and 29.4% which was discharged with another antipsychotic, the most frequent association was of PP with Quetiapine (80%).
Conclusions PP is a highly effective medicament in the treatment of the schizophrenia that improves the adherence to the treatment, so in our experience and we consider it a medicament to be considered in the early stages of the disease. According to our experience and there are patients who can benefit from better control of symptoms adjusting the dose individually.
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EW517

Inflammatory and metabolic biomarkers of psychopathological dimensions of schizophrenia

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Introduction The concept of schizophrenia as a systemic disease includes, not only psychosis, but an increase in somatic comorbidity and cardiovascular risk [1]. Furthermore, it is known the implication of inflammation in the pathogenesis of schizophrenia [2].
Objectives To determinate potential inflammatory/metabolic biomarkers of schizophrenia's dimensions.
Methods Sample: 36 outpatients with schizophrenia for less than 11 years, under stable maintenance treatment (mean age [32.25], males [63.9%]) and their 36 matched controls (age [32.53 ± 6.63]; males [72.2%]).
Evaluation PANSS, Clinical Assessment Interview for Negative Symptoms(CAINS), Calgary Scale(CDS), CGI, Personal and Social Performance Scale(PSP). Biomarkers: C-reactive protein (CRP), homocysteine, glucose, insulin, HOMA-IR (insulin resistance), cholesterol, HDL, LDL, triglycerides.
Results Biomarkers differences between groups are shown in Table 1. Table 2 shows the correlations found after controlling for Body Mass Index [patients(28.61 ± 5.69);controls(24.64 ± 3.80); p = 0.001] and Smoking [patients(52.8%-yes);controls(5.6%-yes);p = 0.000].
Conclusions 1. CRP, a potential inflammatory biomarker in schizophrenia, is related to depression severity. Homocysteine, representing an oxidative stress, is related to positive, negative, cognitive and depressive symptoms severity, and worse functioning. 2. Patients with schizophrenia have lower HDL–related to negative and cognitive symptoms severity and worse functioning–and insulin resistance – related to worse cognition –.

Table 1

	Patients(Mean±SD)	Controls(Mean±SD)	*t*
CRP(mg/dl)	0.42±0.73	0.11±0.09	*2.50**
Homocysteine(mg/dl)	12.97±3.35	12,05±3.78	0.98
Glucose(mg/dl)	85.2±11.34	80.88±9.76	1.80
Insulin(mg/dl)	17.85±14.73	7.91±3.33	*3.93***
HOMA-IR	1.91±1.30	0.99±0.42	*3.88***
Cholesterol(mg/dl)	185.89±34.65	178.09±22.99	1.12
HDL(mg/dl)	46.19±13.55	62.14±15.10	*-4.68***
LDL(mg/dl)	113.81±29.40	103.97±27.11	1.46
TG(mg/dl)	134.08±67.63	79.11±30.39	*4.44***

*p<0.05,**p<0.01

Table 2

	CRP	Homocysteine	Insulin/HOMA-IR	Chol/LDL/TG	HDL
PANSS-Positive		0.59**			
PANSS-Negative		0.46*			-0.51**
PANSS-General		0.58**			
PANSS-Total		0.60**			-0.35*
CAINS		0.49*			-0.49**
CDS	0.55**	0.41*			
CGI-Cognition		0.47*	0.42*/0.42*		-0.40*
CGI-Global		0.49*			-0.46**
PSP		-0.51**			0.49**

*p<0.05,**p<0.01

Disclosure of interest The authors have not supplied their declaration of competing interest.
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EW518

Clinical and functional response to paliperidone palmitate in early schizophrenia–A retrospective observational study in newly diagnosed patients treated over a 12-month period

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Introduction Data on clinical outcomes with long-acting antipsychotic treatment in young, newly diagnosed patients with schizophrenia is sparse.
Objectives To explore hospitalization, drug utilization and clinical outcomes from medical records of newly diagnosed schizophrenia patients during first 12 months of treatment with once-monthly paliperidone palmitate (PP).
Methods International, multicenter, retrospective, observational study. Outcomes presented: baseline (BL) characteristics and demographics, clinically relevant improvements in disease severity (ie ≥ 20% decrease in PANSS or BPRS total score or CGI-S Change ≥ −2 or CGI-C ≥ 3, with no score showing worsening) and clinically relevant functional improvement (i.e. change in PSP total score ≥ +7 points or change in GAF total score ≥ +20 points, with no score showing worsening) from BL to last-observation-carried-forward endpoint (LOCF-EP) within 12-month documentation period, mean mode PP dose and adverse drug reactions.
Results Eighty-four patients analyzed: 69% male, mean age at initiation of PP was 24.1 (SD2.7) years, mean BL weight was 78.7 (SD16.0) kg and 80.0 (SD14.7) kg at LOCF-EP, with a mean change of 1.2 (SD3.9) kg; mean time from first psychotic episode to initiation of PP was 5.5 (SD3.3) months. At LOCF-EP 86.6% achieved a clinically relevant improvement (71/84, Kaplan-Meier median time from initiation of PP: 52.4 days). 63.4% achieved a clinically relevant functional improvement (52/84, Kaplan-Meier median time from initiation of PP: 53.1 days). PP mean mode maintenance dose was

