to study medication was informed. The most frequently reported TEAEs were hyperprolactinaemia (57.7%) and injection site pain (32.8%).

Conclusions Risperidone-ISM achieved therapeutic levels from the first hours after drug administration and provided a sustained release throughout the 4-weeks dosing period over multiple intramuscular injections independently of the injection site. Risperidone-ISM was found to be safe and well tolerated.

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

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EW488

The association between childhood trauma and empathy in patients with stable schizophrenia

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Introduction Empathy, which refers to the ability to understand and share the thoughts and feelings of others, has emerged as an important topic in the field of social neuroscience. It is one of the most understudied dimensions of social cognition in schizophrenia (SCZ).

Objectives To investigate the relationship between cognitive and affective empathy and CT in SCZ.

Methods Fifty-eight outpatients with stable SCZ completed the Childhood Trauma Questionnaire retrospectively assessing five types of childhood trauma (emotional, physical and sexual abuse, and emotional and physical neglect). They also completed the Questionnaire of Cognitive and Affective Empathy (QCAE) comprising five subscales intended to assess cognitive and affective components of empathy.

Results Patients with a history of sexual abuse better emotion contagion scores ($P = 0.048$) which means that develop more easily self-oriented emotional state matching the affective states of others. Patients with a history of emotional neglect or/and in denial of CT had higher scores in perspective taking score ($P = 0.017$). Perspective taking assesses the extent to which respondents can take another's perspective or see things from another's point-of-view.

Conclusions Investigating psychosocial mechanisms, specifically the role of CT, underlying the development of empathic capacities is important since empathy can represent a treatment-target.

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EW489

How do social cognition dimensions relate to DSM-5 dimensions of psychosis?

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Introduction Existing research shows that individuals with schizophrenia (SCZ) show substantial deficits in social cognitive domains, including facial emotion recognition (FER), empathy, and Theory of Mind (ToM). Their exact relationship with the different dimensions included in the "Clinician- Rated Dimensions of Psychosis Symptom Severity" of the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) remains unexplored.

Objectives To investigate the relationship between different social cognition dimensions and the dimensions of psychosis included in the DSM-5.

Methods Fifty-eight outpatients with stable SCZ completed the Intention-Inferencing Task (IIT), a non-verbal ToM task and the Questionnaire of Cognitive and Affective Empathy (QCAE). They also completed a newly developed and validated FER task constructed from photographs of the face of a famous Tunisian actress and evaluating the ability to correctly identify Ekman's six basic facial emotions. The clinician-rated dimensions of psychosis symptom severity was used to evaluate 8 dimensions of psychosis.

Results The patients presenting higher cognitive empathy capacities had less present abnormal psychomotor behaviour scores ($P = 0.05$). Higher levels of affective empathy were correlated to lower present delusions score ($P = 0.037$). Better scores in the IIT were correlated to less present negative scores ($P = 0.013$) and less impaired cognition scores ($P = 0.009$). FER task score didn't correlated with any clinical dimension.

Conclusions Our results suggest the existence of specific relationships between social cognition dimensions and psychosis dimensions. Further studies are needed to confirm these relationships.

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

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EW490

Evaluation of reproductive hormones relations with response to treatment in male patients with first episode psychosis

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Objectives Data regarding schizophrenia treatment has been increasing whereas the information about predictors of treatment response is limited. In this study, our aim is to investigate the serum levels of reproductive hormones as a biological predictor in terms.

Methods Thirty-three hospitalized male patients in GATA Haydarpasa Training Hospital with the diagnosis of first episode psychosis were included into the study. The study was prospective and naturalistic in design. The clinical course was recorded by means of Positive and Negative Symptom Scale (PANSS) in pretreatment period, 2nd and 6th weeks of the study. Prolactin, FSH, LH, estrogen, testosterone and oxytocin serum levels were also measured at the same dates.

Results Treatment response was assessed as unresponsive when PANSSttl scores were lower than 25%, partial response when PANSSttl scores were between 25%-40% changes, and response when PANSSttl scores were higher than 40%. Patients were grouped according to those cut-off points. There was a significant positive correlation between oxytocin, FSH serum levels and positive symptoms ($\rho = 0.437$, $P = 0.011$; $r = 0.385$, $P = 0.027$). There was also significant negative correlation between testosterone serum levels and negative and total psychopathology scores ($r = -0.352$, $P = 0.044$; $r = -0.429$, $P = 0.013$). It was seen that pretreatment testosterone levels had a significant biological marker on predicting remission when the serum levels were lower than 460,91 ng/dL.

Conclusions This study shows that hypothalamo-hypophysial-gonadal axis hormones and reproductive hormones, especially testosterone, may be an important biological marker of treatment response prediction in first episode psychosis.

