EW0238

Elevated sera levels of galectin-3 in stable schizophrenia

M. Borovcanin [1,*], I. Jovanovic [2], S. Minic Janicijevic [3], N. Gajovic [2], N. Arsenijevic [2], M. Lukic L. [2]
[1] *Faculty of Medical Sciences, University of Kragujevac, Department of Psychiatry, Kragujevac, Serbia*
[2] *Faculty of Medical Sciences, University of Kragujevac, Center for Molecular Medicine and Stem Cell Research, Kragujevac, Serbia*
[3] *Clinical Centre Kragujevac, Psychiatric Clinic, Kragujevac, Serbia*
* *Corresponding author.*

Introduction Galectin-3 (Gal-3) is a unique member of the lectin family involved in cell proliferation, adhesion, apoptosis and immune responses. Deletion of the *Gal-3* gene reduces experimental autoimmune encephalomyelitis and variation of gene encoding for Gal-3 already showed to be related with cognitive function. Also, elevated Gal-3 sera levels were measured in patients with Alzheimer's disease.

Aims and objectives We measured the serum concentrations of Gal-3 in patients with schizophrenia in remission and try to determine possible correlation of Gal-3 sera levels with clinical parameters, especially cognitive aspects.

Methods In this pilot study were included patients with schizophrenia in remission on three months stable depot antipsychotic medication (risperidone and paliperidone) ($n = 27$) and healthy controls ($n = 18$). Serum levels of Gal-3 were measured using sensitive enzyme-linked immunosorbent assay (ELISA) kits, specific for humans (R&D Systems, Minneapolis). Cognition was evaluated using the Positive and Negative Syndrome Scale (PANSS) cognitive factors.

Results Higher mean values of Gal-3 were measured in patients with schizophrenia in remission compared with healthy volunteers (1389.69 vs. 994.23 pg/mL; $P = 0.011$), but correlation with PANSS cognitive factor was not established ($P = 0.748$).

Conclusions These findings suggest that the role of Gal-3 should be explored further, in different stages of disorder and depending on applied therapy, but also considering specific cytokine milieu.

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

EW0239

Neurocognitive status in different stages of psychosis: Changes from the first episode psychosis to remission

D. Bošnjak [1,*], P. Makarić [2], I. Kekin [3], T. Sabo [4], M. Živković [5], A. Savić [1], A. Silić [1], I. Čulo [1], D. Ostojić [1], V. Jukić [6], M. Rojnić Kuzman [3]
[1] *University Psychiatric Hospital Vrapce, First Psychosis Unit, Zagreb, Croatia*
[2] *University Psychiatric Hospital Vrapce, The Addictions Department, Zagreb, Croatia*
[3] *Zagreb University Hospital Centre, Department of Psychiatry, Zagreb, Croatia*
[4] *University Psychiatric Hospital Vrapce, Psychogeriatrics Department, Zagreb, Croatia*
[5] *University Psychiatric Hospital Vrapce, Department of Psychotic Disorders, Zagreb, Croatia*
[6] *University Psychiatric Hospital Vrapce, Forensics Department, Zagreb, Croatia*
* *Corresponding author.*

Introduction Neurocognitive impairment in schizophrenia is associated with functional disability and poorer quality of life, and is the most resistant of all schizophrenia symptoms to current psychopharmacotherapy.

Objectives To compare the differences in neurocognitive status during the acute phase of first psychotic episode and stable symptomatic remission.

Aims To investigate the pattern of neurocognitive impairment in patients with first episode psychosis during acute phase and stable remission phase.

Methods We performed a longitudinal study, including 150 patients with first episode of psychosis at two time points: during their hospitalization at Zagreb university hospital centre or university psychiatric hospital Vrapče, at acute phase of illness and after 12–18 months, during stable remission. Assessment included detailed clinical interview, clinical rating of neuropsychiatric symptoms using standardized psychiatric scales, self-assessment scales and comprehensive neurocognitive testing.

Results While our preliminary results ($n = 40$) showed statistically significant improvement in various neurocognitive domains, including visuo-learning abilities, verbal learning, executive functions, attention and processing speed, initial impairment in semantic and phonetic fluency observed in acute psychosis remained unchanged in remission as well.

