faced with reality, these patients are unable to adjust themselves and frequently are negativistic to offered help and therapies.
Conclusion We assume that paranoid patients should be treated not with straightforward strategies, such as psychoeducation, but with less stigmatizing methods that work on metacognitive and motivational levels.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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A systematic review of the pharmacological treatment of delusional disorder

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Introduction Pharmacological treatment is the gold standard in delusional disorder (DD), moreover the second generation antipsychotics (SGA) are widely used in the treatment of DD, in spite of this, none SGA is authorized for the treatment of DD.
Objectives To evaluate the evidence available for pharmacological treatment in adults with DD. Especially, that concerning SGA.
Methods A systematic review on pharmacological treatment of DD was conducted. We selected the best evidence available. Then, we analysed them critically, assessing its biases and quality, finally performed a narrative and quantitative synthesis.
Results The quality of the evidence was very low. There were not randomized clinical trials. $n = 385$, 177 SGA. Antipsychotics achieved a good response in a 33.6% of the patients. First generation antipsychotics (FGA) did show superiority compared to SGA (39% good response vs. 28%, respectively. $P \leq 0.02$). We could not find data about superiority of any drug over other. Pimozide, traditionally considered the most effective drug, did not confirm to be a superior treatment compared to others. Reasons for superiority of FGA were analyzed. The role of another treatments were testimonial, but antidepressants can be a promising treatment.
Conclusions There is no evidence to make strong recommendations, although antipsychotics in general appear to be an effective treatment for DD. Superiority of FGA against SGA was shown. We need to develop clinical trials in DD and SGA, since their better tolerance profile might be the best candidates to do.
Keywords Delusional disorder; Pharmacological treatment; FGA; SGA
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Seroprevalence of toxoplasma gondii in Romanian psychiatric patients

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Introduction Toxoplasma gondii infection has been recently associated with schizophrenia and other psychiatric disorders.
Aim The aim of the present study was to evaluate the prevalence of T. gondii antibodies among acute psychiatric patients from Western Romania.
Methods This study included 214 consecutive patients admitted at the psychiatric clinic, Country Clinical Emergency Hospital in Timisoara, Romania, between 30.06.2011 and 12.01.2012. Clinical and laboratory investigations were performed in these hospitalized patients, including serologic tests for T. gondii IgG and IgM antibodies.
Results The 214 patients aged 19 to 71 years (mean = 42.5), 64.9% were females. T. gondii antibodies were detected in 117 (54.7%) of 214 psychiatric patients. When the data were analyzed by diagnostic groups, T. gondii antibodies were demonstrated in 30 (50.84%) of 59 patients with schizophrenia, in 28 (59.57%) of 47 with persistent delusional disorder, 10 (31.25%) of 32 with acute and transient psychotic disorder, 13 (54.16%) of 24 with schizoaffective disorder and 35 (70%) of 50 with bipolar disorder. A high prevalence of T. gondii antibodies was found among patients with bipolar disorder compared to those with schizophrenia ($P = 0.043$) acute and transient psychotic disorder ($P < 0.0001$) and healthy controls ($P < 0.0001$). Of the 18 patients with schizophrenia and a BPRS score <51, T. gondii antibodies were detected in 13 (72.2%) compared to 17 (41.4%) of 41 in whom BPRS score was >51 ($P = 0.03$).
Conclusion These findings suggest that T. gondii infection may be associated with several psychiatric disorders. A high seroprevalence of T. gondii was demonstrated in patients with bipolar disorder.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1284

A descriptive study of a sample of 42 male outpatients diagnosed psychotic disorder

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Aims The approach to mental illness and specifically in serious mood disorders, long-term treatments that improve adhesion as continuous treatments ensure compliance are needed, they minimize the risk of relapse and readmission and therefore increase the chances to have a good fit and social, relational and even occupational functioning.
Method We analysed a sample of 42 male diagnosed with schizophrenia, schizoaffective disorder, chronic delusional disorder that starts treatment with Paliperidone Palmitate in outpatients. It is analysed the dose of paliperidone palmitate employed for stabilization and family satisfaction at the time of stabilization is analysed in the study.
Results The mean dose of Paliperidone Palmitate is 138 mg. The patient diagnosed with schizophrenia are 47.6% and the average dose is 132.5 mg. Chronic delusional disorder is 2.3% and the mean dose 50 mg. Other comorbility mood disorders are 21.4% and the mean dose is 183 mg. Other disorders (F70, F72...) are 28.5% and mean dose 133 mg. The average family satisfaction (minimum 1 up to 5) is 4, with the highest score among patients diagnosed with F20 Schizophrenia.
Conclusions Long lasting injectable medications achieve important adherence and a high percentage of antipsychotic monother-

