"strange" factor was higher among the future psychosis patients. A "high-functioning" factor was identified as a protective factor.

Discussion   This study used narrative analysis of interview summaries of adolescents who underwent pre-induction assessments. The current study replicated previously published findings that were obtained as a result of retrospective investigations and comparing numeric scores, using unique pre-morbid data and in-depth qualitative analyses, combined with a quantitative one. The main strengths of the current study are the fact that the subjects were interviewed before the onset of psychosis, as well as the fact that the analyses of the data were performed blinded to outcome.

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

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EV1306

A scale of autonomy for patients with schizophrenia – new instrument for clinical assessment of the level of independency: Description and validation

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Introduction   Today the scales for measurement of functional status and life satisfaction (GAF, PSP, EQ-5D, SQLS) gain more importance in assessing schizophrenic patients. Autonomy of living is to the great extent the basis of patient well-being. Each of these scales has the criteria, testing ability for independent life, but none of it tests autonomy as a separate object.

Objective   Development of a new scale.

Aims   Description and validation of a scale for evaluation of autonomy of living in schizophrenic patients.

Methods   Forty patients diagnosed with schizophrenia according to ICD−10 (F 20.xx), 13 males and 27 females, aged 49.8 ± 9, disease duration is 22 ± 8.6 years. New scale and PANSS, CGI-S, NSA, BACS, GAF, PSP was administered.

Results   The scale comprises five points (activity, intentional behavior, range of social interaction, specificity of interaction with the doctor (medical conventionality) and autonomy), and total score. The internal consistency of the scale was high – cronbach's alpha 0.83. The construct validity with GAF and PSP was moderate (R varied from 0.36 to 0.55). The total score of the new scale correlated with the PANSS negative subscale score ($R = -0.51$), with CGI-S score ($R = -0.57$), and with the BACS total score ($R = -0.57$).

Conclusion   The scale of autonomy corresponds to the major psycho-diagnostic requirements: internal consistency, construct and discriminative validities. It can be considered a new instrument for assessing the integrative target of treatment and rehabilitation of patients with schizophrenia.

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

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EV1307

Cardiac adipose tissue, intra-abdominal adipose tissue, and risk for cardio-metabolic diseases in patients with schizophrenia

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Introduction   Schizophrenia is associated with increased physical morbidity and mortality. In particular, cardio-metabolic diseases are more frequent. Several underlying reasons have been discussed, including adverse lifestyle behaviors, or adverse effects of neuroleptic treatment. However, little is known about changes of cardiac and intra-abdominal adipose tissue, both are risk factors for the development of cardio-metabolic diseases.

Objectives/aims   To compare, cardiac and intra-abdominal adipose tissue between patients with schizophrenia and healthy controls.

Methods   Ten physically healthy patients with schizophrenia according to DSM-V were included, and compared to healthy control subjects. Cardiac and intra-abdominal adipose tissue was quantified using magnetic resonance tomography. Further factors assessed comprise the metabolic syndrome, physical activity, smoking behavior, and scores for the assessment of cardio-metabolic diseases (FINDRISK score and modified ESC score).

Results   Cardiac adipose tissue and intra-abdominal adipose tissue was increased in patients with schizophrenia. Further findings were higher diastolic blood pressure, more smoking, less physical activity, and an increase for diabetes and cardiovascular disease risk according to the modified ESC and FINDRISK score.

Conclusions   The new finding in our study is an increase of cardiac adipose tissue, a risk factor for the development of cardiovascular disorders, in physically healthy patients with schizophrenia. Furthermore, the risk for the development of type-2 diabetes mellitus is increased, indicated by higher amount of intra-abdominal adipose tissue, and the results of the FINDRISK score. We conclude that lifestyle alterations, particularly exercise training that has been shown to reduce cardiac and intra-abdominal adipose tissue, should be recommended in patients with schizophrenia.

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

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EV1308

Not the same old madness: Evaluating the clinical profile of the "schizophrenia spectrum" disorders

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Introduction   The "schizophrenia spectrum" concept allowed better identifying the psychopathology underpinning disorders including schizophrenia, schizoaffective disorder (SZA) and cluster A personality disorders (PD).

Aims   To compare the clinical portrait of the schizophrenia spectrum disorders, focusing on the impact of the affective dimension.

Methods   Inpatients at the acute psychiatric ward of Perugia (Umbria-Italy) were evaluated with the structured clinical interview for DSM-IV Axis I and Axis II disorders and diagnosed with a "schizophrenia spectrum" disorder according to DSM-IV-TR. The clinical evaluation was conducted using the positive and negative syndrome scale (PANSS). Pearson correlations of the different subscales in the three groups and between the negative scales with the affective symptom "depression" were conducted.