"strange" factor was higher among the future psychosis patients. A "high-functioning" factor was identified as a protective factor.

Discussion This study used narrative analysis of interview summaries of adolescents who underwent pre-induction assessments. The current study replicated previously published findings that were obtained as a result of retrospective investigations and comparing numeric scores, using unique pre-morbid data and in-depth qualitative analyses, combined with a quantitative one. The main strengths of the current study are the fact that the subjects were interviewed before the onset of psychosis, as well as the fact that the analyses of the data were performed blinded to outcome.

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EV1306

A scale of autonomy for patients with schizophrenia – new instrument for clinical assessment of the level of independency: Description and validation

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Introduction Today the scales for measurement of functional status and life satisfaction (GAF, PSP, EQ-5D, SQLS) gain more importance in assessing schizophrenic patients. Autonomy of living is to the great extent the basis of patient well-being. Each of these scales has the criteria, testing ability for independent life, but none of it tests autonomy as a separate object.

Objective Development of a new scale.

Aims Description and validation of a scale for evaluation of autonomy of living in schizophrenic patients.

Methods Forty patients diagnosed with schizophrenia according to ICD−10 (F 20.xx), 13 males and 27 females, aged 49.8 ± 9, disease duration is 22 ± 8.6 years. New scale and PANSS, CGI-S, NSA, BACS, GAF, PSP was administered.

Results The scale comprises five points (activity, intentional behavior, range of social interaction, specificity of interaction with the doctor (medical conventionality) and autonomy), and total score. The internal consistency of the scale was high – cronbach's alpha 0.83. The construct validity with GAF and PSP was moderate (R varied from 0.36 to 0.55). The total score of the new scale correlated with the PANSS negative subscale score ($R = -0.51$), with CGI-S score ($R = -0.57$), and with the BACS total score ($R = -0.57$).

Conclusion The scale of autonomy corresponds to the major psycho-diagnostic requirements: internal consistency, construct and discriminative validities. It can be considered a new instrument for assessing the integrative target of treatment and rehabilitation of patients with schizophrenia.

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

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EV1307

Cardiac adipose tissue, intra-abdominal adipose tissue, and risk for cardio-metabolic diseases in patients with schizophrenia

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Introduction Schizophrenia is associated with increased physical morbidity and mortality. In particular, cardio-metabolic diseases are more frequent. Several underlying reasons have been discussed, including adverse lifestyle behaviors, or adverse effects of neuroleptic treatment. However, little is known about changes of cardiac and intra-abdominal adipose tissue, both are risk factors for the development of cardio-metabolic diseases.

Objectives/aims To compare, cardiac and intra-abdominal adipose tissue between patients with schizophrenia and healthy controls.

Methods Ten physically healthy patients with schizophrenia according to DSM-V were included, and compared to healthy control subjects. Cardiac and intra-abdominal adipose tissue was quantified using magnetic resonance tomography. Further factors assessed comprise the metabolic syndrome, physical activity, smoking behavior, and scores for the assessment of cardio-metabolic diseases (FINDRISK score and modified ESC score).

Results Cardiac adipose tissue and intra-abdominal adipose tissue was increased in patients with schizophrenia. Further findings were higher diastolic blood pressure, more smoking, less physical activity, and an increase for diabetes and cardiovascular disease risk according to the modified ESC and FINDRISK score.

Conclusions The new finding in our study is an increase of cardiac adipose tissue, a risk factor for the development of cardiovascular disorders, in physically healthy patients with schizophrenia. Furthermore, the risk for the development of type-2 diabetes mellitus is increased, indicated by higher amount of intra-abdominal adipose tissue, and the results of the FINDRISK score. We conclude that lifestyle alterations, particularly exercise training that has been shown to reduce cardiac and intra-abdominal adipose tissue, should be recommended in patients with schizophrenia.

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EV1308

Not the same old madness: Evaluating the clinical profile of the "schizophrenia spectrum" disorders

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Introduction The "schizophrenia spectrum" concept allowed better identifying the psychopathology underpinning disorders including schizophrenia, schizoaffective disorder (SZA) and cluster A personality disorders (PD).

Aims To compare the clinical portrait of the schizophrenia spectrum disorders, focusing on the impact of the affective dimension.

Methods Inpatients at the acute psychiatric ward of Perugia (Umbria-Italy) were evaluated with the structured clinical interview for DSM-IV Axis I and Axis II disorders and diagnosed with a "schizophrenia spectrum" disorder according to DSM-IV-TR. The clinical evaluation was conducted using the positive and negative syndrome scale (PANSS). Pearson correlations of the different subscales in the three groups and between the negative scales with the affective symptom "depression" were conducted.

