

for the first time too. Drug abuse was detected in that hospitalization (cannabis and alcohol). In 2001 was diagnosed of paranoid schizophrenia. In 2007 the diagnosis was modified to schizoaffective disorder and also was detected high blood pressure, Diabetes Mellitus II and overweight. From 2007 to the present he passed from a scheme treatment composed by four or more psychotropic drugs to monotherapy (only one psychotropic drug, an anti-psychotic), he stayed clinically stable and all his metabolic parameters remained equal or improved.

*Disclosure of interest* Janssen-Cilag research study.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1641>

### EV1312

#### **Enjoying expression: Exploring the benefits of music therapy on patients diagnosed with schizophrenia and using metaphor games/improvisations for increasing emotional awareness level**

Ö. Salur<sup>1,\*</sup>, E. Ala-Ruona<sup>2</sup>, S. Uçar<sup>3</sup>, N. Eren<sup>3</sup>

<sup>1</sup> University of Jyväskylä, Music Psychology/Music Therapy, Istanbul, Turkey

<sup>2</sup> University of Jyväskylä, Music Psychology/Music Therapy, Jyväskylä, Finland

<sup>3</sup> Istanbul University, Psychiatry Department, Istanbul, Turkey

\* Corresponding author.

Although music therapy is an evidence-based and effective therapy method in clinical psychiatric settings all around the world, the literature on music therapy's effect specifically on emotional awareness is very limited. This study, which has been conducted as a part of presenter's music therapy master's thesis aims to examine the clinical benefits of music therapy in a Turkish university hospital, to enable further research and promote the recognition of music therapy as a valid clinical method in psychiatry in this country. A study was conducted in Istanbul university psychiatry clinic with 6 patients currently under standard care due to diagnoses of schizophrenia or schizophrenia-like disorders by the hospital staff. The participants attended 20 music therapy sessions with pre-post clinical psychological tests applied around the sessions. The results reveal that group music therapy supports the well being of outpatients diagnosed with schizophrenia. Significant changes on general functionality, personal and social performance, depression levels, increase in the level of ways of coping with stress and decrease in difficulties in emotion regulation concerning emotional awareness and are reported. Music therapy games/improvisations using animals as metaphors were played to reach emotional content of patients that normally have very limited verbal sharing in sessions, which possibly effected the change on emotional awareness. Session notes consisting of the therapy crew's observations support the statistical analysis of these benefits. These findings show that music therapy can be beneficial on multiple dimensions, including emotional awareness, in a Turkish university hospital; and therefore, more implication opportunities are suggested.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1642>

### EV1313

#### **Pre-morbid personality trait and cognitive function impact on schizophrenia course and social maladaptation**

D. Samburskis

Riga Center of Psychiatry and Narcology, Psychiatry, Riga, Latvia

*Background* Certain personality traits are found in persons with high risk for schizophrenia onset and therefore it could be used as diagnostic marker.

*Objectives* To analyze correlations between personality traits and cognitive functions on schizophrenia onset and its course and social adaptation.

*Methods* This was a retrospective cohort study conducted in Riga center of psychiatry and narcology, Latvia. Study consisted of two parts. In the first part, data on first presentation schizophrenia patients hospitalized in 2006 was collected from medical records. Patients without completed MMPI, Schulte table; visual memory and 10 words recall tests were excluded from study group. The Second part of the study consisted of participant interviews that were held in early 2016 acquiring demographic data and each participant completed a Sheehan disability scale (SDS). Microsoft Excel 2016 and SPSSv22 were used for data operation.

*Results* Study group consisted of 11 males and 20 females (35.5%/64.5%). Mean age of participants was 37 years (IQR = 48–33), but mean age at onset of first schizophrenia symptoms was 27 years (IQR = 37–21). 68% ( $n=21$ ) of participants had schizoid personality traits as per MMPI and they had higher results on all SDS subscales. There was a negative correlation between the SDS score in the first section with the occupational level in 2006 ( $P=0.065$ ) and 2016 ( $P=0.040$ ) and marital status in 2016 ( $P=0.040$ ) in those with psychopathy scale.

*Conclusion* The hypothesis that schizoid personality traits are a leading factor in the onset of schizophrenia, have not been proven. Schizophrenia patients with psychopathic personality traits are likely to have better social adaptation.

