

enriched cortical glutamatergic neurons and parvalbumin-positive GABAergic interneurons populations that are under inspection to reveal phenotypic and molecular/pharmacological aspects correlating with patient-specific responsivity pattern to CLZ treatment. These results might help to unveil the molecular basis of treatment response profiles that can be exploited to predict response to antipsychotic drugs and that might help to develop personalized treatments, more individually tailored and less hazardous.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1602>

EV1273

Organic psychosis: Much more than dopamine

R. Martín Gutiérrez^{1,*}, M. Juncal Ruiz¹, O. Porta Olivares¹, R. Landera Rodríguez¹, L. Sánchez Blanco¹, D. Abejas Díez¹, G. Pardo de Santayana Jenaro¹, M. Gómez Revuelta², C. Marín Requena², V. Gajardo Galán³

¹ Hospital Universitario Marques De Valdecilla, Psychiatry, Santander, Spain

² Hospital Universitario de Álava-Sede Santiago, Psychiatry, Vitoria-Gasteiz, Spain

³ Hospital Clínic, Psychiatry, Barcelona, Spain

* Corresponding author.

Introduction Most of elderly onset psychosis present as a consequence of one or more organic processes. We present the case of an 81-year-old patient with diagnosis of a posterior fossa meningioma. It emerged with abrupt positive symptoms of psychosis with important family and social disruption. The interest of the case lies in the low frequency of psychiatric symptoms associated to this type of tumor, given its location. Thus, these symptoms may be explained, by normal pressure hydrocephalus (NPH) secondary to the tumor.

Objectives To highlight the importance of performing a complete organic screening in elderly onset psychotic patients.

Material and method From the mentioned case, we performed a literature review of psychopathology associated with NPH.

Results Psychiatric examination demonstrated parasitization delusions and delusional misinterpretations; tactile and visual zoomorphic hallucinations were also present. They were compatible with Ekbom syndrome; anxiety and behavioral disorganization were prominent. We introduced treatment with risperidone 0.5 mg/12 h with important decrease of positive psychotic symptoms. Currently, the patient is waiting for a ventricular-peritoneal shunt.

Conclusions The NPH usually presents with memory failures, psychomotor slowing, problems in calculating and writing. It may progress to a neurological impairment so intense that may be indistinguishable from Alzheimer's disease. From a psychopathological point of view, affective or psychotic symptoms and/or behavioral disorganization may also appear. In few cases, HNT onset shows with prominent psychiatric symptoms instead of neurological impairment. These symptoms may improve with pharmacological and surgical treatment. Thus, it is important to get an accurate diagnosis.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1603>

EV1274

Reasons to choose a long acting antipsychotic and tolerability

I. Martínez Molina*, N. Gómez-Coronado Suárez de Venegas, P. Blanco Ramón

Hospital Universitario Virgen del Rocío, Salud Mental, Seville, Spain

* Corresponding author.

Introduction Aripiprazole depot is an atypical antipsychotic used to treat positive and negative symptoms of psychosis or acute mania.

Aim Describe the reason why psychiatrists switch the current antipsychotic treatment on to aripiprazole depot, its tolerability and the reasons to stop aripiprazole depot treatment.

Methods Descriptive analysis based on a sample of 37 patients, aged 18–65 years, treated during one year with antipsychotics at two community mental health units.

Results Switching on to aripiprazole depot principal reasons: promote adherence (25%), persistence of symptoms (25%) and high levels of prolactin or sexual dysfunction (16.66%):

– side effects of aripiprazole depot: insomnia (11.11%), inquietude (8.33%), sexual dysfunction (2.77%) and hypertensive crisis during administration (2.77%);

– 83.33% of the patients are still taking it after one year. The most common reasons to stop or change it were the presence of secondaries (11.11%) and clinical exacerbation (5.55%).

Conclusions Aripiprazole depot is well tolerated (even better than other antipsychotics). Common side effects are not severe and appear in a small percent of patients.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1604>

EV1275

Psychological resilience and quality of life amongst people with psychotic illnesses

G. McCarthy*, A. Liston, D. Adamis

NUI Galway and HSE West, Psychiatry Sligo Leitrim Mental Health Services, Sligo, Ireland

* Corresponding author.

Introduction Psychological resilience is defined as an individual's ability to adapt to stress and adversity. People with psychotic illness often experience high levels of distress and difficulties adapting.

Aims To assess the relationship between the resilience of people with psychotic illnesses and their quality of life.

Methodology Outpatients from multiple settings attending Sligo-Leitrim Mental Health Services, aged 18+ years old with a diagnosis of either schizophrenia, bipolar affective disorder or schizoaffective disorder were approached by their treating teams and invited to participate. Other inclusion criteria were having a family member. Drug induced psychoses or no family member were exclusion criteria. The scales used were the Resilience Appraisal Scale and the schizophrenia Quality of Life Scale. This study is part of a larger study looking at family factors and psychosis.

Results The study sample was 58 enrolled but only 49 participants completed the 2 assessments, of these 33 were males (67.3%). Data was analysed using SPSS 21. Pearson's correlation coefficient for resilience and quality of life was 0.503, $P < 0.001$. This shows that higher resilience is associated with better quality of life amongst people with psychotic illnesses. These results could have useful clinical implications. If we can intervene to therapeutically increase resilience, we can eventually improve the quality of life of people with psychoses.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1605>