tiapine treatment. NSS were assessed with Neurological Evaluation Scale (NES). Implicit motor learning were assessed with a use of Serial Reaction Time Task.
Results SZ patients presented statistically higher NSS scores than healthy controls ($P < 0.001$) and presented no signs of implicit motor learning. There was statistically significant negative correlation between implicit motor learning score and total score of neurological soft signs ($r = -0.44$), sequence of motor acts subscore ($r = -0.54$) and sensory integration subscore ($r = -0.47$) in SZ patients group ($P < 0.05$).
Conclusions There is association between implicit motor learning deficits and neurological soft signs in SZ patients.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW502

First-generation versus second-generation antipsychotic drugs for depression in schizophrenia

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Introduction A certain degree of depressive symptoms is common in schizophrenic patients. The assessment and treatment of depressive symptoms in schizophrenia is clinically challenging.
Objectives We conducted a cross-sectional study to investigate the depressive dimension of schizophrenic patients.
Aims The aim was to evaluate the effect of pharmacotherapy on depressive symptomatology.
Methods Thirty-four outpatients (18-65 years old) with stable schizophrenia in monotherapy with FGAs or SGAs. We evaluated: depressive symptoms with Calgary Depression Scale for Schizophrenia; positive and negative symptoms (with Positive and Negative Symptom Scale); neurocognition (with Matrics Cognitive Consensus Battery); social cognition (with Facial Emotional Identification Test); social functioning (with Personal and Social Performance Scale and with UCSD Performance-based Skills Assessment). Collected data underwent statistical analyses.
Results A SGAs therapy was associated with: lower depressive symptoms (mean SGAs group = 4.0; mean FGAs group = 7.86, $P < 0.05$); lower mean positive symptoms (mean SGAs group = 12.65; mean FGAs group = 17.43, $P < 0.05$); lower negative symptoms (mean SGAs group = 21.35; mean FGAs group = 29.07, $P < 0.05$); lower scores on the PANSS-total (mean SGAs group = 71.05; mean FGAs group = 91.86, $P < 0.01$). After correction for multiple variables, the SGAs group still had significantly lower values towards the FGAs group ($P < 0.05$).
Conclusions Our study support the notion that switch from a FGA to a SGA could be a relatively simple first-step for the treatment of this condition. Atypical antipsychotics might exercise antidepressant effects with different potential mechanism including: remission of a FGA-induced depression and action on of 5-hydroxytryptamine, dopamine [other than postsynaptic D2], and α1-noradrenergic receptor sites.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW503

Clinical and functioning outcomes of second-generation long-acting antipsychotics in a sample of schizophrenia patients during a follow-up period of 6 months

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Introduction Second-generation long-acting injectable antipsychotics (LAIs) constitute a valuable alternative for the treatment of schizophrenia and combine advantages of both long-acting injectable drugs and atypical antipsychotics. Realistic, naturalistic studies are necessary to evaluate the impact of LAIs on specific cluster of symptoms.
Objectives To collect clinical and functioning outcomes in outpatients with schizophrenia treated with LAIs during a follow-up period of 6 months.
Aims To determine the impact on symptoms and functioning of second-generation LAIs.
Methods It is a 6-month naturalistic, observational, prospective, non-interventional study of patients diagnosed with DSM-V schizophrenia disorder. Clinical data were assessed by the Positive and Negative Syndrome Scale (PANSS) and the Global Assessment of Functioning (GAF). For statistical analysis, we used the Wallwork's five-factor model of the PANSS.
Results A total of 50 schizophrenia patients (70% male; mean age: 36.2 ± 10.4) referred to the Depot Clinic at Sant'Andrea Hospital in Rome was included. Eight patients received treatment with risperidone LAI (RLAI), 20 with paliperidone-palmitate LAI (PLAI), 10 with olanzapine-pamoate LAI (OLAI) and 12 with aripiprazole LAI (ALAI). LAIs were overall associated with improved functioning and positive symptoms; OLAI, ALAI e PLAI correlated with improved negative symptoms, RLAI, OLAI e PLAI with improved disorganised/concrete symptoms, OLAI e PLAI with improved excited symptoms; ALAI improved depressive symptoms.
Conclusion Over the 6-month period, LAIs were associated with improved functioning and illness severity in schizophrenia patients with different symptoms profile. Treatment with PLAI and OLAI showed the major clinical advantages, whereas only ALAI correlated with improved depressive symptoms.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW504

Reduction of negative social attributions towards people with mental illness through a combination of treatments

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