

Table 1

	Admission	No admission	Marginal row totals	P value
First generation antipsychotic	7 (6) [0.17]	17 (18) [0.06]	24	0.414216
Second generation antipsychotic	2 (3) [0.33]	10 (9) [0.11]	12	

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### EV1300

#### Nicotine dependence is associated with depression and childhood trauma in smokers with schizophrenia. Results from the Face-SZ dataset

R. Rey<sup>1,\*</sup>, T. D'amato<sup>1</sup>, P.M. Llorca<sup>2</sup>, G. Fond<sup>3</sup>

<sup>1</sup> CH Le Vinatier, Pôle EST, Centre Expert Schizophrénie, Bron cedex, France

<sup>2</sup> CHU de Clermont Ferrand, CMP B, Clermont Ferrand, France

<sup>3</sup> Hôpitaux Universitaires H Mondor, Pôle de Psychiatrie, Créteil, France

\* Corresponding author.

**Introduction** In a perspective of personalized care for smoking cessation, a better clinical characterization of smokers with schizophrenia (SZ) is needed. The objective of this study was to determine the clinical characteristics of SZ smokers with severe nicotine (NIC) dependence.

**Methods** Two hundred and forty stabilized community-dwelling SZ smokers (mean age = 31.9 years, 80.4% male gender) were consecutively included in the network of the FondaMental Expert Centers for schizophrenia and assessed with validated scales. Severe NIC dependence was defined by a Fagerstrom questionnaire score  $\geq 7$ . Major depression was defined by a Calgary score  $\geq 6$ . Childhood trauma was self-reported by the Childhood Trauma Questionnaire score (CTQ). Ongoing psychotropic treatment was recorded.

**Results** Severe NIC dependence was identified in 83 subjects (34.6%), major depression in 60 (26.3%). 44 (22.3%) subjects were treated by antidepressants. In a multivariate model, severe NIC dependence remained associated with major depression ( $OR = 3.155, P = 0.006$ ), male gender ( $OR = 4.479, P = 0.009$ ) and more slightly with childhood trauma ( $OR = 1.032, P = 0.044$ ), independently of socio-demographic characteristics, psychotic symptoms severity, psychotropic treatments and alcohol disorder.

**Conclusion** NIC dependence was independently and strongly associated with respectively major depression and male gender in schizophrenia, and only slightly with history of childhood trauma. Based on these results, the care of both nicotine dependence and depression should be evaluated for an effective smoking cessation intervention in schizophrenia. Bupropion, an antidepressant that has been found as the potential most effective strategy for tobacco cessation in schizophrenia to date, may be particularly relevant in male SZ smokers with comorbid major depression.

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### EV1301

#### Schizoaffective disorder and schizophrenia: Clinical differences

F. Romosan\*, L.M. Ienciu, A.M. Romosan, R.S. Romosan

"Victor Babes" University of Medicine and Pharmacy, Neuroscience, Timisoara, Romania

\* Corresponding author.

**Introduction** Schizoaffective disorder (SAD) and schizophrenia (SZ) are important causes of disability and morbidity. Finding clinical features that can help in their early differentiation may lead to a better understanding of these two nosologic entities.

**Objectives** The purpose of this study was to find clinical differences between SAD and SZ.

**Methods** We selected for this study 83 inpatients from the Timisoara Psychiatric Clinic, diagnosed with either SAD ( $n = 35$ ) or SZ ( $n = 48$ ), according to ICD-10 criteria. The research was conducted between 2014 and 2016. Socio-demographic (age, sex, education, marital status) and clinical data were analysed. The Brief Psychiatric Rating Scale (BPRS) was used to assess symptom severity.

