apy, thus reducing the side effects, although in our sample 8% which has occurred was removed therefrom.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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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

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($P < .05$). SNPs associated with the first principal component of the resulting enriched gene set were combined in a Polygenic Co-Expression Index (PCI) [1]. We conducted Independent Component Analysis (ICA) on attentional control fMRI data ($n = 265$) and selected Independent Components (ICs) including the thalamus and being highly correlated with an attentional control network[2]. Multiple regressions were conducted (predictor: PCI) using a thalamic cluster previously associated with familial risk for schizophrenia [2] as ROI (FWE $P < .05$).

Results In one of the 8 ICs of interest there was a positive effect of PCI on thalamic connectivity strength in a cluster overlapping with our ROI ($Z = 4.3$).

Conclusion Decreased co-expression of genes included in PCI predicts thalamic dysconnectivity during attentional control, suggesting a novel co-regulated molecular pathway potentially implicated in genetic risk for schizophrenia.

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

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EV1288

Erotomania: A psychodynamic overview

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Introduction Erotomania is a delusional disorder in which one believes to be loved by someone else. Even though its etiology is not known, psychodynamic factors have been proposed as a possible explanation.

Objectives To review the psychodynamic etiology of erotomania.

Methods A search of the Medline/Pubmed database was conducted using the terms "erotomania" and "psychodynamic".

Results Several authors wrote about the psychodynamic etiology of erotomania. Kraepelin describes it as a "compensation for the disappointments of life". De Clérambault highlights the idea of "sexual pride": stimulated by the absence of affective and sexual approval, erotomania flourishes as a way of satisfying the individual's pride. Hollender and Callahan explain the disorder as a result of an ego deficit of not feeling attractive enough. According to Segal, the erotomanic delusion meets the patient's need for love and it is related to the idea of it as the ultimate way of approval. Taylor highlights the patients' isolation, loneliness and extreme dependence on others.

Conclusions About every author agrees with the idea that the erotomanic delusion acts as a gratification to the individual's narcissistic needs, when personal experience has failed to do so. Wanting to be loved is the core of human motivation and the delusion most commonly appears in people who feel rejected by society; facing that perceived rejection, it emerges as the fantasy that other human being is in love with them. This is a relevant overview of this disorder with implications in patients' treatment, since psychotherapy could be important along with drug treatment.

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EV1289

The association between first-episode psychosis and abnormal glycaemic control: Systematic review and meta-analysis of clinical studies

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Background Schizophrenia, which is linked to a range of physical health conditions, might share intrinsic inflammatory disease pathways with type-two diabetes mellitus (T2DM). Psychotropic medication has presented a major confounder in examining this association. First-episode psychosis (FEP) patients present an interesting cohort to study this potential association, being generally younger with less comorbidity, and with limited exposure to antipsychotic medication.

Aims To assess whether FEP, which could be described as 'developing schizophrenia', is associated with prediabetes, or 'developing diabetes', to determine whether intrinsic disease links could cause the conditions to develop in unison.

Methods Using PRISMA criteria, we searched Embase, Medline, PsychInfo, Web of Science, and Google Scholar to 6th January 2016. We assessed case-control studies with biochemical assessment of prediabetic states in FEP patients alongside matched controls.

Results Twelve studies were included, involving 1137 participants. Several measurements examined prediabetes, including fasting plasma glucose, impaired glucose tolerance, and insulin resistance. Pooled analysis found FEP to be related to impaired glucose tolerance (mean difference 1.31 [0.37, 2.25]), insulin resistance (mean difference 0.30 [0.18, 0.42]), and the number of patients with impaired glucose tolerance (odds ratio 5.44 [2.63–11.27]).

Conclusion Our findings suggest a potential link between prediabetic markers, in particular impaired glucose tolerance and insulin resistance, and FEP. However, we cannot establish causality, and the studies contributing to this review were at some risk of bias. Nevertheless, the findings might help to explain the increased prevalence of T2DM in patients with schizophrenia and could have implications for the management of schizophrenia patients.

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EV1290

Patients with schizophrenia assessing psychiatrists' communication skills

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The doctor-patient relationship constitutes the matrix of the entire medical practice. One way in which doctors develop a positive rapport with their patients is through appropriate communication. Evidence suggests that doctors do not communicate with their patients as they should. Important gaps are observed in doctors' communication with patients with schizophrenia.

Aim Examine psychiatrists' communication skills as assessed by their patients with schizophrenia and through external observation, considering patients' socio-demographic and clinical variables and analyse the importance that aspects of communication have for patients.