

**Setting/locations** Rural primary care and psychiatry clinic in Northern New England, USA.

**Subjects** People over age 18 diagnosed with a psychotic disorder on medications.

**Intervention** Fifty consecutive clients during one month's time were invited to participate; 19 completed a one-month open-label phase of the addition of a micronutrient to their medication regimen; all 19 then withdrew rather than risk randomization to a placebo. We then compared the response of those 19 over 24 months of micronutrients + medication to the 31 people who declined participation enriched by an additional 28 consecutive patients recruited over the second month of the study for a total of 59 who received medication without micronutrients.

**Outcome measures** All clients were evaluated with the Positive and Negative Symptom Scale and the Clinical Global Impression scale at study baseline and after 3, 6, 9, 12, 15, 18, and 24 months. Psychosis was confirmed with clinical interview using DSM IV-TR criteria. All participants had normal physical examinations and laboratory studies.

**Results** Outcomes were similar for both groups until 15 months, though the micronutrient group used significantly less antipsychotic medication throughout that time ( $P < 0.001$ ). At 15 months, the micronutrients + medication group exhibited significantly fewer symptoms than the medication only group, a difference that was even stronger at 24 months.

**Conclusions** Micronutrients may be a beneficial long-term, adjunctive strategy for people with psychotic disorders, allowing for smaller doses of antipsychotic medications.

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#### EW0490

### Strategies for managing psychosis with small amounts or no medication: A proof of concept paper

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**Introduction** Some patients with the diagnosis of a psychotic disorder wish to minimize or avoid medications.

**Methods** We report qualitative and quantitative data on a group of patients as a proof of concept study—that management with minimal or no medication is possible.

**Patients** A series of 60 adult patients presented with psychosis and engaged with us in dialogical psychotherapy, medication, and lifestyle management over at least six months in an effort to minimize or eliminate medication. An additional 209 patients presented for treatment but did not continue for six months. An anonymous, matched comparison group of 60 patients of the same age, socio-economic status, diagnosis, and severity of illness was generated from the electronic health records at another large clinic where one of us also worked (LMM). We quantified symptom level using the Brief Psychiatric Rating Scale, the Positive and Negative Syndrome Scale, two depression rating scales, the Clinical Global Inventory, and the Revised Behavior and Symptom Identification Scale. Narrative interviews of all 269 patients generated qualitative data.

**Results** Thirty-nine patients managed well without medication; 16 managed well on low-dose medication. Four individuals required progressively higher levels of medication and one decompensated. The overall cost-benefit was favorable in creating fewer hospitalizations, crises, and diminished suicidality.

**Conclusions** The results suggest the need for individualized approaches that are client-centered and build upon the previous successes of the person, enroll family and friends in a community effort, and collaborate with those communities to apply those approaches desired by the people themselves.

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

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## e-Poster Walk: Schizophrenia and Other Psychotic Disorders—Part 4

#### EW0491

### Relationships between smoking, psychopathology and medication outside effects in schizophrenia

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**Aim** To determine the relationship between smoking status and clinical characteristics of schizophrenic patients.

**Methods** It was a cross-sectional study. One hundred and seventy-five schizophrenic outpatients were assessed by the Positive and Negative Syndrome Scale (PANSS), the Global Assessment of Functioning Scale (GAF), the scale of measurement of abnormal involuntary movements (AIMS) and by the rating scale akathisia caused by a drug Thomas Barnes. Current smokers ( $n = 85$ ) were compared to non-smokers ( $n = 90$ ) on clinical variables.

**Results** The mean number of cigarettes was 15 cig/day. In our sample, current smokers account for half of the patients and were exclusively men. Smokers were significantly more single patients (76.5 vs. 58.9,  $P = 0.01$ ). There were no significant differences between smokers and non-smokers regarding clinical variables, including age of onset of the disease, the duration of the disease, the severity of positive and negative symptoms, and GAF scores. Smoking was significantly associated with more frequent prescription of conventional neuroleptics (98.8 vs. 92%,  $P = 0.03$ ) and poorer adherence to treatment (77 vs. 62.2%,  $P = 0.02$ ). There were no significant differences between the 2 groups regarding the average doses of neuroleptics, the presence of extrapyramidal signs, scores on the AIMS score and akathisia.

**Conclusion** Smoking is common in patients suffering from schizophrenia. Smoking status should be considered in the assessment of neuroleptic treatment in schizophrenia.

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

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#### EW0492

### Evaluation of sleeping profile in schizophrenia patients treated with paliperidone-extended release: Result from an open labeled perspective study in south East Asia (perfect study)

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**Objective** To evaluate the impact of treatment with paliperidone extended release for 6 months on sleeping profile in schizophrenia patients.