

EV1279

Efficacy of memantine in schizophrenic patients: A systematic review

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Introduction Several evidences support the hypothesis that glutamatergic dysfunction may be implicated in the pathogenesis of schizophrenia and in the last few year great interest has been focused on the role of the N-methyl-D-aspartate receptor (NMDAR). Memantine is a noncompetitive NMDARs antagonist, binds the same site of NMDARs of Mg²⁺, endogenous blocker of NMDARs, with moderate affinity, rapid unblocking kinetics and strong functional voltage-dependency. Memantine does not affect the physiological activation of NMDARs whereas it blocks the sustained activation under pathological conditions. Preclinical studies have demonstrated that memantine at high concentrations targets many receptors, including serotonin, nicotinic acetylcholine, sigma-1 and serotonin and dopamine receptors.

Objectives Increasing interest in memantine add-on therapy in schizophrenic patients with negative and cognitive symptoms may suggest that memantine could be a new promising treatment in schizophrenia.

Aims The aim of this update was to evaluate clinical data about the memantine effectiveness in schizophrenic patients.

Methods We searched on PubMed to identify original studies about the use of memantine in treatment of schizophrenic patients. The search conducted on June 16th, 2016 yielded 135 records. Neuf papers met our inclusion criteria.

Results Negative symptoms improved in the large majority of patients treated, however there is not a clear evidence on cognitive and positive symptoms (Table 1)

Conclusions Memantine therapy in schizophrenic patients has given unclear results. It seems that memantine improves mainly negative symptoms, while cognitive and positive symptoms did not improve significantly. Further trials with a more numerous sample are required obtain an objective result.

Table 1 Observation during Memantine administration.

	Positive Symptoms	Negative Symptoms	Cognitive Symptoms	Side Effects of Memantine
Krivoy, 2008	↓	-	-	-
Lee, 2012	-	-	-	-
Paraschakis, 2014	-	↓	-	-
John, 2014	-	↓	-	-
Veerman, 2015	-	↓	↓	+
Omranifard, 2015	-	↓	-	-
Rezaei 2013	-	↓	-	-
Lieberman 2009	-	-	-	+
Schaefer, 2007	-	-	-	-

Table 1: Observation during Memantine administration.
↓: reduction in severity of symptoms; -: no relevant modifications; +: onset of new symptoms

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1609>

EV1280

Stressors in patients with schizoaffective disorder

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Patients with schizoaffective disorder have recurrent episodes of a mood disorder with severe psychotic symptoms. In many cases, patients have toxic abuse in some situations that could cause confusion in symptoms and ranking it. It is about a patient diagnosed 5 years ago of schizoaffective disorder with decompensation caused by leaving medication and drug consumption. A year ago, the treatment was changed to intramuscular formulation with abilify maintena to ensure compliance and adherence. The patient continues to consume toxic in weekends, with symptoms of self-referentiality and suspicion towards their environment. Two weeks ago, he was with the girlfriend of a friend and after this event, the friend has been threatening him. The patient has a state of anxiety rising, with interpretations and associations delirious about this friend. He sleeps with a knife in bed if the friend entered his home. It is a very overwhelmed situation, magnifying and causing severe impact on their underlying disorder. When the patient is evaluated, it is decided to add treatment with olanzapine a few days to reduce symptoms and anxiety. Patients with mental disorders have stressors that cause anxiety like a healthy patient. It is true that the impact it has on the patients tend to be older and to overvalue the signs and real situations. In these cases should not be considered a decompensation and attribute symptoms to lack of efficacy of treatment. In many cases, if we associate a more sedating antipsychotic profile, they shall reduce symptoms.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1610>

EV1281

Insight and apathy in patients with paranoid schizophrenia: Rehabilitation approaches

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Introduction For many decades, clinicians were very well aware of lack of insight in patients with paranoid form of schizophrenia. This group of patients is not only less compliant with pharmacotherapy, but also is hard to manage in the rehabilitation setting. This dictates the necessity to develop special approaches to this group of patients, based on clinical data.

Method Fifty patients with schizophrenia spectrum disorder were randomly recruited to be assessed by PANSS scale and Apathy Evaluation Scale (AES), which was introduced both by trained clinicians (C) and as a self-assessment measure (S). Demographic data was collected along with clinical description on prevailing symptoms during acute phase.

Results While AES-C scores were very well correlated with PANSS motivation subscale, AES-S scores showed prominent discrepancies both with PANSS items and AES-C version. Lower scores on AES-S were also associated with paranoid schizophrenia and prevailing delusional symptoms in acute phase. As well AES-C/AES-S ratio also correlated with paranoid form and delusional symptoms in manifest psychoses.

Discussion Patients with paranoid schizophrenia not only lack insight into positive symptoms, but tend to underestimate their negative symptoms such as motivation and apathy. Clinically, this can be described by overestimated strengths, overstated expectations, exaggerated hopes, mistakenly overrated beliefs. But when