Setting/locations Rural primary care and psychiatry clinic in Northern New England, USA.
Subjects People over age 18 diagnosed with a psychotic disorder on medications.
Intervention Fifty consecutive clients during one month's time were invited to participate; 19 completed a one-month open-label phase of the addition of a micronutrient to their medication regimen; all 19 then withdrew rather than risk randomization to a placebo. We then compared the response of those 19 over 24 months of micronutrients + medication to the 31 people who declined participation enriched by an additional 28 consecutive patients recruited over the second month of the study for a total of 59 who received medication without micronutrients.
Outcome measures All clients were evaluated with the Positive and Negative Symptom Scale and the Clinical Global Impression scale at study baseline and after 3, 6, 9, 12, 15, 18, and 24 months. Psychosis was confirmed with clinical interview using DSM IV-TR criteria. All participants had normal physical examinations and laboratory studies.
Results Outcomes were similar for both groups until 15 months, though the micronutrient group used significantly less antipsychotic medication throughout that time ($P < 0.001$). At 15 months, the micronutrients + medication group exhibited significantly fewer symptoms than the medication only group, a difference that was even stronger at 24 months.
Conclusions Micronutrients may be a beneficial long-term, adjunctive strategy for people with psychotic disorders, allowing for smaller doses of antipsychotic medications.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0490

Strategies for managing psychosis with small amounts or no medication: A proof of concept paper

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Introduction Some patients with the diagnosis of a psychotic disorder wish to minimize or avoid medications.
Methods We report qualitative and quantitative data on a group of patients as a proof of concept study–that management with minimal or no medication is possible.
Patients A series of 60 adult patients presented with psychosis and engaged with us in dialogical psychotherapy, medication, and lifestyle management over at least six months in an effort to minimize or eliminate medication. An additional 209 patients presented for treatment but did not continue for six months. An anonymous, matched comparison group of 60 patients of the same age, socio-economic status, diagnosis, and severity of illness was generated from the electronic health records at another large clinic where one of us also worked (LMM). We quantifed symptom level using the Brief Psychiatric Rating Scale, the Positive and Negative Syndrome Scale, two depression rating scales, the Clinical Global Inventory, and the Revised Behavior and Symptom Identification Scale. Narrative interviews of all 269 patients generated qualitative data.
Results Thirty-nine patients managed well without medication; 16 managed well on low-dose medication. Four individuals required progressively higher levels of medication and one decompensated. The overall cost-benefit was favorable in creating fewer hospitalization, crises, and diminished suicidality.
Conclusions The results suggest the need for individualized approaches that are client-centered and build upon the previous successes of the person, enroll family and friends in a community effort, and collaborate with those communities to apply those approaches desired by the people themselves.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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e-Poster Walk: Schizophrenia and Other Psychotic Disorders–Part 4

EW0491

Relationships between smoking, psychopathology and medication outside effects in schizophrenia

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Aim To determine the relationship between smoking status and clinical characteristics of schizophrenic patients.
Methods It was a cross-sectional study. One hundred and seventy-five schizophrenic outpatients were assessed by the Positive And Negative Syndrome Scale (PANSS), the Global Assessment of Functioning Scale (GAF), the scale of measurement of abnormal involuntary movements (AIMS) and by the rating scale akathisia caused by a drug Thomas Barnes. Current smokers ($n = 85$) were compared to non-smokers ($n = 90$) on clinical variables.
Results The mean number of cigarettes was 15 cig/day. In our sample, current smokers account for half of the patients and were exclusively men. Smokers were significantly more single patients (76.5 vs. 58.9, $P = 0.01$). There were no significant differences between smokers and non-smokers regarding clinical variables, including age of onset of the disease, the duration of the disease, the severity of positive and negative symptoms, and GAF scores. Smoking was significantly associated with more frequent prescription of conventional neuroleptics (98.8 vs. 92%, $P = 0.03$) and poorer adherence to treatment (77 vs. 62.2%, $P = 0.02$). There were no significant differences between the 2 groups regarding the average doses of neuroleptics, the presence of extrapyramidal signs, scores on the AIMS score and akathisia.
Conclusion Smoking is common in patients suffering from schizophrenia. Smoking status should be considered in the assessment of neuroleptic treatment in schizophrenia.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0492

Evaluation of sleeping profile in schizophrenia patients treated with paliperidone-extended release: Result from an open labeled perspective study in south East Asia (perfect study)

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Objective To evaluate the impact of treatment with paliperidone extended release for 6 months on sleeping profile in schizophrenia patients.

