

– scored 1–2 on the Clinical Global Impression Scale;  
 – showed a greater than 25% reduction of the total score on the Positive and Negative Syndrome Scale (PANSS) or a greater than 20% reduction on the negative subscale of PANSS.

Forty-seven patients were randomized: treatment group (neuroleptic + memantine,  $n = 24$ ), control group (neuroleptic + placebo,  $n = 23$ ); 44 patients completed the study. Neither memantine nor placebo led to a reliable decrease of negative symptoms, and the groups did not differ from each other. Future studies should pay more attention not only to the treatment of already formed negative and cognitive symptoms, but the prevention of their occurrence. Including through antagonists of N-methyl-D-aspartate receptors.

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#### EW0496

### Cannabis use in a first onset psychosis sample: Prevalence and clinical differences in relation to age of onset

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*Introduction* There is a wide range of studies focusing on the use of cannabis in first episode psychosis (PEP). Literature using child and adolescent samples is scarce.

*Objectives and aims* To determine the prevalence and clinical differences between cannabis users and non-cannabis users of early onset first episode psychosis (EOP), and adult onset first episode psychosis (AOP).

*Method* One hundred and forty patients were recruited in adult (AOP subsample,  $n = 69$ ) and child and adolescent (EOP subsample,  $n = 71$ ) mental health services. The Positive and Negative Syndrome Scale was used for psychotic symptoms and the Calgary Scale for affective symptoms. The Chi<sup>2</sup> test analysed clinical differences between users and nonusers within subsamples, and in the total sample a Pearson correlation was used for the relationship between age at cannabis use and PEP.

*Results* The prevalence of lifetime use of cannabis and the average age at first use were 48% and 13.82 years ( $\pm 1.15$ ) in the EOP subsample, and 58% and 17.78 years ( $\pm 3.93$ ) in the AOP subsample. Within EOP, cannabis users were older ( $P = .001$ ), had fewer negative symptoms ( $P = .045$ ) and less depressive symptoms ( $P = .005$ ). Within AOP, cannabis users were younger ( $P = .018$ ) and had greater severity of positive symptoms ( $P = .021$ ). Age at first cannabis use and age at PEP were positively correlated.

*Conclusions* Cannabis use is prevalent in adult and early onset psychosis. Cannabis users differ clinically from non-users, and the earlier the use of cannabis, the earlier the onset of psychosis.

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#### EW0497

### The regional project for the treatment of early psychosis implemented in the Reggio Emilia Mental Health Department: Preliminary data from a 2-year follow-up

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*Introduction* Several studies had shown the effectiveness of combined interventions in the treatment of young patients with a first episode of psychosis (FEP). More controversial are the evidence about the stability of the therapeutic outcomes in individuals ultra-high risk (UHR).

*Aims* To describe the regional project for the treatment of early psychosis implemented in the Reggio Emilia Mental Health Department (ReMHD) and also to report preliminary data from a 2-year follow-up.

*Methods* In addition with the treatment as usual (TAU), treatment implemented within the regional project for early psychosis (PREP) in the ReMHD comprises the following:

- pharmacotherapy according to international guidelines;
- a phase-specific individualized Cognitive-Behavioural therapy;
- a psycho-educational intervention addressed to family members;
- a case management recovery-oriented.

Action strategies are preceded by the administration of Reggio Emilia at Risk mental States Battery Checklist as a comprehensive assessment useful to define the severity and the quality of symptoms, the degree of functioning, the subjectivity of suffering, and the perceived quality of life.

*Results* The assessment carried out after 24 months of continuous treatment showed significant improvements in both the psychotic symptoms (positive, negative and general psychopathology PANSS subscales) that the daily functioning (SOFAS).

*Conclusions* Although our sample is still relatively small ( $n = 50$ ) to draw definitive conclusions, it is emerging the good prognosis for UHR individuals and patients with FEP submitted on PREP treatment implemented in the ReMHD.

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#### EW0498

### Neuropsychological profile of specific executive functions in patients with deficit and non-deficit schizophrenia

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Although it has been shown that there are more profound deficits present in the deficit schizophrenia (DS) patients compared with their non-deficit (NDS) counterparts, there still remain a few matters that require further investigation.

*Aims* (1) Comparison of executive functions between the investigated groups; (2) determining the relationship between their particular aspects within the groups; and (3) drawing up their neuropsychological profile.

*Methods* One hundred and forty-eight schizophrenia patients, divided into two groups: patients with DS ( $n = 70$ ) and NDS ( $n = 78$ ). Patients were matched for sex, age, number of years of education and their overall cognitive functioning. For the assessment of executive function, we used the Wisconsin Card Sorting Test (WCST), the Trail Making Test (TMT), Verbal Fluency Test Phonemic (VFT P), Stroop Color Word Test (SCWT) and Go/No Go task (GNG).

*Results* The DS patients compared with the NDS ones obtained lower scores in WCST and TMT (relative flexibility). We did not