

**Methods** HCRU was measured at the start of the OL and DB phases, and every 12 weeks during DB until end of study/early withdrawal. Information included hospitalizations, ER visits, day or night clinic stays, outpatient treatment, daily living conditions, and occupational status. Logistic regressions modeled the probability of hospitalization vs. no hospitalization for psychiatric and social reasons, as well as hospitalizations for psychiatric reasons only, during the DB phase. The models controlled for OL baseline hospitalizations, OL phase hospitalizations, and time in study.

**Results** The analysis set included 483 subjects randomized to PP3M and 512 subjects to PP1M during the DB phase. The odds of hospitalization for psychiatric/social reasons during 1 year for PP1M subjects were 1.16 times the odds of hospitalization for PP3M subjects (95% CI: 0.70, 1.93,  $P=0.56$ ). For psychiatric reasons only, the odds of hospitalization during 1 year for PP1M subjects were 1.63 times the odds of hospitalization for PP3M subjects (95% CI: 0.88, 3.02,  $P=0.12$ ).

**Conclusions** PP3M and PP1M demonstrated similar trends in hospitalizations throughout the course of the study.

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

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#### EW572

### The effects of fluvoxamine on cognition in patients with schizophrenia

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**Introduction** Schizophrenia is a severe disease which affects different aspects of behavior, including cognitive functions. The most important fields of cognitive disorders in schizophrenia are working memory, vigilance/attention, learning by oral and visual memory, argument and resolving, analysis rate and social knowledge.

**Aims** This study was designed to assess the effects of fluvoxamine on cognitive functions of schizophrenic patients.

**Method** Thirty-six patients with schizophrenia, all male, were treated with 100 mg fluvoxamine and a second generation antipsychotic for 4 weeks and before and after treatment, their cognitive functions were assessed by Wechsler-3 memory scale (WMS-revised) and negative symptoms by scale for the assessment of negative symptoms (SANS).

**Results** In our study, the average patients' scores increased in Wechsler-3 memory scale (WMS-revised) before and after receiving fluvoxamine ( $P<0.001$ ). This study couldn't show a statistically significant difference between the patients' scores in negative symptoms (SANS test) before and after the treatment course ( $P=0.59$ ) There was a negative statistically significant correlation found between WMS score before and after the intervention and the level of education, living area and cigarette smoking. Increasing scores in the test was statistically correlated with lower education, cigarette smoking and living in rural area.

**Conclusion** Augmented treatment with fluvoxamine, probably has effects on some parts of cognitive abilities of male schizophrenic patients which are assessable by Wechsler-3 memory scale. Therefore further studies on evaluation of fluvoxamine effects in other fields of cognitive abilities like concentration and attention in schizophrenic patients are still required.

**Keywords** Fluvoxamine; Schizophrenia; Cognition; Wechsler-3 memory scale

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

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## Sexual Medicine and Mental Health

#### EW578

### Internalized homophobia, social pain, severity of depressive symptoms and quality of sexual life among homosexual young adults

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**Background** Being a homosexual may be burdened by several psychological problems. This is due to the minority stress that results from feeling excluded and it is characteristic of social minorities. Negative beliefs about their psychosexual orientation and sense of exclusion may be the cause of both depressive disorders and internalized homophobia. These factors can affect the quality of sexual life.

**Aim** The aim of the study is to analyze the relationship between internalized homophobia, social pain and the severity of depressive symptoms and quality of sexual life.

**Methods** The study included 103 young adults remaining in permanent homosexual relationships. The study was cross-sectional. The study used Beck Depression Inventory, Social Pain Thermometer, Internalized Homophobia Scale and Quality of Sexual Life Questionnaire.

**Results** It observed the significant correlations between the level of internalized homophobia and a sense of social pain and the severity of depressive symptoms. Both internalized homophobia, and severe social pain and depressive symptoms proved to be significant predictors of reduced quality of sexual life of homosexuals.

**Conclusions** During the treatment of depressive symptoms and discomfort associated with the sexual life of homosexuals, it is important to take into account the phenomenon of internalized homophobia.

**Disclosure of interest** The author has not supplied his/her declaration of competing interest.

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## Sleep Disorders & Stress

#### EW579

### Sleep quality in epileptic children

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Sleep problems frequently coexist in epileptic patient. The effect of them on each the other has been extensively evaluated. Little review exists on the reciprocal interaction of sleep problems and epilepsy in the children.

**Aim of study** To evaluate prevalence, pattern and risk factors of sleep problems in epileptic children.

**Method** Eighty-two epileptic children and 40 healthy controlled children were evaluated using children's sleep habits questionnaire – Arabic form and night polysomnography (2 consecutive nights).

**Result** Prevalence of sleep problem in epileptic children was 45% and 17% of normal control children with significant difference in sleep latency, total sleep time and number of awaking per night with significant prevalence with partial epilepsy, poly therapy and poor controlled epilepsy.