**Results** Delusions of grandiosity were found significantly more frequent in SAD patients ( $P = 0.001$ ). By contrast, bizarre delusions ( $P = 0.025$ ), derealization phenomena ( $P = 0.03$ ) and negative symptoms ( $P = 0.003$ ) appeared more frequent in schizophrenic patients. We found no significant differences between the two samples regarding onset age, number of episodes, duration of episode, duration of remission and suicidal thoughts/attempts. Although the SZ sample had higher BPRS total scores than SAD patients, the differences were not statistically significant.

**Conclusions** Even though SAD and SZ are very similar in respect to their clinical presentation, this study also revealed certain differences that may enhance specific knowledge regarding these two disorders.

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### EV1302

#### Urban Spaces and psychic disease: A case series from Florence

E. Rondini\*, M. Bertelli

Fondazione San Sebastiano, CREA Centro di Ricerca e Ambulatori, Florence, Italy

\* Corresponding author.

People with schizophrenia or other psychoses present alterations of multi-sensory processing and impairments in cognitive functions. They seem to be more sensitive to external stimuli than the general population, which can negatively impact on their emotional state. The purpose of the study was to assess how elements of urban milieu combine with spatial experiences of people with these disorders, affecting their spatial perceptions and social interactions. The group of participants consisted of 10 patients aged between 20 and 40 years, with schizophrenia or other psychoses. We used qualitative methods to assess behaviours in different urban routes, including a period of participant observation and a series of semi-structured interviews. Pathways within the city were recorded using a Global Position System (GPS), in order to link perceptual and behavioural data to specific urban spaces. The data analysis has revealed positive interactions between most of participants and the city. Different places have been differently perceived in terms of stress and comfort. The wide squares and the art-rich sites of the city center, as well as public parks and gardens, have been connected with positive feelings and senses of pleasure. Conversely, the presence of a high number of people and the movement experiences through public transport services have emerged to be associated with negative emotions. A deeper understanding of

mechanisms and processes that interest the link between urban space and psychological disease can contribute to show new directions for the improvement of urban life quality and to progress both in psychiatry and in urban planning.

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#### EV1303

### The awareness of social inference task (TASIT) updated: Signal detection theory (SDT) in emotion recognition and its link to psychotic symptoms

R. Rossi<sup>1,\*</sup>, V. Santarelli<sup>1</sup>, M. Carmela<sup>1</sup>, D. Gianfelice<sup>2</sup>, R. Ciciarelli<sup>1</sup>, F. Pacitti<sup>1</sup>, A. Rossi<sup>1</sup>

<sup>1</sup> University of L'Aquila, Applied Clinical Sciences and Biotechnologies DISCAB, L'aquila, Italy

<sup>2</sup> SPDC Ospedale San Salvatore, DSM, L'aquila, Italy

\* Corresponding author.

**Introduction** Social cognition (SC) is an impaired domain in schizophrenia. However, little is known on the Signal Detection properties of SC deficits.

We analyzed the relationship between emotion perception and psychotic symptoms in a sample of schizophrenic patients. For this scope, we extended the scoring system of the awareness of social inference task-emotion recognition (TASIT-ER) according to signal detection theory (SDT).

**Methods** Sample:

– one hundred and nineteen inpatients from L'Aquila Inpatient unit diagnosed with schizophrenia.

**Dependent variable:**

– Positive and Negative Syndrome Scale (PANSS)'s Positive, Negative, Disorganized, Excited and Depressed dimensions, and total score.

**Independent variable:**

– a modified version of TASIT-ER. The original scoring system, including only "HITS", was extended with "False Alarm" (FA), defined as a detection of an emotion when not present.

**Statistical analysis:**

– multivariable linear regression models for each sub-group of emotions to assess the effect of FAs on psychotic symptoms compared to HITS.

**Results** FAs on positive emotions were associated with disorganized ( $b = 31.95$ ), excited dimensions ( $b = 41.84$ ) and PANSS Total ( $b = 152.46$ ); FAs on negative emotions were associated with Excited dimension ( $b = -57.97$ ) and PANSS Total ( $b = -243.70$ ). HITS on Negative emotions were associated with Negative ( $b = -13.37$ ), Disorganized ( $b = -8.64$ ) Excited ( $b = -8.74$ ) dimensions and with PANSS total ( $b = -45.30$ ).