Conclusions Although our results showed improvement in most of cognitive domains during time, language abilities remained unchanged. This further confirms the hypothesis that language impairment is a trait marker of psychotic disorder.

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

EW0240

The relationship between theory of mind and social functioning within the schizophrenia spectrum

C. Bredicean [1,*], I. Papava [1], C. Giurgi-Oncu [1], M. Cristanovici [2], A. Popescu [3], O. Tuculanu [4]
[1] *"Victor Babes" University of Medicine and Pharmacy, Neuroscience, Timisoara, Romania*
[2] *South London and Maudsley NHS Foundation Trust, Mental Health Learning Disabilities MHLD, London, United Kingdom*
[3] *University of Medicine, Psychiatry, Targu-Mures, Romania*
[4] *Clinical Hospital, Psychiatry, Timisoara, Romania*
* *Corresponding author.*

Introduction Current research shows that subjects with disorders belonging to the schizophrenia spectrum have a poor social functioning. There are several factors that can influence social functioning, social cognition being one of them.

Objectives Assessing the ability to identify emotions and its role in the social functioning of subjects with a schizophrenia spectrum diagnosis.

Purpose Increasing the social functioning of subjects with a schizophrenia spectrum diagnosis.

Method We evaluated 31 subjects who were at their first admission to the Timisoara psychiatric clinic and who met the diagnostic criteria for a schizophrenia spectrum disorder (a diagnosis of F20, F22 or F25 according to ICD 10). The following parameters were monitored: sociodemographic (gender, age of onset, educational level, marital and professional status), theory of mind (Reading the Mind in the Eyes Test) and social functioning (GAF Scale). The subjects were evaluated during periods of remission. The acquired data was statistically processed.

Results The results of the sociodemographic parameters analysis were similar to those in international literature. Most subjects showed a lack of theory of mind (a mean score of 18, standard deviation 5.84). All subjects experienced a decrease in social functioning (a mean score of 64.7 on the GAF Scale). There is a direct correlation between the ability to identify emotions and social functioning (Spearman R = 0.386, $P < 0.05$).

Conclusions   A decreased ability to identify emotions is directly correlated with decreased social functioning in subjects with schizophrenia spectrum disorders.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.2110

EW0241

Long acting antipsychotics treatment of schizophrenia: A 24-month prospective study on patient's attitude towards treatment

E. Calderani *, F. Pietrini, I. Burian, F. Chiarello, D. Dahlke, S. Gemignani, P. Marino, G.A. Talamba, L. Poli, A. Santangelo, V. Ricca, A. Ballerini
University of Florence, Neuro. Far. Ba, University of Florence, Florence, Italy
* Corresponding author.

Introduction   Long-acting injectable (LAI) second-generation antipsychotics (SGAs) are considered an alternative to oral antipsychotics for schizophrenic patients with low adherence to therapy. However, it is still a matter of debate whether LAI-SGAs are able to significantly improve patient's attitudes towards treatment (ATT) [1].

Objective   To investigate the impact of LAI on ATT over 24 months.

Methods   Nineteen schizophrenic patients were switched from either oral olanzapine (11) or paliperidone (8) to the corresponding LAI. Patients were assessed at baseline (T0), after 6 (T1), 12 (T2) and 24 months (T3). Drug Attitude Inventory-10 (DAI-10) [2] was used to assess ATT. Young Mania Rating Scale (YMRS), Montgomery-Asberg Depression Rating Scale (MADRS), Positive and Negative Syndrome Scale (PANSS), and Short Form Health Survey (SF-36) were used for psychopathology evaluations.

Results   Eleven patients reached T3. Eight patients were excluded (4 olanzapine, 4 paliperidone): 4 required a significant change in concomitant treatment, 4 a change of antipsychotic (metabolic comorbidity). No changes in psychopathology occurred between T2 and T3, some scales improved from baseline to T2. DAI-10 mean scores were improved after 12 months, thus not significantly, and were further improved at 24 months ($P = .008$ vs baseline).