*Disclosure of interest* The author has not supplied his/her declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1643>

### EV1314

#### **Is there a “critical age” for first use of marijuana? Analysis of cannabis induced experiences by age at first use in a large internet-based sample**

M. Sami\*, S. Bhattacharyya

Institute of Psychiatry, Psychology and Neuroscience, Department of Psychosis Studies, London, United Kingdom

\* Corresponding author.

*Introduction* Increased psychotomimetic response to cannabis is demonstrated in psychosis-prone individuals. Early use of cannabis has poorer prognostic outcomes. However, as yet no cut-off age for early use has been established.

*Aims and objectives* To determine, if age at first use affects later cannabis experiences and to determine if a “critical age” of first use exists for psychotomimetic cannabis experiences.

*Methods* The cannabis experiences questionnaire (CEQ) (EUGEI version) was administered to a large internet-based non-clinical sample. Regression analysis was conducted of age at first use against CEQ scores controlling for gender, age frequency of use and duration of use. To determine cut-off age: independent ‘t’ tests (parametric) and Mann–Whitney-U tests (non-parametric) were used to determine significance of differences in CEQ scores at cut-off ages from 12–25.

*Results* We obtained data for 1115 participants. Younger age at first use was significantly associated with increased psychotomimetic experiences (adjusted  $P<0.001$ ). All cannabis experiences were increased in those commencing at younger age at every cut off age from 17 to 22 ( $P<0.001$ ) with maximal difference at 22. Psychotic experiences significantly varied from age of first use of 19 to 22 with maximal difference at cut-off ages 20, 21 and 22 ( $P<0.001$ ). Pleasurable experiences were significantly reduced in those commencing later at every cut-off age from age of

use 17 to 22 ( $P < 0.001$ ) with maximal difference between groups at age 20.

**Conclusions** Later onset of use is associated with reduced cannabis experiences till the early 1920s. This may have public health implications.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1644>

#### EV1315

### Restraint or not restraint. Involuntary transport from home of schizophrenic patients

B. Samso<sup>1,\*</sup>, S. Ramos<sup>2</sup>, A. Malagón<sup>1</sup>, A. Gonzalez<sup>1</sup>, M. Bellsolà<sup>1</sup>, J. León<sup>1</sup>, M. Llobet<sup>1</sup>, L. Alba<sup>1</sup>, V. Pérez<sup>1,3</sup>, L.M. Martín<sup>1</sup>, D. Córcoles<sup>1</sup>

<sup>1</sup> Parc de Salut Mar, Psychiatry, Barcelona, Spain

<sup>2</sup> Hospital Can Misses, Psychiatry, Ibiza, Spain

<sup>3</sup> Centro de investigación Biomédica en Red de Salud Mental CIBERSAM, psychiatry, Barcelona, Spain

\* Corresponding author.

**Introduction** Although physical restraint (PR) is a non-rarely practice on psychiatry there are few studies that focus the attention on the risk factors for this intervention. PR is a legitimacy practice when is needed and well applied but is not free from side effects. Knowing risk factors might be useful to improve the application of PR.

**Objectives** Study the risk factors involved with the use of PR at patient's home in individuals with schizophrenia before the involuntary transport (IT) to a psychiatric facility.

**Methods** Is a descriptive and observational study of 267 psychotic patients that were assisted by a psychiatric home care unit (EMSE) in Barcelona during their IT. The sample was divided in two groups, depending on the need of PR. Socio-demographic data were collected as well as positive and negative syndrome scale (PANSS), WHO disability assessment schedule (WHO/DAS), global assessment of functioning scale (GAF), Scale to assess unawareness of mental disorder (SUMD). Aggressiveness was assessed by PANSS-EC consisting of 5 items: excitement, tension, hostility, uncooperativeness and poor impulse.

**Results** From the 267 psychotic patients 109 required PR. 154 were male and the average of age was 47. The results were significant in the PR group versus no PR for PANSS-EC ( $P = 0.000$ ), as well as WHO/DAS ( $P = 0.017$ ), GAF ( $P = 0.042$ ), Positive PANSS ( $P = 0.000$ ), age ( $P = 0.001$ ) and substance use ( $P = 0.012$ ). Were no significant for gender, insight or Negative PANSS.