96.4 (SD19.8) mg. ADRs reported in ≥ 5% of patients were weight increase 9.1% and hyperprolactinemia 5.7%.
Conclusions Treatment with once-monthly PP was well tolerated and associated with clinically relevant improvements in disease severity and functioning in young, newly diagnosed schizophrenia patients.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW519

Early schizophrenia patients treated with once-monthly paliperidone palmitate over a 12-month period - a retrospective observational study

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Introduction Little is known about patient characteristics and rehospitalization in newly diagnosed patients with schizophrenia treated with long-acting antipsychotics.
Objectives To retrospectively explore hospitalizations, drug utilization and clinical outcomes from medical records of young, newly diagnosed schizophrenia patients during the first 12 months of treatment with once-monthly paliperidone palmitate (PP).
Methods International, multicenter, retrospective, observational study. Outcomes presented are patient characteristics, reason for PP initiation and hospitalization data.
Results Eighty-four patients were analyzed: mean age (years) at first psychotic episode was 23.8 (SD2.6), 23.9 (SD2.6) at first antipsychotic treatment and 24.1 (SD2.7, range 19-29) at PP initiation. Time between first antipsychotic treatment and PP initiation was 4.8 (SD: 3.4, range: 0-12) months. At PP initiation, 42.9% of patients were in hospital, primarily for the management of the first episode/relapse (97.2%). Reason for PP initiation was: LAT favored over oral treatment for relapse prevention (56%), partial/non adherence with previous oral medication (20.0%), convenience (15.5%) or limited access to health care systems (2.4%). Mean time (days) between admission and initiation of PP, and between initiation of PP and discharge from hospital was 28.8 (SD23.0) and 23.2 (SD24.5), respectively. 96.4% of patients were not hospitalized during the 12-month PP treatment period. 3/84 patients (3.6%) had a single hospitalization of 15.7 (SD: 8.1) days for management of episode/relapse.
Conclusions In this young, newly diagnosed schizophrenia population, the number of hospitalizations following PP initiation was low. Main reason to initiate PP was clinicians favoring LAT over oral antipsychotic treatment for relapse prevention or due to partial/non adherence with previous oral treatment.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW520

Real-world paliperidone palmitate data from acute units: The SHADOW study

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Introduction There is an increasing interest in understanding how antipsychotic treatments work in a real-world-setting. This is especially important with long-acting-antipsychotics, where explanatory trials may not always represent the real-world-population. Observational studies and pragmatic-clinical trials could provide additional information about new therapies, which could inform decision-making processes.
Objectives To assess the effectiveness of Paliperidone-Palmitate(PP) in an acute setting within real-world-conditions. Functionality, satisfaction with treatment and pattern of use were also evaluated.
Methods An observational, prospective 6-week follow-up study was performed in acute units including adult patients with acute exacerbation of schizophrenia that started treatment with PP. Data were collected from initiation of PP until week-6 (or patient's discharge if earlier). Clinical-Global Inventory-Severity (CGI-S) was used to assess effectiveness as well as changes in illness severity. Other outcomes included total score on the Personal and Social Performance scale (PSP), patient-satisfaction with medication (MSQ) and tolerability. Student's-*t* tests were used to assess changes from baseline in CGI-S and PSP.
Results Two hundred and eighty patients were included in the analysis (mean age: 40.5 ± 12.2 [SD] years). A significant decrease in mean (SD) CGI-S score between baseline (4.7 [0.9]) and endpoint (3.3 [0.9]) ($P < 0.0001$) was observed. (Note that 21% of patients were discharged on PP-monotherapy). Patient-functioning also significantly improved from baseline to endpoint ($P < 0.0001$). Seventy-four percent of patients were satisfied (measured by MSQ) at the end of follow-up. Anticholinergic-treatment was less frequent for PP discharged on monotherapy vs. not monotherapy (12.5% vs 21.2% respectively). Overall, PP was well-tolerated. Twenty-five AEs were reported in 20 patients (incidence 7.1%). No serious AEs occurred.
Conclusions These results support the effectiveness and tolerability of PP in an acute setting under daily-clinical-practice with good acceptance by patients.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW521

Reducing cardiovascular risk in non-selected outpatients with schizophrenia: A 2.5-year programme conducted in a real-life setting

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Introduction Patients with schizophrenia have increased somatic morbidity and increased mortality. Knowledge of how to integrate prevention and care of somatic illnesses into the treatment of psychiatric patients is required.
Objectives Forty-seven patients diagnosed with schizophrenia participated in the programme (mean age: 33.3 years, SD: 11.9).
Aims To investigate whether a 2.5-year interventional programme to improve physical health is effective.
Method The intervention consisted of health promotion activities focusing on the patients' health, not their diseases. The patients' physical health parameters were intensely monitored and each