

tine levels were normalized. Overall, 72% described a clinical improvement, especially in terms of sexual dysfunction.

Conclusions Several studies have described an improvement of drug-induced hyperprolactinemia after switching to or adding oral aripiprazole. In our study, we observed that levels of prolactin were normalized in 85% of patients with a clinical improvement in almost all of cases. These findings suggest that switching to LAI aripiprazole may be an effective alternative for managing antipsychotic-induced hyperprolactinemia due to its partial agonism in D2 brain receptors, especially in tuberoinfundibular pathway.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1585>

EV1256

The side effects of risperidone depot in patients with psychotic disorders

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Background and aim A long-acting form of risperidone is now broadly available for the treatment of schizophrenia and closely related psychiatric conditions. It combines the advantage of previously available depot formulations for first-generation drugs with the favorable characteristics of the modern “atypical” antipsychotics, namely higher efficacy in the treatment of the negative symptoms of schizophrenia and reduced motor disturbances [1].

Methods During this study, we observed side effects that appear in patients that are treated with risperidone depot. Patients were observed for a period of 3 months (October–December 2015) and the side effects were evaluated with Glasgow Antipsychotic Side-effect Scale (GASS). The data obtained were analyzed with SPSS, trying to prove the impact of variables such as: gender, age, diagnosis, dose and duration of treatment on the occurrence of side effects.

Results Through statistical processing, we reached the conclusion that there is a statistically significant correlation between duration of treatment and side effects (*P* value was 0.0001). Between two variables has a strong positive correlation (Kendall value was 0.766). Has a statistically significant correlation between the drug dose and side effects (*P* value was 0.026). Between two variables has a moderate positive correlation (Kendall value was 0.504). No statistically significant correlation between these variables: gender-side effects, diagnose-side effects and age-side effects.

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

Reference

[1] Emsley R, Medori R, Koen L, et al. Long-acting injectable risperidone in the treatment of subjects with recent-onset psychosis: a preliminary study. *J Clin Psychopharmacol* 28:210–213.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1586>

EV1257

Mortality in people with psychotic disorders in Finland: A population-based 13-year follow-up study

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Introduction People with psychotic disorders have increased mortality compared to the general population. The mortality is mostly due to natural causes and it is disproportionately high compared to the somatic morbidity of people with psychotic disorders.

Objectives We aimed to find predictors of mortality in psychotic disorders and to evaluate the extent to which sociodemographic and health-related factors explain the excess mortality.

Methods In a nationally representative sample of Finns aged 30–70 years (*n* = 5642), psychotic disorders were diagnosed in 2000–2001. Information on mortality and causes of death was obtained of those who died by the end of year 2013. Cox proportional hazards models were used to investigate the mortality risk.

Results Adjusting for age and sex, diagnosis of nonaffective psychotic disorder (NAP) (*n* = 106) was statistically significantly associated with all-cause mortality (HR 2.99, 95% CI 2.03–4.41) and natural-cause mortality (HR 2.81, 95% CI 1.85–4.28). After adjusting for sociodemographic factors, health status, inflammation and smoking, the HR dropped to 2.11 (95% CI 1.10–4.05) for all-cause and to 1.98 (95% CI 0.94–4.16) for natural-cause mortality. Within the NAP group, antipsychotic use at baseline was associated with reduced HR for natural-cause mortality (HR 0.25, 95% CI 0.07–0.96), and smoking with increased HR (HR 3.54, 95% CI 1.07–11.69).

Conclusions The elevated mortality risk associated with NAP is only partly explained by socioeconomic factors, lifestyle, cardiometabolic comorbidities and inflammation. Smoking cessation should be prioritized in treatment of psychotic disorders. More research is needed on the quality of treatment of somatic conditions in people with psychotic disorders.

Disclosure of interest Jaakko Keinänen owns shares in pharmaceutical company Orion.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1587>

EV1258

Validation of the Czech version of the community assessment of psychic experiences (CAPE)

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Introduction In the Czech Republic, research of the schizophrenia spectrum suffers from a lack of standardized measuring instruments. The community assessment of psychic experiences (CAPE) has been used internationally to quantify positive, negative and affective symptoms associated with the spectrum and to screen individuals who may be in risk of developing a spectrum disorder.

Aims and objectives This study aimed to develop a Czech version of the CAPE and to examine its psychometric properties in a nonclinical population.

Methods An author with an expertise in the field and a subject-naïve author translated the CAPE into the Czech language. After a professional back-translation, the instrument's most suitable version was agreed upon. Lie-scale items were added to allow for an online circulation. The CAPE was administered to a large sample of participants alongside the Beck depression inventory (BDI-II).

Results Internal consistency was assessed using the Cronbach's alpha. Internal structure was evaluated using confirmatory factor analysis and compared to the structure of the original. Criterion validity was examined through correlation analyses of the BDI-II scores and the total and subtotal CAPE scores.