explained. Scores on subscales "Similarities" and "Calculating" had positive association with insight score. Model explains 24.7% of variance. When model was adjusted on alpha 5% level of concluding only three significant positive predictors appears: higher level of education, higher score on "Similarities" subscale, and being married. Model explains 38.5% of variance.
Conclusion Level of education and marital status, among all other factors, have important impact on level of insight in patients with schizophrenia.
Keywords Insight; Predictors; Education; Marital status
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0809

Can neuropsychological testing facilitate differential diagnosis between at-risk mental state for psychosis and adult attention deficit hyperactivity disorder?

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Introduction Patients with an at-risk mental state (ARMS) for psychosis and patients with attention deficit hyperactivity disorder (ADHD) have many overlapping symptoms and hence can be difficult to differentiate clinically.
Objectives The aim of this study was to investigate whether the differential diagnosis between ARMS and ADHD could be improved by neuropsychological testing.
Methods A total of 157 ARMS and 122 adult ADHD patients were recruited via the Basel Früherkennung von Psychosen (FePsy) study and the ADHD Special Consultations Unit of the University of Basel Psychiatric Hospital, respectively. Verbal learning and memory was tested with the California Verbal Learning Test (CVLT), sustained attention with the Continuous performance test (CPT) and problem solving abilities with the Tower of Hanoi task. Group differences in neuropsychological performance were analyzed using generalized linear models, which included age and gender as covariates.
Results Adult ADHD patients recalled significantly fewer words in the CVLT (both after short and long delay) and had significantly more false alarms and omissions and longer reaction times in the CPT than ARMS patients.
Conclusions Adult ADHD patients show larger deficits than ARMS patients in the domains of verbal memory and sustained attention, but not in problem solving abilities. This in line with current meta-analyses, which found that impairments in the domains of attention and verbal memory are of medium effect size in adult ADHD patients and of small effect size in ARMS patients. Our results suggest that measures of these domains can be exploited to improve the differential diagnosis between adult ADHD and ARMS patients.
Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0810

Clozapine augmented with risperidone in treatment-resistant schizophrenia

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Introduction The evolution of various pharmacological therapies for schizophrenia has given rise to several pharmacological models for the neuroreceptor targets of antipsychotics and the influence of various neuroreceptors on specific symptoms and side effects.
Objectives Experience in clinical practice affirms clozapine's position as the treatment of choice for patients with treatment-refractory schizophrenia. Unlike clozapine, risperidone has a more targeted profile of neurotransmitter binding, with particular predilection for dopamine and serotonin receptors. Risperidone is, to date, the most extensively documented clozapine augmentation agent.
Aim The aim was to evaluate clinical efficacy, safety and tolerability of augmenting clozapine with risperidone in patients with treatment-resistant schizophrenia.
Methods In a randomized, double-blind, placebo-controlled 8-week trial, 10 patients unresponsive or partially responsive to 300 mg/day of clozapine monotherapy ($n = 5$) received a steady dose of 450 mg/day clozapine combined with or up to 4 mg/day of risperidone ($n = 5$). Patient psychopathology was assessed at 2-week intervals with the Brief Psychiatric Rating Scale (BPRS), the Scale for the Assessment of Negative Symptoms (SANS) and Clinical Global Impression (CGI) improvement scale.
Results From baseline to week 4 and week 8, mean BPRS total and positive symptom subscale scores were reduced significantly in both groups, but the reductions were significantly greater with clozapine/risperidone treatment. Reductions in SANS scores were also significantly greater with clozapine/risperidone treatment than with clozapine monotherapy group. Clozapine/risperidone treatment did not induce additional weight gain or agranulocytosis compared with clozapine monotherapy treatment.
Conclusions Clozapine augmentation with risperidone appears to be well tolerated, safe and may provide additional clinical benefit for patients who are nonresponsive or only partially responsive to clozapine alone.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0811

The association of schizophrenia symptoms clusters with obsessive compulsive symptoms

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Introduction Thirty percent of individuals with schizophrenia demonstrate obsessive compulsive symptoms (OCSs). There is conflicting data on the effects of antipsychotic medication on OCSs in schizophrenia. The delineation of the relationship of OCSs with positive, negative and general psychopathology symptoms has theoretical and treatment implications.
Objectives To investigate the relationship among OCSs with the symptoms clusters in schizophrenia.
Methods We recruited 110 chronic schizophrenia patients and assessed OCSs (Yale-Brown Scale) and schizophrenia symptoms (Positive and Negative Syndrome Scale). In order to investigate the relationship of OCSs with clusters of schizophrenia symptoms, we conducted correlation analyses between YBOCS total scores or obsession or compulsion subscores with the PANSS symptoms scores (total, positive, negative and general psychopathology) and the cognitive scores derived from CANTAB. We re-conducted these

correlations for the sub groups with clinically detectable OCSs (YBOCS > 8) and clinically significant OCSs (YBOCS > 14).
Results The only significant correlation was that of scores of OCSs with PANSS general psychopathology scores (rho = 0.190, $P = 0.047$). Obsessions and compulsions did not significantly correlate with positive or negative symptom clusters. No significant correlation between OCSs and schizophrenia symptoms were detected in the subgroups with clinically detectable or significant OCSs.
Conclusions OCSs appear to be a separate symptom cluster in the context of schizophrenia, suggesting that OCSs cannot be expected to be influenced by standard antipsychotic treatments.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0812