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Methods A total of 984 patients meeting the DSM-IV criteria for schizophrenia who switched their antipsychotics to be paliperidone ER were recruited from 61 sites in five countries in Southeast Asia. We assessed patients in terms of demographic profile, sleep quality and daytime drowsiness as visual analog scale.
Results Patients in our studies received paliperidone ER treatment for 6 months. About 70% completed the treatment. Sleep quality and also daytime drowsiness were significantly increased in patients compared with their baseline. The predictive factors that have effect on sleep profile improvement were completion of the study and baseline PANSS score.
Conclusion Patients receiving paliperidone ER were found to have improvement in sleep quality and also improvement in daytime drowsiness, especially in patients within completion group and the higher baseline PANSS score.
Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0493

Measuring motivation in patients with schizophrenia with apathy evaluation Scale (AES). Pilot study of the Russian version

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Introduction Reduction of mental productivity and motivation in patients with schizophrenia is one of the core features of negative symptoms of schizophrenia spectrum disorders. Lack of motivation affects social functioning and outcomes, reduces effects of psychosocial treatment and rehabilitation.
Objectives To research AES abilities in measuring motivation in patients with schizophrenia spectrum disorders. The aim of the study was to investigate correlations of Russian translation of clinician-rated and self-rated versions with PANSS amotivation subscale and negative subscale items.
Methods Fifty patients with schizophrenia spectrum disorders were recruited to participate in the study and were assessed with PANSS, AES-C and AES-S by trained raters. Only patients in "stabilized" state that met inclusion criteria of PANSS total score ≤ 80 points were eligible for consecutive AES assessment.
Results Overall, moderate positive correlations were established between AES-C and PANSS amotivation subscale N2 and N4 items, N6 item and total PANSS negative subscale. No significant correlations with G16 item were registered. AES-C and AES-S versions also showed positive Spearman correlations ($r = 0.43$; $P < 0.05$), while no correlations between AES-S and amotivation PANSS items were registered.
Discussion Moderately strong correlations between AES-C and PANSS N2, N4 and N6 items show feasibility of AES-C version in terms of measuring motivation in patients with schizophrenia spectrum disorders. Results of AES-S analysis demonstrate certain problems in patients' abilities in self-assessing motivation. Patients with prevailing paranoid syndrome showed poorer results in AES-S scores.
Conclusions AES-C is a sensitive psychometric tool with good properties in measuring amotivation in patients with schizophrenia.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0494

Efficacy and quality of life in patients with schizophrenia and schizoaffective disorders treated with long-acting paliperidone palmitate: A naturalistic longitudinal study

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Introduction Intramuscular paliperidone palmitate (PP) is a long-acting, atypical antipsychotic for ntramuscular (IM) administration in the treatment of patients with schizophrenia.
Objective To study efficacy and quality of life in patients with schizophrenia and schizoaffective disorders treated with long-acting paliperidone palmitate.
Method A non-randomized, prospective naturalistic study was performed in out-patients with schizophrenia and schizoaffective disorder unsuccessfully treated with oral antipsychotics. Efficacy of PP over time was evaluated by using BPRS 24-items (Brief Psychiatric Rating Scale) Quality of life was evaluated by the QL-Index (Quality of life Index) at T0 and at most recent visit (T1).
Results Data were available for 16 outpatients consecutively prescribed PP and naturalistically treated attending at the Psychiatric Clinic, University of Sassari. Patients were predominantly male ($n = 9$; 56.2%), with schizophenia ($n = 10$; 62.5%). Three patients dropped out (18.8%). Mean time on PP treatment was 870.0 days (sd 217.02) at a mean PP maintenance dose of 97.82 ± 37.17 mg eq. BPRS mean total score at T0 was 55 (sd 14.5) and at T1 was 44.8 (sd 11.8). Ql-Index mean total score was 5 (sd 1.6) at T0 and 7.2 (sd 2.4) at T1. Paired sample test showed a statistically significant difference in deacreasing symptoms at BPRS over time ($P = 0.009$) and in improving Quality of life at QL-Index ($P = 0.017$). The analyses showed a significant improving at the following BPRS sub-items: Depression ($P = 0.021$), Hostility ($P = 0.022$), Suspiciousness ($P = 0.005$), Hallucinations ($P = 0.050$), Unusual thought content ($P = 0.029$), Self-neglet ($P = 0.028$), Conceptual disorganization ($P = 0.044$), Emotional withdrawal ($P = 0.028$) and Distractibility ($P = 0.014$).
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0495

A randomized single-blind placebo controlled trial of memantine, as addjunctive therapy for treatment of negative symptoms of paranoid schizophrenia

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This study analyses the efficiency of memantine–an antagonist of N-methyl-D-aspartate receptors–as adjunctive therapy for the treatment of negative symptoms of paranoid schizophrenia. Fifty-two patients (30 males; age 20–50 years) were included with the diagnosis of F20.014 and F20.024 according to the international classification of diseases (version 10). The patients had been receiving neuroleptic monotherapy with a fixed dose for a period of at least 4 weeks prior to randomization. Clinical data were collected 8 weeks after memantine had been introduced as part of the treatment regimen. A patient was considered as responding to treatment if they: