

Most of them had nonspecific symptoms of anxiety, emotional lability, irritability, etc. In half of the cases were reported weight loss, insomnia and several variations of the usual behavior in recent days.

Discussion The most important variable is to analyze the reason for consultation. Moreover, substance abuse and a combination of prodromal symptoms including positive and other nonspecific are detected. Furthermore, at the profile with possible demands, we believe it is appropriate not to delay mental health assessment after making the appropriate intervention.

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EV1250

First acute psychotic episode: Factors associated with evolution to schizophrenia

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Introduction The acute psychotic episode have often a dramatic expression. Although it is easily diagnosed, it is not easy to predict the evolution and much less the prognosis that are of concern both for the therapist and the patients' families.

Aims To describe the profile of a population of patients with a first psychotic episode. To identify factors correlated with evolution to schizophrenia.

Methods This is a retrospective study conducted among 55 patients hospitalized for a first acute psychotic episode, in the psychiatry B department during the period extending between January 2010 and December 2015.

Results The average age of patients was 26.5. The majority was single male. The prodromal phase was present with predominantly psychotic symptoms (80%). Schizophrenia was the most frequently encountered scalable diagnosis (38%). Some factors are associated with the evolution to schizophrenia. We can mention male gender ($P=0.004$) and premorbid schizoid personality ($P=0.047$). About correlated clinical factors, we have found an initial symptomatology dominated by loss of interest ($P=0.05$), withdrawal and isolation ($P=0.017$), impulsivity ($P=0.011$), breaking with the usual functioning ($P=0.04$), mental automatism ($P=0.033$), the delusions of persecution ($P=0.025$) and intuitive mechanism ($P=0.023$).

Conclusion When a first acute delusional experience occurs in a young adult, it is always a test of uncertain outcome. However, schizophrenia remains the most feared evolutionary. A better understanding of poor prognosis and early and appropriate management seem paramount to reduce the prevalence of this dreaded evolution.

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EV1251

Combined pharmacotherapy involving aripiprazole and clozapine for controlling the positive symptoms refractory to other antipsychotic treatments in a patient with schizophrenia

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Introduction Treatment resistance is considered a challenging problem of antipsychotic pharmacotherapy in schizophrenia, especially, when it is associated with other factors, such as cultural aspects, diverse clinical presentation, furthermore functional impact. Then, combination approaches are commonly used, for instance, the add-on of aripiprazole to clozapine; which allows increasing of efficacy and safety.

Objective Assess the response to clozapine–aripiprazole combination treatment in the management of resistant schizophrenia.

Aim Treatment of resistant schizophrenia.

Method Analysis of a clinical case.

Result A 27-year-old male resident in an Iberian country two years ago, is from a Latin American country, lives with his mother, his sister and his nephew. Their parents were separated. Eight years ago, his father died and shortly thereafter, he started impaired behavior, auditory and visual hallucinations, delusions about referentiality, persecution and prejudice, which required a brief hospitalization in their country. Upon arrival, he is included in the network of Mental Health, with positive symptoms, significant behavioral and cognitive disorganization and he needed hospitalization again. Then, treatment is instituted in different lines with risperidone, quetiapine, olanzapine, haloperidol, amisulpride, without results. Then, combined clozapine therapy is initiated up to 400 mg/day, more aripiprazole 20 mg/day, which switch after to pattern injectable depot, with informed consent. Six months after, he presents encapsulated delirium and improvement of disorganization, allowing the patient to retake studies.

Conclusion Clozapine–aripiprazole combination was associated with 22% reduction of clozapine dose. There was improvement in positive and negative symptoms, social functions and amelioration in their metabolic profile.

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

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EV1252

Reducing diabetes type 2 risk in non-selected outpatients with schizophrenia, a thirty-month program

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Introduction Diabetes type 2 is 2–3 fold more common in patients with schizophrenia compared to the general population. A lifestyle with focus on diet, exercise and medication is required to prevent complications from diabetes type 2.

Objectives Patients may have trouble complying with a well-structured and healthy lifestyle because of factors related to their illness e.g. cognitive disturbances, negative/positive symptoms and treatment with psychotropic medication.

Aims To measure and reduce diabetes type 2 risk factors in patients and examine characteristics associated with a positive outcome.

Methods A naturalistic intervention study through 30 months of clinical work with individual guidance, group sessions and treatment as usual.