**Conclusions** Aggressiveness and violence were the most important PR related factors followed by positive symptoms, age, substance use and global functioning.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1645>

#### EV1316

### Effectiveness in controlling symptoms with long-acting injectable aripiprazole

L. Sánchez Blanco<sup>1,\*</sup>, M. Juncal Ruíz<sup>1</sup>, G. Pardo de Santayana Jenaro<sup>1</sup>, R. Landera Rodríguez<sup>1</sup>, M. Gómez Revuelta<sup>2</sup>, O. Porta Olivares<sup>1</sup>, M. Pérez Herrera<sup>1</sup>, N.I. Nuñez Moral<sup>2</sup>

<sup>1</sup> Hospital Universitario Marqués de Valdecilla, Psychiatry, Santander, Spain

<sup>2</sup> Hospital Universitario de Álava-Sede Santiago, Psychiatry, Vitoria-Gasteiz, Spain

\* Corresponding author.

**Introduction** Depot antipsychotic treatment has been a radical change in the evolution and prognosis of patients with schizophrenia. Long-acting injectable aripiprazole is an antipsychotic dopamine partial agonist. It has a good tolerance in terms of metabolism and prolactin level.

**Objetives** Studying the causes of readmission at the acute unit of Marqués de Valdecilla university hospital (HUMV) in patients treated with Long-acting injectable aripiprazole LAI 400 mg.

**Methodology** This is a descriptive study which pretends to assess the causes of readmission in a sample of 30 patients (12 women, 18 men) with non-affective psychosis, which had entered the acute unit of HUMV from 1st January to 30th September 2016 because of psychotic decompensations and had been treated with long-acting injectable aripiprazole 400 mg.

**Results** Out of the 30 patients there were five readmissions during the observation time. Two of them for psychotic decompensation, two because of premature abandonments, with oral aripiprazole supplementation and the last one because of desertion of injectable drug. No gender differences were observed.

**Conclusions** It is necessary 15 days of oral supplementation before and after the first dose of long-acting injectable aripiprazole to ensure that adequate therapeutic levels are achieved and to avoid readmissions by misuse of the drug. One of the limitations encountered in this work would be the small sample size and limited observation time. A longer-term research may allow to find more scientific evidence to clarify the clinical safety and efficacy of long-acting injectable aripiprazole in patients with non-affective psychosis.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1646>

#### EV1317

### Psychotic disorder of organic etiology, in the context of sarcoidosis. A case report

L. Sánchez Blanco<sup>1,\*</sup>, M. Juncal Ruíz<sup>1</sup>, G. Pardo de Santayana Jenaro<sup>1</sup>, M. Gómez Revuelta<sup>2</sup>, R. Landera Rodríguez<sup>1</sup>, O. Porta Olivares<sup>1</sup>, E. López García<sup>1</sup>, M. Pérez Herrera<sup>1</sup>, N.I. Nuñez Morales<sup>2</sup>

<sup>1</sup> Hospital Universitario Marqués de Valdecilla, Psychiatry, Santander, Spain

<sup>2</sup> Hospital Universitario de Álava-sede Santiago, Psychiatry, Vitoria-Gasteiz, Spain

\* Corresponding author.

**Introduction** Neurosarcoidosis is an uncommon cause of psychosis. It courses with an affection of the brain, the spinal cord and other areas of the nervous system. It associates both neurological and psychiatric symptoms: cranial mononeuropathy, myelopathy or radiculopathy meningitis, neuroendocrine dysfunction, dementia, delusions, hallucinations.

**Objectives** To review in Pub-Med about neuropsychiatric manifestations of neurosarcoidosis.

**Methods** We describe the case of 60-year-old woman diagnosed with long evolution schizoaffective disorder with a recent decompensation in the context of a stressful situation. As somatic background to highlight: cognitive impairment (encephalic bilateral and symmetrical frontal atrophy in cranial magnetic resonance) and a probable sarcoidosis with hilar and mediastinal lymph nodes without histologic confirmation. She was hospitalized at the acute care unit because of a decompensation of her schizoaffective disorder. The patient was distressed, with delirious speech, sensoriperceptive hallucinations, hypothyria and weight loss.

**Results** Firstly we evaluate the lack of clinical improvement with an anti-psychotic drug in previous hospitalizations. For that reason, we thought in organic mental disorder as an alternative diagno-