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apy, thus reducing the side effects, although in our sample 8% which has occurred was removed therefrom.
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EV1285

Combination of clozapine and aripiprazole once-monthly in resistant schizophrenia. A review of a clinical case

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Introduction We report the successful management of a 49-year-old woman with an initial diagnosis of schizoaffective disorder transitioned to resistant schizophrenia. First contact with our psychiatrist service in 2000; referring problems with treatment adherence and occasional toxic abuse, she underwent 15 admissions in acute adult psychiatric hospitalisation units since then (last discharge March, 2015), and a one-year stay (2012–2013) in an adult mid-term mental health unit. She is currently followed-up throughout the major mental-health outpatient visits program.
Aims The patient was prescribed paliperidone 6 mg 2-0-0, oxcarbazepine 600 mg 1-0-1 and clonazepam 0.5 mg 1-0-1 during the last 2 months.
Methods Due to lack of treatment adherence and toxic abuse she suffered a psychotic decompensation in May 2015. She was then prescribed clozapine 200 mg 1-0-2, boosted with aripiprazole 400 mg once monthly. The adjunction of aripiprazole once monthly (AOM) was intended to improve treatment adherence, and to supplement the psychotic control of clozapine without entailing a worsening of therapy tolerability. The patient was monitored during 5 months in our unit.
Results We observed a positive psychopathological evolution of the patient, which allowed us to re-evaluate the initial diagnostic, ascribing the previous mood fluctuations to toxic consumption.
Conclusion Previous works have been published about the combination of clozapine and oral aripiprazole for the treatment of resistant schizophrenia, but, as far as we know, this is the first repost of the combined use of clozapine and AOM. Based on our results, this antipsychotic combination resulted in a psychopathological improvement of the patient, with good tolerability.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1286

Treatment patterns in schizophrenia: Clinical case of successful management with a series of long acting injectable antipsychotics

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Introduction We report the successful management of a 57-year-old woman with a 20 year diagnostic of paranoid schizophrenia (first visit November, 1995). She presented several comorbidities (arterial hypertension, diabetes mellitus and morbid obesity), with a history of five previous hospitalizations (1995, 2012, January and May 2014, and April 2016).
Aims/methods The patient was always prescribed depot antipsychotics: she was treated for 14 years with Zuclopentixol depot (discontinued due to dermic adverse reactions and weight gain). After a period with oral paliperidone (from 2012 until 2013) and due to lack of adherence to oral therapy, in August 2013 she was prescribed paliperidone palmitate. The treatment was discontinued after nine months (May 2014) due to weight gain, a significant increase of serum prolactin levels and two psychotic relapses that led to hospital admissions.
Results She was then prescribed Fluphenazine decanoate depot for one year and 4 months, but she was switched to Aripiprazole once monthly (AOM) in September 2015 to avoid metabolic syndrome.
Conclusions Non-personalized antipsychotic treatment in a patient with a complicated comorbidity history can result in lack of compliance and a risk of relapse, and in a worsening of her medical conditions, with the consequential negative impact in her functioning and quality of life. Based on our results, the treatment with AOM resulted in a positive evolution of the patient, with a good tolerability profile, in an improvement of treatment-caused adverse events (weight loss, and prolactin serum levels normalization); all factors that enable treatment adherence and good clinical response.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1287

A thalamo-cortical genetic co-expression network is associated with thalamic functional connectivity linked with familial risk for schizophrenia

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Introduction The genetic architecture of schizophrenia is based on polygenic trajectories. Indeed, genes converge on molecular co-expression pathways, which may be associated with heritable characteristics of patients and their siblings, called intermediate phenotypes, such as prefrontal anomalies and thalamic dysconnectivity during attentional control [2].
Objectives Here, we investigated in healthy humans association between co-expression of genes with coordinated thalamo-prefrontal (THA-PFC) expression and functional connectivity during attentional control.
Methods We used Brainspan dataset to characterize a coordinated THA-PFC expression gene list by correlating post-mortem gene expression in both areas (Kendall's Tau>.76, Bonferroni $P<.05$). Then, we identified a PFC co-expression network[1] and tested all gene sets for THA-PFC and PGC loci [3] enrichments