Results At index, the newly diagnosed patients had a high consumption of soft drinks and low physical activity. Over time, the newly diagnosed patients worsened their physical profile with increased weight, waist circumference, visceral adiposity index ($P=0.030$) and HbA1c ($P=0.010$). HbA1c increased for newly diagnosed male patients with 0.24 mmol/L ($P=0.007$). The long-term patient's physical activity level was low. After the intervention,

they improved in consumption of soft drinks ($P=0.001$) and fast food meals ($P=0.009$). Furthermore, the long-term patients lowered their weight and waist circumference while becoming more physically active. There were no changes in HbA1c in the intervention period.

Conclusion Our study showed being long-term ill and female gender was associated with positive outcome of lifestyle intervention into improving physical health and reducing diabetes type 2 risk, meanwhile being newly diagnosed and being male showed a negative outcome despite intervention.

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EV1253

Doses of antipsychotics in maintenance phase compared to doses in acute phase treatment

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Maintenance phase treatment with antipsychotic medications is recommended for all patients with schizophrenia. From clinical perspective and based on studies, small proportion of patients after first psychotic episode and far smaller proportion of patients with multiple psychotic episodes do not experience relapse. The use of antipsychotic medications as maintenance treatment reduces relapse rates. The optimal doses of antipsychotics in maintenance phase stay unclear although investigators attempted to identify doses sufficiently high to prevent relapses and at the same time sufficiently low to avoid adverse effects. In maintaining remission, it is usually recommended to use doses of antipsychotic medications that were effective in acute phase treatment as long as they are well-tolerated, but few studies and clinical experience show that lower doses than those usual for the acute phase are sufficient for maintenance treatment. The aim is to investigate doses of antipsychotics used in maintenance phase compared to doses used in acute phase treatment.

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EV1254

Subjective well-being under clozapine measured with the Serbian version of GASS-C: Preliminary results

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Introduction Clinical benefits of antipsychotic treatment depend on the efficacy and on the patients' tolerability and compliance. To reduce patient initiated treatment discontinuation, timely detection of treatment emergent side effects is essential. The Glasgow Antipsychotic Side-effects scale for clozapine (GASS-C) is a recently developed instrument to measure subjectively experienced clozapine side effects.

Objectives Timely detection of unreported clozapine related side-effects.

Aim Documenting the prevalence of side-effects in schizophrenia or chronic psychotic disorder with the Serbian version of the GASS-C.

Methods The sample included 95 in and outpatients with schizophrenia or chronic psychotic disorder. All subjects filled out the Serbian version of the GASS-C and a sociodemographic questionnaire.

Results The median age was 46.1 years; 53.7% of subjects were male. Clozapine doses ranged from 25 to 423 mg. Drowsiness (78%) was the most commonly reported side-effect. Overall, 16.8% of the patients added other complaints, such as headache, pain, hand or leg numbing or nightmares. According to GASS-C total score categorization [2], only 4.2% of subjects were rated with severe side-effects, while 14% of themselves rated their symptoms as severe or distressing. More side effects were reported by female patients and by inpatients. Only a weak positive correlation was found between the severity of the side effects and clozapine dosage.

Conclusions We found the GASS-C to be a useful instrument that elicits both unknown side-effects and patients rating of their severity. Side effects did not clearly relate to the prescribed dose. Future research should include the relation of clozapine plasma levels with side effects assessed with GASS-C.

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EV1255

Effect in antipsychotic-induced hyperprolactinemia after switching to long-acting injectable aripiprazole:

A 1-year study

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Introduction Antipsychotic-induced hyperprolactinemia is associated with relevant side effects: short-term as hypogonadism, gynecomastia, amenorrhoea, sexual dysfunction and galactorrhoea; long-term as cardiovascular disease, bone demineralization and breast and prostate tumors.

Aims To evaluate the effect of switching to long-acting injectable aripiprazole on long-lasting antipsychotic-induced hyperprolactinemia.

Methods This was a prospective observational 1-year study carried out in 125 outpatients with schizophrenia who were clinically stabilized but a switching to another antipsychotic was indicated. We measured the basal prolactin at the start of the study and 1 year after switching to long acting injectable (LAI) aripiprazole.

Results In basal analytic, 48% had hyperprolactinemia (21.8–306.2 ng/mL) and 66.5% of them described side effects: 78% sexual dysfunction (72% men), 11% galactorrhoea (100% women), 5.5% amenorrhoea and 5.5% bone pain (100% women). In 48% of patients with hyperprolactinemia, the previous antipsychotics comprised: LAI-paliperidone (65.7%), oral-risperidone (7%), oral-olanzapine (6.1%), oral-paliperidone (5.2%), LAI-risperidone (4%) and others (12%). One year after switching to LAI-aripiprazole, prolactin levels were lower in all patients and in 85% prolac-