Results The sample consisted of 72 inpatients (schizophrenia 55.6%, SZA 20% and cluster A PD 19.4%). The negative and the general psychopathology scales directly correlated at different degrees in the three groups (schizophrenia: $r = 0.750$; $P < 0.001$; SZA: $r = 0.625$, $P = 0.006$; cluster A PD: $r = 0.541$, $P = 0.046$). The symptom "depression" directly correlated with 5 out of 7 negative symptoms: blunted affect ($r = 0.616$, $P < 0.001$), emotional withdrawal ($r = 0.643$, $P < 0.001$), poor rapport ($r = 0.389$, $P = 0.001$), passive/apathetic social withdrawal ($r = 0.538$, $P < 0.001$), lack of spontaneity & flow of conversation ($r = 0.399$, $P = 0.001$).

Conclusions Our study confirmed the existence of the "schizophrenia spectrum" with combined different disorders lying on a continuum in which negative symptoms mainly correlated with the psychopathological functioning. Noteworthy, the symptoms of the negative scale strongly correlated with the "depression" symptom, underlying the impact of the affective symptoms on the severity of the "schizophrenia spectrum" disorders.

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EV1309

Ultra-resistant schizophrenia and potentiation strategies

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Introduction Treatment resistance to clozapine is estimated at 40–70% of the treated population. Several clozapine potentiation strategies have come into clinical practice although often without evidence-based support.

Objective The aim of our work was to identify the potentiation strategies in ultra-resistant schizophrenia depending on the subtype of schizophrenia.

Methodology This is a prospective study conducted on patients with the diagnosis of schizophrenia, based on DSM-IV-TR criteria, and hospitalized in the psychiatric department of the university hospital in Mahdia, Tunisia. The study sample consisted of patients meeting the resistant schizophrenia criteria as defined by national institute for clinical excellence (NICE), and the prescription of clozapine for 6 to 8 weeks was shown without significant improvement.

Results we have collected 10 patients. The mean serum level of clozapine was 462.25 mg/L. The potentiation strategies were different depending on the subtype of schizophrenia. For the undifferentiated schizophrenia, we have chosen ECT sessions. For the disorganized schizophrenia, we opted for amisulpiride and aripiprazole. For the paranoid forms, we have chosen the association of risperidone and ECT. A psychometric improvement was noted in BPRS ranging from 34 to 40%.

Conclusion Every potentiation strategy entails a cost, whether it is an additional monetary cost, adverse effects or greater stress to caregivers. The cost/benefit equation should be thoroughly evaluated and discussed before commencing a strategy.

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EV1310

Increased prevalence of toxoplasma gondii seropositivity in patients with treatment-resistant schizophrenia

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Introduction Previous studies suggested that patients with schizophrenia had an increased prevalence of antibodies against toxoplasma gondii (TG) and that those seropositive patients had higher symptom severity. However, there is no data on the relationship between treatment-resistant schizophrenia (TRS) and TG seroprevalence.

Objectives To determine the association between TRS and TG seropositivity, and to further investigate the relationship between TG seropositivity and different clinical features of schizophrenia.

Methods In this cross-sectional study, we included 210 male inpatients with schizophrenia. TG seropositivity was determined by ELFA assay. Treatment-resistance was defined as a failure of at least 2 adequate anti-psychotic trials. Data were analyzed using χ^2 test or Mann–Whitney test.

Results The rate of TG seropositivity in the entire sample was 52.3%, whereas 47.6% of patients met the definition for treatment-resistance. Seropositive patients had twice the rate of treatment–resistance compared to seronegative patients (63.6% vs. 30.0%, $P < 0.0001$). Moreover, in the seropositive group, the patients were older (47.6 ± 12.2 vs. 39.81 ± 12.01 years, $P < 0.0001$), had higher number of previous hospitalizations (13.9 ± 11.7 vs. 9.6 ± 8.5, $P = 0.0073$), and increased Calgary depression scale for schizophrenia (CDSS) total score (7.8 ± 4.5 vs. 6.3 ± 3.8, $P = 0.012$). There were no differences between the groups in the age of disease onset, smoking, positive and negative syndrome scale (PANSS) total, positive and negative scores, and the life-time history of suicide attempts.

Conclusions Our results support the hypothesis that TG seropositivity might contribute to treatment-resistance in schizophrenia, at least in male patients.

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EV1311

From polipharmacy to monotheraphy a case about schizoaffective disorder

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The aim of the present poster is to describe an initial complex case of schizoaffective disorder with other clinical adverse conditions (metabolic disorders) in a young adult male, which gradually went into a positive treatment way from polipharmacy to monoteraphy. His psychiatric history started when he was 25-year-old, he was diagnosed of heroine dependence, hypercholesterolemia and hypertrigliceridemia. In 2000 he had a suicide attempt in a context of depressive mood and delusions. He needed a psychiatric hospitalization for the first time in his life and he received anti-psychotics