(21.88%; a = 0.88). Pearson correlations of EA total score with BCPQ2 and F1 were significant and moderate (r@.50) and with F2 was non-significant.
Conclusions Although the Portuguese version of the extended version of BCPQ has good reliability and validity, the low pride-related dimension seems to be relatively independent of regret.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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Schizophrenia

EW485

Frequency of subtypes of irritable bowel syndrome in positive and negative subtypes of schizophrenia

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Objective The aim of the study was to determine the frequency of subtypes of irritable bowel syndrome in positive and negative subtypes of schizophrenia.
Methods Sixty-two drug naïve hospitalized patients between 18 and 65 years (mean age: 33.6) with first episode of schizophrenia based on DSM IV-TR and 69 control subjects matched for age and sex completed this study. A semi-structured clinical interview was used to assess both groups. Clinical data were obtained and basic lab investigations and ultrasonography of abdomen were done in all subjects to exclude any related abdominal pathology. Axis-I disorders of DSM IV-TR were excluded in control subjects. Positive and Negative Syndrome Scale (PANSS) and Rome III Urdu language version scale (cross-validation obtained) for irritable bowel syndrome (IBS) were administered to assess the severity of positive and negative symptoms of schizophrenia and subtypes of irritable bowel syndrome, IBS constipation (IBS-C), IBS Diarrhoea (IBS-D) and IBS Mix (IBS-M) in case and control groups respectively.
Results Forty-seven patients (75.8%) and 15 patients (24.2%) had positive and negative schizophrenia respectively. Patients with positive and negative schizophrenia had higher rate of IBS-C 6.5% ($n = 4$), IBS-D 8.1% ($n = 5$), IBS-M 12.9% ($n = 8$), non-IBS 72.6% ($n = 45$) versus healthy subjects IBS-C 1.4% ($n = 1$), IBS-D 2.9% ($n = 2$), IBS-M 2.9% ($n = 2$), and non-IBS 92.8% ($n = 64$), OR = 4.8; 95% CI.
Conclusion Irritable bowel syndrome is more frequent in patients with schizophrenia than in general population. This functional gastrointestinal disorder associated with psychotic symptoms requires attention and management while managing patients with subtypes of schizophrenia.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW486

Cognitive dysfunctions in first episode pychosis

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Cognitive dysfunctions are one of the main domains of symptom clusters in schizophrenia that are strongly related to poor prognosis and psychosocial impairment. We conducted a study to investigate the level of cognitive functions in patients with first episode psychosis (FEP) and effect of psychosocial factors related to psychosis and cognitive dysfunctions in this population. We included 60 FEP patients and 60 healthy control subjects. Cognitive functions of the study population were evaluated by using neuropsychological test battery including Stroop, Rey Verbal Learning and Memory, Digit Span, Trail Making, Digit Symbols, Controlled Word Association etc. Psychosocial risk factors were assessed using Childhood Trauma Questionnaire, Social Environment Measurement Tool, Life Events Scale, Tobacco Alcohol Use Scale and Substance/Marijuana Use Scale. Cognitive functions were significantly impaired in FEP patients compared to normal controls. Patients had poor performance in verbal memory, attention, processing speed, working memory and executive functions that is similar to the previous literature findings. Stressful life events in the last year and familial liability of schizophrenia and psychosis in 1st degree relatives were strong predictors to develop psychosis in patients with FEP. Both factors also seemed to be related to cognitive dysfunctions. In this study, patients with stressful life events in the last year were likely to have memory and executive dysfunctions. It has been shown that psychosocial risk factors had played an important role in developing psychosis. However, these factors also may negatively affect cognitive functions that may make the patient predispose to develop psychosis in FEP patients.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW487

Pharmacokinetics, safety, and tolerability of four 28-day cycle intramuscular injections for risperidone-ISM 75 mg in patients with schizophrenia: A phase-2 randomized study (PRISMA-2)

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Introduction Risperidone-ISM is a new long acting intramuscular formulation of risperidone, for monthly administration without oral supplementation.
Objective To characterize the pharmacokinetic of risperidone over multiple intramuscular injections in patients with schizophrenia.
Method A multicenter, open label, two-arm, parallel design clinical trial was performed. Each patient received 4 intramuscular injections of 75 mg of risperidone-ISM in either, gluteal or deltoid muscle at 28-day intervals.
Results A total of 70 patients were randomized, 67 received at least one dose of study medication. Preliminary data show that mean C_{max} of the active moiety was achieved 24-48 hours (T_{max}) after each administration and ranged over four consecutive doses from 39.6-53.2 ng/mL and 54.1-61 ng/mL, when given in gluteal or deltoid, respectively. All subjects achieved therapeutic levels (>7.5 ng/mL for the active moiety) between 2-8 hours after drug administration. The mean concentrations were maintained above therapeutic levels throughout the 4-week dosing period. No significance changes across the study were observed, either on Positive and Negative Syndrome Scale or Extrapyramidal Symptoms Scale. Overall, 63 subjects (94%) experienced at least 1 Treatment Emergent Adverse Event (TEAE) during the study. One serious TEAE (dystonia) was related to study treatment. One death not related