mation. Check inclusion criteria and propose inclusion in the study. Give structured forms for reporting effects and adverse events.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2116

Schizophrenia

EV1132

Self-continuity across time in schizophrenia: An exploration of phenomenological and narrative continuity in the past and future

M. Allé[1,*], A. D'Argembeau[2], P. Schneider[1], J. Potheegadoo[1], R. Coutelle[3], J.M. Danion[1], F. Berna[1]
[1] *Inserm, U1114, Strasbourg, France*
[2] *University of Liège, Psychology Department, Liège, Belgium*
[3] *Psychotherapy center of Nancy, Autism Ressources Center, Laxou, France*
* *Corresponding author.*

Disorders of the self, such as the "loss of continuity" of the self in time, are a core symptom of schizophrenia, but one, which is still poorly understood. In the present study, we investigated two complementary aspects of self-continuity, namely phenomenological and narrative continuity, in 27 patients with schizophrenia, and compared them with 27 control participants. Participants were asked to identify 7 important past events and to narrate a story taken from their life that included these events. They were then asked to imagine 3 important events that might happen in their personal future and to build a narrative of their future life. The memory vividness of these important life-events and the proportion of self-event connections in the narratives were used as a measure of phenomenological and narrative continuity, respectively. Our results showed that the difficulty for patients to construct vivid representations of personally significant events was observed in both temporal directions, past and future. Patients' ability to establish explicit connections between personal events and attributes of self in life narratives was also impaired, but only in the case of past narratives. Our results yield a fresh understanding of the cognitive mechanisms of self-disorders in schizophrenia. The clinical and therapeutic implications of these findings are discussed.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2117

EV1133

Population pharmacokinetic modeling and simulations of dopamine Dd2 receptor occupancy of long-acting intramuscular risperidone-ISM

J. Llaudó[1], L. Anta[1], I. Ayani[1,*], J. Martínez-González[1], I. Gutierro[2], R. Faelens[3], J. Winkler[3], E. Snoeck[3]
[1] *Laboratorios Farmacéuticos Rovi-S.A., Medical Department, Madrid, Spain*
[2] *Laboratorios Farmacéuticos Rovi-S.A., R&D, Madrid, Spain*
[3] *SGS Exprimo NV, Exprimo, Mechelen, Belgium*
* *Corresponding author.*

Introduction Risperidone-ISM is a new long-acting intramuscular formulation intended to achieve sustained plasma concentrations over 4 weeks without oral supplementation. The clinical efficacy to risperidone has been associated with 65–80% occupancy of dopamine D2 receptor (D2RO) and a mean C_{max} between 7.5 ng/mL and 80 ng/mL.
Aim Use a population PK/PD model to predict the PK and the D2RO for Risperidone-ISM in schizophrenic patients and to characterize the relationship among doses, in order to guide dose selection for a future Phase-III trial.
Methods A population PK/PD analysis for Risperidone-ISM using Monolix software was conducted based on 6641 plasma samples from two Phase-I studies (17 healthy subjects and 31 schizophrenic subjects, respectively) and 1 Phase-II study (60 schizophrenic subjects). Simulations were subsequently undertaken predicting the steady state PK and D2RO after multiple Risperidone-ISM doses administered every 28 days for 12 weeks.
Results Doses of 75 and 100 mg, administered either in gluteal or deltoid muscle, were predicted to result in median C_{max} and C_{trough} that stayed between 7.5 ng/mL and 80 ng/mL. At steady state 75 mg and 100 mg dose (gluteal) achieved a D2RO average [min–max] of 70.8% [61.4–80.4] and 74.3% [66.2–82.1], respectively; a 75-mg and 100-mg dose (deltoid) achieved a D2RO average [min–max] of 69.3% [56.5–80.3] and 73.0% [61.8–82.1], respectively. The model estimated that the 65% D2RO occurs within first 8 h after treatment.
Conclusions Simulations were carried out supporting doses of 75 mg and 100 mg Risperidone-ISM to show the greatest efficacy and safety potential to be assessed in the future Phase-III trial.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2118

EV1134

Electroconvulsive treatment in Parkinson's disease and psychosis: A case report

T. Aparicio Reinoso*, S. Gonzalez Parra
Hospital Dr. R Lafora, Psychiatry, Madrid, Spain
* *Corresponding author.*

Background Drug induced parkinsonism is a common side effect.
Objective The present report describes the case of a schizophrenic patient who developed a parkinsonism after receiving antipsychotic drugs and who had improved his schizophrenia and parkinsonism after electrovulsive therapy.
Case summary We report the case of a man, who is 35 years old and was admitted to a psychiatric ward, due to decompensated schizophrenia with psychotic features. The patient developed pronounced parkinsonian features, which did not improve with discontinuation of the drug or with carbidopa/levodopa. After several unsuccessful treatments, the patient was treated with ECT and showed improvement in both diseases.
Results The patient's response to this treatment justifies the use of ECT in patients with both syndromes: a psychosis productive and Parkinson's disease. Even the maintenance therapy can establish the initial response achieved and keep it through time. We should keep in mind that the management of these patients, can be extremely difficult because the medications used to both disorders are antagonistic.
Conclusion ECT can be considered in patients with a psychiatric illness associated with parkinsonism.
Disclosure of interest The authors have not supplied their declaration of competing interest.
Further readings
Popeo D, Kellner CH. ECT for Parkinson's disease. Med Hypotheses 2009;73:468–9.
Haryan P, Adams CE. Terapia electroconvulsiva para la esquizofrenia (Cochrane Review). La Biblioteca Cochrane Plus, número 3, 2008. Oxford, Update Software Ltd. http://www.updatesoftware.com [Translated by The Cochrane Library, Issue. Chichester, UK: John Wiley & Sons, Ltd].