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EW0803

Using junior doctors to improve patient care: Creating a clinic to monitor the physical health of patients prescribed clozapine

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Introduction In the United Kingdom, compliance with guidelines on physical health monitoring of patients prescribed clozapine is poor. Our community team established a 'clozapine clinic', led by junior doctors, to monitor the physical health of this population.

Aims The aims of this audit were:

- to ascertain levels of compliance with guidelines on the physical health monitoring of patients taking clozapine;
- to compare the current level of compliance with that prior to the establishment of the clinic.

Methods Eleven standards were drawn from National Institute for Health and Care Excellence guidelines and the Maudsley Prescribing Guidelines in Psychiatry.

Three audit cycles were conducted: two prior to the establishment of the clinic and one after. In each cycle, searches of patient records were conducted and blood results were reviewed. This was supplemented by telephone calls to general practitioners to ensure a complete data set.

Analysis was conducted in Microsoft Excel™ and changes between the cycles were analysed using a two-tailed Z-score.

Results Each audit cycle included 28–30 patients. In the current cycle compliance levels varied between 66% (annual ECG recording) and 100% (monthly full blood count). The average compliance level was 73% across all standards. This represents an overall improvement on previous audit cycles. Since the clinic was established there has been a statistically significant improvement in compliance with annual monitoring of weight ($P=0.147$), body mass index ($P=0.0178$), and ECG monitoring ($P=0.0244$).

Conclusions Improvements in the care of a vulnerable population may be achieved through setting clear standards, regular audit, and harnessing the leadership and enthusiasm of junior doctors.

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EW0804

Enhancement of flexible cognition in autism

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Autism is defined by qualitative deficits in communication, social interaction and restricted patterns of interests and behavior. There are also reported difficulties in the dynamic activation and modification of cognitive processes in response to changes in tasks demands. It is assumed that poor flexible cognition is related to those difficulties. This research aimed to assess and intervene in cognitive flexibility in subjects with autism.

Ten subjects diagnosed with autism by psychiatrists, aged 5y to 13y5m, were assessed in cognitive flexibility through WCST in pretest and in patterns of social interactions, behaviors and com-

munication through ADI-R. An intervention program with 14 to 21 sessions designed to enhance cognitive flexibility through activities of local coherence inference, constructive praxis, attentional shifting, inhibitory control, besides drama games after reading stories. In posttest, they were assessed in WCST and ADI-R. Raw scores of categories completed and perseverative errors and responses were used.

Regarding flexible cognition, perseverative errors and responses were lower in posttest ($P=0.028$). Categories completed were improved in posttest ($P=0.049$). Total scores on ADI-R were lower in posttest ($P=0.051$) and as well as scores on communication abilities ($P=0.033$).

The qualitative improvement showed by the individuals of this research concerning flexible cognition and also patterns of restricted behavior, social interaction and communication abilities suggests that individuals with autism can benefit from the development of strategies for the rehabilitation of flexible cognition and more research is suggested with a larger sample among subjects on the autism spectrum.

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e-Poster Walk: Schizophrenia and other psychotic disorders – Part 5

EW0805

Awareness of and satisfaction with available treatment options in schizophrenia: Results from a survey of patients and caregivers in Europe

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Introduction Understanding beliefs and concerns of patients with schizophrenia and their caregivers, regarding treatment options, is key to improving their care. Perceived fears can impact adherence to therapy and represent a barrier to prescribers when discussing treatment decisions.

Objectives Explore patient and caregiver awareness of and satisfaction with available treatment options.

Methods Independent market research agency commissioned by Janssen, performed an online European survey in 2016 to capture demographics, awareness of available therapies, current treatment satisfaction and adherence from patients with schizophrenia and caregivers.

Results Results from 166 patients with schizophrenia and 468 caregivers from 12 European countries (France, Germany, UK, Italy, Spain, Denmark, Russia, Sweden, Austria, Belgium, Switzerland, and the Netherlands). One-fifth of patients reported they have not discussed alternative treatment options with their healthcare professional (HCP) despite 37% of patients being dissatisfied or very dissatisfied with their current therapy. HCPs were considered as the primary information source for the majority of patients (73%), although 27% of patients and 25% of caregivers believed that HCPs were not fully aware of all available treatment options. Moreover, 68% of patients treated with oral antipsychotics confirmed they would consider switching to a long-acting antipsychotic treatment, though 32% reported they have not been made aware of it as an

option. Many caregivers (46%) reported dissatisfaction with their level of involvement in treatment decisions.