Conclusions   ATT keeps improving after one year of LAI treatment, unrelated to clinical response.

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

References

[1] Kaplan G, Casoy J, Zummo J. Impact of long-acting injectable antipsychotics on medication adherence and clinical, functional, and economic outcomes of schizophrenia. Patient Prefer Adherence 2013;7:1171–80.
[2] Nielsen RE, Lindström E, Nielsen J, Levander S. DAI-10 is as good as DAI-30 in schizophrenia. Eur Neuropsychopharmacol 2012;22(10):747–50.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.2111

EW0242

Relationship between cognition and primary negative symptoms sub-domains in schizophrenia

O.O. Capatina [1,*], I.V. miclutia [1], A. toma [2]
[1] *University of Medicine and Pharmacy Iuliu Hatieganu, Psychiatry, Cluj-Napoca, Romania*
[2] *Psychiatry City Hospital Tarnaveni, Psychiatry, Tarnaveni, Romania*
* Corresponding author.

Introduction   The relationship between negative symptoms and cognition in schizophrenia is not clear, a number of authors whom studied this relationship came up with inconsistent findings and meta-analyses show that there is a small moderate associations between the two domains.

Objectives and aims   The aim of this study was to investigate the relationship between cognition and the primary negative symptoms sub-domains.

Methods   Sixty-seven female patients with schizophrenia were evaluated using PANSS ans NSA-16 scales. Correlation and regression analyses were used in the present study to investigate the relationship between the primary negative symptoms sub-domains obtained by using the principal component analysis, and cognition evaluated with the PANSS using the 5 factor model as described by Lindenmayer.

Results   No relationship was found between the PANSS Cognitive factor and Negative factor, but when investigating the relationship of the Cognitive PANSS factor with the negative sub-domains: diminished expression (DE) and avolition-apathy (AA), it was shown that there is a significant association between cognition and AA domain, but there was shown no association with the DE domain, and there was just a small association with the composit score of the NAS-16.

Conclusions   Our study reveals the relative independence of cognitive factor from the negative domain of the psychopathology, even though the association with AA domain was clear. These findings also support the need of using appropriate assessment tools in order to get a refined understanding of the phenomenology of schizophrenia.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.2112

EW0243

Assessing suicide risk with the Clinical Interview for Psychotic Disorders (CIPD): Preliminary reliability and validity of the Suicide Risk Scale for Psychosis (SRS-P)

M.J. Martins [1], P. Castilho [1], C. Carvalho [2], T. Pereira [3], J. Gonçalves [1], R. Guiomar [1], C. Marques [3], A. Pinto [1], D. Carreiras [1,*], M. Bajouco [3], A. Macedo [3]
[1] *Faculty of Psychology and Educational Sciences, University of Coimbra, CINEICC, Coimbra, Portugal*
[2] *University of Azores, Portugal, Department of Educational Sciences, Açores, Portugal*
[3] *Faculty of Medicine, University of Coimbra, Psychological Medicine Department, Coimbra, Portugal*
* Corresponding author.

Background   Suicide risk is an important variable to consider both in assessment and throughout the therapeutic process in psychotic disorders. The SRS-P is an 18-item scale computed from the patient and clinician-rated scores obtained in the CIPD. The scale comprises lifetime assessment of depressed mood, anhedonia and its current interference and severity, current and past feelings of hopelessness, suicidal ideation, 'voices' about suicide, and suicide-related behaviors.

Aims   To assess reliability and convergent validity of the SRS-P in a sample of participants with psychosis.

Methods   The sample comprised 22 participants (68.2% male), single (72.7%), between 19 and 47 years old (M = 31.05; SD = 7.088), with 4–17 years of education (M = 11.77; SD = 3.176), employed (50%). The most prevalent diagnosis was schizophrenia (68.2%) and the participants had a mean of 1.90 hospitalizations (SD = 2.548). The mean age of illness onset was 23.57 years (SD = 5.555). The participants were assessed with the CIPD, Depression, Anxiety and Stress Scales-21, Forms of Self-Criticism and Reassurance Scale, Self-Compassion Scale, Other as Shamer Scale and the Empowerment with Psychotic Symptoms Scales.