Valencia, Spain

<sup>2</sup> Hospital General Universitario de Valencia, Psiquiatría, Valencia, Spain

\* Corresponding author.

**Introduction** long acting injectable formulations of antipsychotics are a valuable option for patients with schizophrenia, offering continuous medication delivery and stable dosage levels. Aripiprazole once-monthly is the first dopamine partial agonist available in long acting formulation approved in Europe for Schizophrenia with excellent results so far.

**Aims** to conduct a current review of articles related to the use and efficacy of Aripiprazole once monthly in patients with Schizophrenia.

**Methods** systematic review of the literature in English using the following keywords: “aripiprazole once-monthly”, “aripiprazole long acting formulation”, “schizophrenia”. PubMed database.

**Results** Aripiprazole once-monthly (AOM) formulation efficacy has been proven in many studies. The importance of maintaining an oral overlap during 14 days is highlighted in all studies that have been reviewed in order to reach therapeutic level; therefore, it can be used in patients with acute decompensations. Recent studies comparing AOM versus Paliperidone Palmitate once monthly (PP) have shown that patients with AOM had greater clinical improvement and, even though both drugs were well tolerated, when Quality of Life Style Scale was analyzed an important improvement in empathy, sense of purpose, emotional interaction and curiosity in the AOM group was observed.

**Conclusions** long acting injectable antipsychotics increase long-term adherence treatment and reduce risk of relapse. Because of its unique mechanism of action, Aripiprazole once-monthly improves positive and negative symptoms, giving the patient an opportunity to have a better quality of life.

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#### EV1176

### Correlation between childhood trauma and cognitive impairment in patients with schizophrenia

J. Mrizak\*, R. Trabelsi, A. Arous, A. Aissa, H. Ben Ammar, Z. El Hechmi

Razi Hospital, Psychiatry F, Mannouba, Tunisia

\* Corresponding author.

**Introduction** Abusive childhood experiences are claimed to be more prevalent in people with schizophrenia (SCZ) than in the general population. The exposure to childhood trauma can have adverse effects on cognitive function.

**Objectives** To investigate whether there is a relationship between childhood trauma (CT) and cognitive functioning in patients with SCZ.

**Methods** Fifty-eight outpatients with stable SCZ were recruited. The participants completed the Childhood Trauma Questionnaire retrospectively assessing five types of childhood trauma (emo-

tional, physical and sexual abuse, and emotional and physical neglect). They also completed a neurocognitive battery comprising the following tests: the Hopkins Verbal Learning Test–Revised (HVLT-R), the Letter Digit Substitution Test (LDST), the Stroop Test (ST), the “Double Barrage” of Zazzo (DBZ), the Modified Card Sorting Test (MCST), the Verbal Fluency (VF), the Trail Making Test–Part A (TMT-A) and the Digit Span (DS).

**Results** The patients with a history of physical abuse ( $P=0.03$ ) or emotional neglect ( $P=0.07$ ) performed worse at the delayed recall of the HVLT-R. A history of emotional neglect was also correlated to a significantly worse performance in the TMT-A ( $P<0.0001$ ), while physical abuse was correlated to worse DS ( $P=0.015$ ). High emotional abuse scores were significantly correlated to poorer efficiency in DBZ ( $P=0.025$ ).

**Conclusions** The results need replication, but underline the necessity of investigating biological and psychosocial mechanisms underlying these subjects' cognitive impairment.

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#### EV1177

### Schizophrenia and sexual desinhibition

M. Palomo Monge<sup>1,\*</sup>, G.M. David<sup>1</sup>, D.D. Arántzazu<sup>2</sup>, A.L. Maria Fernanda<sup>3</sup>, T.G. Maria Fernanda<sup>1</sup>, M.M. Gemma<sup>3</sup>, D.C. Sandra<sup>4</sup>

<sup>1</sup> Hospital Nuestra Señora del Prado, Psychiatry, 45600 Spain

<sup>2</sup> Hospital General de Avila, Psychiatry, Avila, Spain

<sup>3</sup> Hospital Nuestra Señora del Prado, Family Medicine, Talavera de la Reina, Spain

<sup>4</sup> Centro de Rehabilitación Psicosocial y Laboral, Psychology, Talavera de la Reina, Spain

\* Corresponding author.

**Introduction** Sexual disinhibition is uncommon in patients with schizophrenia and are included within the behavioral disorders along with others such as agitation, aggression, sleep disorders and circadian rhythm, due to multiple reasons: isolation, rejection, difficulty in personal relationships.

**Objectives** We report the case of a male patient aged 58 with multiple previous admissions for behavioral alteration symptoms, including exhibitionism. He is referred as irritable, uninhibited and sleeping disorders. There is a risk of flight as he is difficult to be held so it is feared that he can be run over by a car. He shows a marked self-referentiality.

**Methodology** The patient is admitted. He properly gets used to the rules of the Ward. Pharmacological adjustment is performed. During his admittance he shows no behavior disorders neither episodes of self or hetero aggression and poor impulse. He properly makes comments of what happened during his stay. He responds well to treatment prescribed. Sleep pattern is restored.

**Results** Schizophrenia (undifferentiated) 295.90 (F.20.3); intellectual disability mild 317 (F70); neurocognitive disorder (possible).

**Conclusions** This is unusual case because it is normal that the sexual function of such patients is adversely affected, not finding numerous cases of disinhibition in our medical consultation. This is due to the different aspects that are affected, biological (drugs), psychological and social levels. We have different therapeutic alternatives to address this problem. However, they may hinder sociability and patient rehabilitation.

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