

EW0271

Effect of two long-acting treatments, the paliperidone palmitate 1-month and 3-month formulations on caregiver burden in European patients with schizophrenia

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Introduction Schizophrenia puts a significant burden on caregivers.

Objectives To explore the effects of two long-acting treatments (LAT), paliperidone palmitate 1-month and 3-month formulations on caregiver burden (CGB) in European patients with schizophrenia using the Involvement Evaluation Questionnaire (IEQ)

Aims To conduct a subgroup analysis of two randomized, double-blind studies (NCT01515423 and NCT01529515).

Methods Caregivers (≥ 1 h of contact/week with the patients) were offered to complete the IEQ (31 items, each scoring: 0–4; total score: sum of 27 items [0–108]).

Results Among 756 European caregivers (53% parents, 18% spouse/partner or girl/boyfriend, 10% sister/brother), 60% reported a CGB of ≥ 32 hours/week at open-label baseline (BL-OL). CGB reduced significantly for patients with both BL-OL and at least one double-blind IEQ sum-score ($n = 433$): mean improvement [SD] (9.9 [12.66], $P < 0.001$) from BL-OL (mean [SD] 26.0 [13.30]) to study end (16.0 [10.47]); (reduction in burden associated with worrying [2.9 points] and urging [4.3 points]). CGB significantly improved in patients on prior oral antipsychotics post-switching to LAT with less leisure days impacted and less hours spent in caregiving ($P < 0.001$). There was significant relationship between improvements and relapse status, patient age ($P < 0.001$), age at diagnosis ($P < 0.002$), and number of prior psychiatric hospitalizations in the last 24 months ($P < 0.05$). Prior use of long-acting antipsychotics other than paliperidone palmitate 1-month or 3-month formulations at BL-OL and duration of prior psychiatric hospitalizations in the last 24 months did not show significant effect on improvements.

Conclusion Switching from an oral antipsychotic to an LAT can provide a meaningful and significant improvement in caregiver burden.

Disclosure of interest All authors are employees of Janssen Research & Development, LLC and hold stocks in the company.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2141>

EW0272

Comorbidities in patients with an at-risk mental state and first episode psychosis

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Introduction Non-psychotic axis I diagnoses are highly prevalent in at-risk mental state (ARMS) and first episode psychosis (FEP) patients, the most common being affective and anxiety disorders.

Few studies have examined differences between ARMS and FEP patients or gender effects regarding such diagnoses.

Objective To examine current and lifetime comorbidities in ARMS and FEP patients. Furthermore, to examine gender differences, and differences between patients with (ARMS-T) and without later transition to psychosis (ARMS-NT).

Methods This study was part of the Früherkennung von Psychose (FePsy) study. Current and lifetime axis I comorbidities were assessed using the Structured Clinical Interview for DSM-IV (SCID-I).

Results One hundred and thirty-two ARMS and 98 FEP patients were included. Current comorbidities were present in 53.1% of FEP and 64.4% of ARMS patients, the most common being affective, anxiety and substance use disorders. Current affective disorders were significantly more common in ARMS than FEP. Lifetime comorbidities were diagnosed in 58.2% of FEP and 69.7% of ARMS patients, with significantly more affective and anxiety disorders in ARMS than FEP. Male FEP patients had more current and lifetime substance use disorders (across all substances) compared to female FEP. No differences emerged between ARMS-T and ARMS-NT.

Conclusions As expected ARMS patients have many comorbidities, while clearly diagnosed FEP have less comorbidities. There were few gender differences in axis I comorbidities. Moreover, no differences between ARMS-T and NT emerged, suggesting that axis I comorbidities do not improve prediction of transition. Nevertheless, the high comorbidity prevalence is relevant for global functioning and clinical treatment.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2142>

EW0273

Visual and motor functions in schizophrenia

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Introduction Over the past decade, perceptual organization has gained an increasingly important role in the psychopathology of schizophrenia. With the advancements in visual neurocognitive sciences, visual processing, especially mid- and high-level processing have been linked with psychotic symptoms, as well as prodromal and ultra-high risk patients. Motor dysfunction is being seen as well as an integral element of schizophrenia, separate from the other symptoms and with possible implications for disease risk and outcome. This could illustrate two systems at work, which by either individual dysfunction or integrative disorganization help explain some the neurocognitive mechanisms in schizophrenia.

Objective and aims The current study's argument is that tests from these two domains could be used in a complementary manner to offer a neurocognitive characterization of schizophrenic patients.