**Discussion** FA rates were more strongly associated with total PANSS score than HIT rate, suggesting a prominent role of false recognition in defining psychotic symptoms, especially disorganized and excited ones, consistently with computational models of psychosis that rationalize false recognition as failures of active inference systems in updating their predictive model of sensory information.

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#### EV1304

### Can the 'mediation' approach help to understand the role of lack of insight in the relationship between symptoms and functioning in schizophrenia?

R. Rossi<sup>\*</sup>, V. Santarelli, C. Marucci, G. Pizziconi, F. Pacitti  
University of L'aquila, DISCAB, L'aquila, Italy

\* Corresponding author.

**Introduction** The relationship between Lack of insight (LoI) and other symptoms in schizophrenia is complex. LoI could be associated with severity of symptoms at one side and global functioning at the other. For this nature LoI is a candidate 'mediator' for the relationship between psychotic symptoms and global functioning.

**Objectives** The aim of this study is to explore the possible role of LoI as a mediator between psychotic symptoms and global functioning in a sample of people with schizophrenia.

**Methods** Seventy-three patients with a diagnosis of schizophrenia were included. The five-factor model of the PANSS by Wall work was used to assess psychopathology and G12 item as an estimate of LoI. Global assessment of functioning (GAF) was used to measure global disability. Pearson's r correlations and linear regressions for Sobel test for mediation were performed. PANSS factors were modeled as predictors of global functioning and LoI as the mediator.

**Results** Correlations revealed the prerequisite relationships between LoI, positive, negative and disorganized PANSS factors and global functioning. Mediation analyses show that LoI partially mediates the relationship between positive and disorganized factor scores and global functioning. No mediation for negative factor score was observed.

**Conclusions** Lack of insight mediates the relationships between positive and disorganized factors and global functioning. The partial mediation we report suggests that LoI on the one hand is an independent contributor to global function, but further shows an indirect effect of PANSS positive and disorganized factors to GAF total score.

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#### EV1305

### Characteristics of pre-morbid functioning in male adolescents who later suffered from psychotic disorders: Case-controlled study

K. Rubinstein<sup>1,\*</sup>, O. Bhuknik-Atzil<sup>2</sup>, R. Tuval-Maschiach<sup>3</sup>, E. Fruchter<sup>4</sup>, M. Weiser<sup>5</sup>

<sup>1</sup> Tel Aviv University, The Sackler Faculty of Medicine, Tel Aviv, Israel

<sup>2</sup> Ben-Gurion University, Education, Beer Sheva, Israel

<sup>3</sup> Bar Ilan University, Psychology, Ramat Gan, Israel

<sup>4</sup> IDF, Mental Health Division, Ramat Gan, Tel Hashomer, Israel

<sup>5</sup> Sheba Medical Center, Division of Psychiatry, Ramat Gan, Israel

\* Corresponding author.

**Background** Previous research has shown that people with psychotic disorders have impaired functioning prior to the onset of the illness. The main goal of the proposed study was to deepen understanding of the characteristics of pre-morbid impairment in persons later diagnosed with psychotic disorders.

**Methods** We examined unique pre-morbid data from IDF archives, including narrative summaries of pre-induction interviews of 17-year old adolescents (168 male adolescents who were later hospitalized for psychotic disorders, and 168 matched control subjects). The data were analyzed using mixed-method analysis, combining qualitative and quantitative research methods.

**Results** Between group comparisons revealed more adaptation difficulties, family problems and dealing with medical conditions in the group of future psychotic disorder patients, while suicidal thoughts and loss of a close person showed trends towards significance. Two factors characterized classification of outcome: adaptation difficulties and family problems. A "high-functioning" factor was significantly higher within the control group, while a