

## EW0238

**Elevated sera levels of galectin-3 in stable schizophrenia**

M. Borovcanin<sup>1,\*</sup>, I. Jovanovic<sup>2</sup>, S. Minic Janicijevic<sup>3</sup>, N. Gajovic<sup>2</sup>, N. Arsenijevic<sup>2</sup>, M. Lukic L.<sup>2</sup>

<sup>1</sup> Faculty of Medical Sciences, University of Kragujevac, Department of Psychiatry, Kragujevac, Serbia

<sup>2</sup> Faculty of Medical Sciences, University of Kragujevac, Center for Molecular Medicine and Stem Cell Research, Kragujevac, Serbia

<sup>3</sup> 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.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2108>

## EW0239

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

D. Bošnjak<sup>1,\*</sup>, P. Makarić<sup>2</sup>, I. Kekin<sup>3</sup>, T. Sabo<sup>4</sup>, M. Živković<sup>5</sup>, A. Savić<sup>1</sup>, A. Silić<sup>1</sup>, I. Čulo<sup>1</sup>, D. Ostojić<sup>1</sup>, V. Jukić<sup>6</sup>, M. Rojnić Kuzman<sup>3</sup>

<sup>1</sup> University Psychiatric Hospital Vrapce, First Psychosis Unit, Zagreb, Croatia

<sup>2</sup> University Psychiatric Hospital Vrapce, The Addictions Department, Zagreb, Croatia

<sup>3</sup> Zagreb University Hospital Centre, Department of Psychiatry, Zagreb, Croatia

<sup>4</sup> University Psychiatric Hospital Vrapce, Psychogeriatrics Department, Zagreb, Croatia

<sup>5</sup> University Psychiatric Hospital Vrapce, Department of Psychotic Disorders, Zagreb, Croatia

<sup>6</sup> 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.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2109>

## EW0240

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

C. Bredicean<sup>1,\*</sup>, I. Papava<sup>1</sup>, C. Giurgi-Oncu<sup>1</sup>, M. Cristanovici<sup>2</sup>, A. Popescu<sup>3</sup>, O. Tuculanu<sup>4</sup>

<sup>1</sup> "Victor Babes" University of Medicine and Pharmacy, Neuroscience, Timisoara, Romania

<sup>2</sup> South London and Maudsley NHS Foundation Trust, Mental Health Learning Disabilities MHL, London, United Kingdom

<sup>3</sup> University of Medicine, Psychiatry, Targu-Mures, Romania

<sup>4</sup> 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  $R=0.386$ ,  $P<0.05$ ).