Obsessive compulsive symptoms, social functioning and executive functions in chronic schizophrenia

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Introduction Schizophrenia leads to functional deficits. A third of schizophrenia patients have obsessive compulsive symptoms (OCSs). The existing studies, which have investigated the effect of OCSs on social functioning (SF) of schizophrenia patients have produced contradictory findings and, interestingly, they have not adjusted for the role of executive functioning.
Objectives To investigate the predictive role of OCSs on SF in schizophrenia controlling for the effects of executive functioning.
Methods In a cross-sectional study of 110 chronic schizophrenia patients we assessed OCSs (Yale-Brown Scale), SF (Strauss Carpenter Scale) and composite executive function (cognitive flexibility: Intra–extra dimensional set shifting task and planning: Stockings of Cambridge task) using the Cambridge Neuropsychological Test Automated Battery (CANTAB). We also measured total symptoms (PANSS total scores) and illness duration. Regression analysis tested the predicting role of OCSs (YBOCS total score) on functioning taking into account executive function (composite score) duration of illness and schizophrenia symptoms.
Results OCSs were associated with better SF (B = 0.099; 95% CI = 0.019, 0.180; $t = 2.449$; df = 88; $P = 0.016$). This result was driven by the association of OCSs with job functioning (B = 0.043; 95% CI = 0.006, 0.081; $t = 2.289$; df = 88; $P = 0.024$). Executive functions were not significantly associated with social functioning.
Conclusions OCSs and not executive functions are associated with social functioning in schizophrenia. Future studies should examine whether OCSs represent a compensatory mechanism aiming at preserving social functioning in the disorder.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0813

Real-world effectiveness of antipsychotic treatments among patients with schizophrenia and affective symptoms

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Introduction The clinical distinction between schizophrenia and affective psychoses is often not clear-cut, and very little is known about the effectiveness of treatments among patients having both schizophrenia and affective symptoms.
Objectives To study the comparative real-world effectiveness of antipsychotic treatments among patients having schizophrenia and affective symptoms.
Methods We studied the risk of all-cause rehospitalization during use of specific antipsychotics during 1996–2012 among all patients who had been previously hospitalized with both schizophrenia and mood disorder diagnoses in Finland since 1987 ($n = 28{,}015$). We linked nation-wide databases on hospitalization, mortality, and filled prescriptions. The primary analysis was within-individual analysis, in which each individual was used as his/her own control to eliminate selection bias. The effect of concomitant psychotropic medications, and the temporal orders of exposure and non-exposure periods were adjusted.
Results When 22 specific antipsychotic treatments were compared with the most frequently used antipsychotic quetiapine, the lowest rehospitalization risks were observed during the treatment periods of olanzapine long-acting injection (LAI) (HR: 0.52; 95% CI: 0.34–0.80), risperidone LAI (0.67; 0.56–0.81), and clozapine (0.68; 0.63–0.74). The worst outcome was observed for periciazine (1.19; 0.96–1.48) and no antipsychotic use (1.09; 1.04–1.13).
Conclusions Olanzapine LAI, risperidone LAI, and clozapine use are associated with the lowest risk of rehospitalization among patients with schizophrenia and affective symptoms.
Disclosure of interest Jari Tiihonen has served as a consultant to The Finnish Medicines Agency Fimea, AstraZeneca, Bristol-Myers Squibb, Eli Lilly, F. Hoffman-La Roche, Janssen-Cilag, Lundbeck, Organon, and Finnish Medicines Agency he has received fees for giving expert testimony to AstraZeneca, Bristol-Myers Squibb, Eli Lilly, GlaxoSmithKline, Janssen-Cilag, Lundbeck, Otsuka and Pfizer lecture fees from AstraZeneca, Bristol-Myers Squibb, Eli Lilly, GlaxoSmithKline, Janssen-Cilag, Lundbeck, Novartis, Otsuka, Pfizer and grants from Stanley Foundation and Sigrid Jusélius Foundation. Tiihonen is a member of advisory boards for AstraZeneca, Eli Lilly, Janssen-Cilag, and Otsuka, and has research collaboration with Lilly and Janssen. Markku Lähteenvuo is a major shareholder and board member at Genomi Solutions ltd, a Finnish based bioinformatics company. He has also received research grants or awards from Boehringer-Ingelheim, and is working as a coordinator for a research project funded by the Stanley Foundation. Fabian Hoti and Pia Vattulainen are employed by EPID Research, which is a contract research organization that performs commissioned pharmacoepidemiological studies and thus its employees have been and currently are working in collaboration with several pharmaceutical companies. Antti Tanskanen and Heidi Taipale have participated in research projects funded by Janssen with grants paid to the Karolinska Institutet.

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