Methods A total of 24 patients and 19 controls were evaluated. In order to assess mid-level visual perception the Leuven Perceptual Organization Screening Test was used, along with a scale for assessing soft neurological signs and a task for gait and motor imagery. Clinical symptoms were measured with the Positive And Negative Symptoms Scale, using the five-factor model as proposed by Lindenmayer. Data analysis involved comparison of means between patient and control groups as well as a multivariate factor analysis calculating the impact of perceptual and motor functions on clinical symptoms.

Results Consistent with previous findings, visual and motor functions would differentiate between patient and control groups. In

accordance with the study's aim, visual and motor functions had different impact on symptom dimensions.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2143>

EW0274

Spanish adaptation of the recovery enhancing environments (REE) measure: Preliminary results

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Introduction During the last decades, the recovery from severe mental illness has shifted from a focus on reducing symptoms to a more holistic approach of emphasizing consumer-centered goals and subjective wellness (Anthony, 1993). The implementation of this controversial new model it has not had an easy path. In that sense, Ridgway (2004, 2011) developed the Recovery Enhancing Environments (REE), an instrument to gather information on personal mental health recovery and the elements that people feel are important to their recovery; staff activities and an organizational climate that encourages resilience.

Objective To present the preliminary results of the Spanish adaptation.

Method English to Spanish translation of REE was carried out. The REE interview and Euro-Qol5d, HoNOS, EEAG and CGI scales were completed by 312 patients in Mental Health Services organization of Bizkaia (Spain), 189 men and 123 women (age = 48.89). The interviewers of the REE were service users trained and hired for this task.

Results The alpha de Cronbach was .98, and for its dimensions: program performance indicators (.97), organizational climate (.92) and recovery markers (.93). The concurrent validity with others scales have resulted in correlations coefficients superiors to $r = .35$ ($P < .001$).

Discussion As the different indicators are adequate and the instrument has a similar structure to other theoretical studies, it can be concluded that Spanish REE is an appropriate measure to fill the gap between the knowledge in the recovery model and what services can do to support this model. All of this information gathered from people who receive mental health services.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2144>

EW0275

How is evaluated mental health recovery?

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Introduction There is an increasingly recognition of the concept of recovery in the treatment of mental illness. Recovery defined as living a fulfilling, rewarding life, even in the ongoing presence of a mental illness. Consequently, a number of instruments have been designed to assess recovery-oriented outcomes.

Objective The objective of the study was to conduct a systematic revision of the instruments used to assess recovery with appropriate psychometric properties.

Method A systematic review of the literature has been realized. The adequacy of the instruments utilization, the content validity and psychometrics properties were gathered and analyzed.

Results/discussion After a systematic review, it has been obtained 25 different instruments for measuring personal recovery and 17 for assessing the orientation of recovery in mental health services. As a consequence of the lack of consensus that exists in the conceptualization of recovery; several instruments have been developed and used to assess the different recovery domains. But it is essential to select scales that match with the recovery model and assess adequately the individual's recovery, and also, the recovery orientation of services. Moreover, those instruments should have appropriate psychometric properties and should be suitable to be introduced in routinely clinical settings.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2145>

e-Poster walk: Substance related and addictive disorders—part 1

EW0276

Clinical variants of psychopathological disorders in users of synthetic cannabinoids (spices)

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Introduction The problem of mental health of synthetic (“designer”) drug or “spice” users draws the increasing attention of experts of various areas in psychiatry, addiction psychiatry and psychotherapy.

Research objective To classify and describe the psychotic states arising after the use of “spice”; to define the personality changes and probable consequences of the use observed in patients in the conditions of a hospital.

Material and methods One hundred and one patients (93 men and 8 women; mean age 27.8 ± 7.6 years) with dependence on “spice” revealed between 2014 and 2015 were examined. History taking, clinical-psychopathological investigation and experimental psychological testing were used.

Results and discussion As a result of research the patients were divided into 5 groups according to criteria of ICD-10:

- group 1: acute intoxication with delirium ($n = 16$; 15.84%);
- group 2: residual and late-onset psychotic disorders like flashbacks ($n = 9$; 8.92%);
- group 3: withdrawal state with delirium ($n = 32$; 31.68%);
- group 4: psychotic disorder, mainly hallucinatory ($n = 30$; 29.70%);
- group 5: paranoid schizophrenia ($n = 14$; 13.86%).

The use of synthetic cannabinoids (“spice”) can initiate transient psychotic episodes, serve as the contributing factor of development of paranoid schizophrenia, continuous type of the course, leads to “accentuation” of schizoid, paranoid and psychopathic traits of the personality. It is proposed to make up a question of the possibility