

recovery with complete withdrawal of all presented symptoms, our patient developed a malignant hyperthermia that was resistant to all applied medications. Our dilemma is whether presented symptoms of malignant hyperthermia are related to malignant neuroleptic syndrome or not?

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EV1297

Community based mental health care as an example of good outcomes for young persons with episode of acute and transient psychotic disorders – Case study

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Introduction The prevalence of acute and transient psychotic disorder (ATPD) varies from 3.9–9.6 per 100,000 population [1]. Even it has clinical course with psychosis, there is no evidence that ATPD is similar with schizophrenia [2].

Objectives Since in Bosnia and Herzegovina (BH) are not established specialized services for early interventions (EI), community mental health centers (CMHC) are basic services for fast and most efficient interventions in the cases of ATPD among other psychiatric disorders. The mental health reform has planned to establish EI services in the future [3].

Aims and method To show CMHC as efficient service in the treatment of ATPD without using hospitalisation of young woman with two years follow up (case study)

Results Full recovery of young female with ATPD using team approach and model of case management. After follow up of two years was any indications that psychotic disorders will develop.

Conclusions Even we have not EI specialized services in our country, CMHC have capacities to manage ATPD in community settings avoiding hospitalisation of young people.

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

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EV1298

When the term “schizophrenia” is enough to modify the way you interact with others: Evidence for a motor synchrony task

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Introduction Most individuals with schizophrenia will be confronted with some forms of stigmatization. In recent years, the term “schizophrenia” has been increasingly contested by clinicians and family members and many of them argue for a change of name. Surprisingly, most of the research has been explored through self-reports but behavioural research is still lacking. The aim of our study was to assess through an experimental design if the term “schizophrenia” was enough to modify social behaviours.

Methods Eleven participants from the community were asked to engage in three coordination tasks with a simple dot displayed on a screen and moved by another person. Participants had to synchronize their movements with either a schizophrenia patient, a patient with neuro-emotional integration disorder (NEID) or a healthy subject, situated in different rooms. Each condition was counterbalanced between participants. In reality, the movements of the dot were pre-recorded (five trajectories) and were therefore identical for all three conditions.

Results Measuring the error between the displayed and performed trajectories, participants coordinate worse when they though interacting with a schizophrenia or NEID patient in comparison to the “healthy” ($F(2,20) = 4.02; P = .034; n2P = 0.29$) condition. Post-hoc analysis revealed an even higher difference between “schizophrenia” and “healthy” conditions ($P = 0.01$).

Conclusion Our study is the first to demonstrate that the label “schizophrenia” directly impacts our behaviour, with negative consequences on social interactions. However, our results cannot confirm yet a positive effect induced by changing the name.

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EV1299

Comparison of hospitalization rates in schizophrenic patients on first generation versus second generation antipsychotic depots

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Introduction There is limited data on the efficacy rates between first and second generation antipsychotic depots. One good indicator of efficacy is the rates of hospitalization. Some studies have shown that second generation depot antipsychotics significantly reduce hospitalizations rates as compared to conventional depots.

Objectives Comparison of hospitalization rates for patients with schizophrenia on first and second generation antipsychotic depots.

Methods A retrospective observational study was done by reviewing the records of an antipsychotic depot clinic in Essex, United Kingdom. A list of 47 patients enrolled and receiving depot antipsychotics was obtained. Their records were studied and hospital admission rates calculated.

Results Of the 47 patients 11 were excluded as they were on depot antipsychotics for non-schizophrenic diagnoses.

Of the 36 patients with schizophrenia, 12 were on second generation and 24 were on first generation depots.

Amongst the 24 patients on first generation depots, 19 were male, 5 female and mean age was 52 years.

Of the 12 patients on second generation depots, 10 were male and 2 female and mean age was 46 years.

When comparing hospital admission rates between the 2 groups, the following data was noted (Table 1).

Conclusions There is no difference in hospitalization rates between patients on first generation antipsychotic depots as compared to second generation antipsychotic depots.

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

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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 ≥ 7 . Major depression was defined by a Calgary score ≥ 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

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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

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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