Conclusions This survey underlines the critical role HCPs play in providing relevant information on treatment alternatives and emphasize the need for an open dialogue on available treatment options between HCPs, patients and caregivers.

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EW0806

Lack of insight as a third variable between subjective appraisal of cognitive impairment and psychotic symptoms

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Background The relationship between subjective appraisal of cognitive deficits and symptom severity in schizophrenia is unclear. Insight reportedly impacts on both factors. Our aim is to further assess the relationship between the subjective perception of cognitive deficits, symptom severity and lack of Insight as a mediator variable.

Methods A total of 109 subject diagnosed with schizophrenia. Positive and Negative Syndrome Scale (PANSS) was modelled as dependent variable; Subjective Scale to Investigate Cognition in Schizophrenia (SSTICS) was modeled as independent variable and "Lack of Insight" (LoI) PANSS Item was tested as a mediator variable. Mediation was assessed using the Sobel Mediation Test.

Results LoI acts as a suppressor variable (i.e. it enhances the relation between the independent and dependent variable) between SSTICS and negative symptoms, while showing a mediator effect between SSTICS and depressive symptoms.

Discussion LoI has a central role in mediating the relationship between subjective appraisal of cognitive deficits on the one hand and positive and depressed symptoms on the other. Its suppressor role between SSTICS and depression is consistent with several reports of an enhanced risk of depression in patients fully aware of their disability. Its mediator role between SSTICS and positive symptoms supports the centrality of LoI as a metacognitive function whose failure may worsen psychotic symptoms.

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EW0807

Somatic comorbidities are associated with poorer treatment outcome in schizophrenia spectrum disorders, independently of psychiatric comorbidities and other clinical factors

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Introduction Increased somatic morbidities in schizophrenic patients and their association with HRQoL are well documented. Less is known about their association with schizophrenia treatment outcome.

Objective To explore whether the number of somatic comorbidities is associated with poorer psychosis treatment outcome independently of psychiatric comorbidities and other clinical and socio-demographic parameters.

Aim To improve understanding of association of somatic morbidities on treatment outcome of schizophrenic patients.

Methods This nested-cross-sectional study was done during 2016 at Psychiatric hospital Sveti Ivan, Zagreb-Croatia on the sample of 301 patients diagnosed with schizophrenia spectrum disorder. Outcomes were the number of psychiatric rehospitalizations since primary psychiatric diagnosis and the composite of significant improvement measured by CGI-S and the best self-rated health defined as 4th quartile of EQ-5D-5L VAS. Predictors were number of somatic and psychiatric comorbidities. By logistic regression, we controlled socio-demographic and clinical confounders.

Results Having two or more somatic comorbidities was significantly associated with the failure to achieve the composite of improvement. The number of somatic comorbidities was significantly associated with increase in psychiatric hospitalizations, even after the adjustment for psychiatric comorbidities and large number of clinical and socio-demographic variables.

Conclusions Chronic somatic comorbidities are associated with poorer psychosis treatment outcome independently of psychiatric comorbidities and other factors. Therefore, to treat psychosis effectively it may be essential to treat chronic somatic comorbidities promptly and adequately. The integrative approach should be the imperative in clinical practice.

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EW0808

Predictors of insight in patients with schizophrenia

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Aim To establish predictors of insight in patients with schizophrenia with regard to symptoms severity, executive functioning, level of education, marital status, age, and number of hospitalizations.

Subjects and methods A cross-sectional study was conducted on 60 consecutive outpatients with schizophrenia. Positive symptoms were established with 4-item Positive Symptom Ranking Scale (PSRS), and negative symptoms with Brief Negative Symptoms Assessment (BNSA). The level of insight was established with Self-Appraisal of Illness Questionnaire (SAIQ). Executive functions were established with Wisconsin card sorting test, and three verbal subtests from Wechsler's Intelligence Test: information, similarities, and calculating. All neuropsychological tests were administered by psychologist educated in administration of these and other neuropsychological tools.

Results Predictive statistical model identifies age and illness duration as negative, and higher level of education, and being married as a positive predictors of insight with 38.5% variance