EW491

The validity of observer-based scales in the measure of drug-induced motor symptoms in a spanish sample of patients with severe mental disorders

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Background Antipsychotic drugs are effective in schizophrenic disorders, but they are also used to treat other psychiatric conditions. Typical antipsychotics cause important extrapyramidal symptoms (EPS), which frequently result in non-compliance with antipsychotic medication. It has been stated that the second-generation antipsychotics (atypical) provoke EPS side effects less frequently than typical antipsychotics. However, there is some controversy around this statement, especially because of inefficient measures of EPS. Clinical assess of EPS normally relies upon observer-based ratings, but their reliability and validity has not been consistently established.
Objective In the present work, we have explored the convergent and discriminant validity of the Abnormal Involuntary Movement Scale (AIMS) and the Simpson-Angus Scale (SEE), in a Spanish sample of patients with severe mental disorders. Patients could be under typical or atypical antipsychotics, antidepressants, benzodiacepines, or a combination of these.
Method Sixty-one patients with severe mental disorders from the Mental Health Day Hospital of St. Agustín (Linares, Spain) participated in the study. Inclusion criteria were DSM-V diagnosis of schizophrenia or schizophrenic disorder, bipolar, or borderline personality disorders, and age between 18-61. In order to explore the discrimination capacity of each rating scale, Receiver Operator Characteristic (ROC) analyses were conducted.
Results ROC curves indicated a suitable construct validity of the scales in the measurement of drug-induced motor symptoms. However, the scales were not sensitive to the number of years under treatment.
Conclusions In line with previous research, our results question the use of rating scales as the only measure in the evaluation of EPS symptoms.

EW492

Metacognitive training vs psycho-educational group, results from a clinical trial in patients with psychosis of recent onset

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Aim To assess the efficacy of Metacognitive Training (MCT) in symptoms and metacognitive variables in people with a recent onset of psychosis.
Method A multicenter, randomized and controlled clinical trial was performed. One hundred and twenty-six patients were randomized to MCT or a psycho-educational intervention. Patients with a recent onset of psychosis were recruited from 9 centers of Spain. The treatment consisted in 8 weekly sessions in both groups. Patients were assessed at baseline, post-treatment, and 6 months of follow-up. Symptoms were assessed by the PANSS. Metacognition was assessed by a battery of questionnaires of cognitive biases and social cognition: BCIS, IPSAQ, TCI, Hinting task and Emotional Recognition Test.
Results PANSS positive symptoms significant declined between baseline and post-treatment in psycho-educational ($P = 0.04$) and MCT group ($P = 0.01$), while general PANSS and total PANSS were significant between baseline and post-treatment in the MCT group only ($P = 0.008$; $P = 0.005$). Across time, the MCT group was superior to psycho-educational on the BCIS total and self-certainty subscale ($P = 0.042$). Regarding irrational beliefs, the intolerance to frustration subscale declined more strongly in the MCT in relation to psycho-educational group ($P = 0.016$). ToM, Personalizing Bias and JTC improved more strongly in the MCT group compared to psycho-educational group ($P < 0.001$–0.032). Most results remained significant at the follow-up.
Conclusions MCT could be an effective psychological intervention for people with a recent onset of psychosis in order to improve symptoms, insight, tolerance to frustration and personalizing bias.

EW493

Medication and aggressiveness in real-world schizophrenia. Results from the FACE-SZ dataset

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Introduction The primary objective of this study was to determine if second generation antipsychotic (SGA) administration was associated with lower aggressiveness scores compared to first generation (FGA) in schizophrenia (SZ). The secondary objective was to determine if antidepressants, mood stabilizers and benzodiazepines administration were respectively associated with lower aggressiveness scores compared to patients who were not administered these medications.
Methods Three hundred and thirty-one patients with schizophrenia ($n = 255$) or schizoaffective disorder ($n = 76$) (mean age $= 32.5$ years, 75.5% male gender) were systematically included in the network of FondaMental Expert Center for Schizophrenia and assessed with the Structured Clinical Interview for DSM-IV Axis I Disorders and validated scales for psychotic symptomatology, insight and compliance. Aggressiveness was measured by the Buss-Perry Aggression Questionnaire (BPAQ) score. Ongoing psychotropic treatment was recorded.
Results Patients who received SGA had lower BPAQ scores than patients who did not ($P = 0.01$). On the contrary, patients who received benzodiazepines had higher BPAQ scores than patients who did not ($P = 0.04$). These results were found independently of socio-demographical variables, psychotic symptomatology, insight, compliance into treatment, daily-administered antipsychotic dose, the way of antipsychotic administration (oral vs long acting), current alcohol disorder and daily cannabis consumption.