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#### EW0268

### Diagnostic stability in first psychotic episode after 5 years follow-up

M. Mota-Oliveira<sup>1</sup>, M.J. Peixoto<sup>1</sup>, I. Ferraz<sup>1</sup>, E. Pereira<sup>1</sup>, R. Guedes<sup>1,\*</sup>, A. Norton<sup>2</sup>, C. Silveira<sup>1</sup>

<sup>1</sup> Centro Hospitalar de São João, Clínica de Psiquiatria e Saúde Mental, Porto, Portugal

<sup>2</sup> Hospital Magalhães Lemos, Hospital Magalhães Lemos, Porto, Portugal

\* Corresponding author.

**Introduction** The diagnosis of psychosis is based on the presence or absence of characteristic symptoms. The presence of such symptoms varies during the course and treatment, raising the question of diagnostic stability after a first psychotic episode.

**Aims and objectives** The aim of this study is to evaluate the diagnostic stability after a first psychotic episode in the long term (five years after the first inpatient admission).

**Methodology** A retrospective study that included patients with first psychotic episode between 2007 and 2011 admitted to the inpatient unit of the psychiatry and mental health clinic of São João hospital center, Oporto, Portugal and re-evaluation of the diagnosis after five years.

**Results** We included 60 patients with a first psychosis episode, 22 of which were drop-outs after five years. Of the 38 patients evaluated, it was possible to see that after 5 years 68.4% ( $n=26$ ) maintained the same diagnosis during follow-up. In particular, the diagnosis of schizophrenia was kept in 83.3% of patients after 5 years ( $n=15$ , 18 patients with the diagnosis of schizophrenia after first admission). Diagnosis of acute and transient psychotic disorder and psychosis not otherwise specified were the least stable diagnosis after 5 years.

**Conclusions** The diagnosis after a first psychotic episode has important therapeutic and prognostic implications. The presence of characteristic symptomatology, with periods of partial or total remission between subsequent episodes emphasizes the need for regular monitoring, since this group of patients appears to be more vulnerable to changes in diagnosis over time.

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#### EW0269

### Side effects of clozapine and their relationship with clinical variables in patients with schizophrenia

G. Gürcan\*, Ş. Hun Şenol, A.E. Anıl Yağcıoğlu, A. Ertuğrul  
Hacettepe University Faculty of Medicine, Psychiatry, Ankara, Turkey

\* Corresponding author.

**Introduction** The side effects of clozapine may affect the treatment process negatively, and increase the disability.

**Aims** We aimed to assess the side effects of clozapine, and their relationship with the clinical variables in schizophrenia patients, and study the predictors of disability.

**Methods** Consecutive 122 outpatients who met DSM-IV criteria for schizophrenia, and were on clozapine treatment were included in the study. Information about sociodemographic characteristics, past and current clinical status were gathered through a clinical interview and review of the medical records, and physical measures and laboratory tests, including clozapine plasma levels, were recorded. The patients were assessed with SCID-I, Positive and

Negative Syndrome Scale, UKU-Side Effect Rating Scale, WHO-Disability Assessment Schedule-II.

**Results** Hypersalivation, weight gain, sedation and constipation were the most common side effects of clozapine. Although the mean plasma clozapine levels were high ( $828.11 \pm 445.5$  ng/mL), no significant effect of clozapine dose and plasma levels were detected on the severity of side effects, except for constipation. Metabolic syndrome prevalence was found to be 50% according to ATP IIIA criteria. Duration of clozapine treatment, clozapine dose and plasma levels were not significantly different between patients with and without metabolic syndrome. Regression analysis showed that the severity of schizophrenia psychopathology and the number of side effects predicted the severity of disability.

**Conclusions** Side effects of clozapine increase the disability of patients with schizophrenia and should be monitored regularly. On the other hand, clozapine dose and plasma levels do not determine the severity of most of the common side effects.

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#### EW0270

### Effect of clozapine on psychiatric comorbidities in patients with schizophrenia

G. Gürcan\*, Ş. Hun Şenol, A.E. Anıl Yağcıoğlu, A. Ertuğrul  
Hacettepe University Faculty of Medicine, Psychiatry, Ankara, Turkey

\* Corresponding author.

**Introduction** Clozapine has superior efficacy in treatment-resistant schizophrenia, and has various effects on psychiatric comorbidities, which may affect the illness course.

**Aims** We aimed to assess the past and current psychiatric comorbidities in schizophrenia patients treated with clozapine, and study their relationship with clinical variables.

**Methods** Consecutive 122 outpatients who met DSM-IV criteria for schizophrenia receiving clozapine were included. Information about past and current clinical status were gathered through a clinical interview and review of the medical records, along with laboratory test results. Patients were assessed with structured clinical interview for Axis-I Disorders for DSM-IV, Clinical Global Impression Scale, Positive and Negative Syndrome Scale (PANSS), Calgary Depression Scale, Yale-Brown Obsessive Compulsive Scale (Y-BOCS), Panic and Agoraphobia Scale (PAS), WHO-Disability Assessment Schedule-II.

**Results** There was a significant decrease in the diagnosis of depression, alcohol and substance use disorder, number of suicide attempts, and an increase in the diagnosis of obsessive compulsive disorder (OCD) after clozapine initiation. Clozapine related de novo OCD appeared in 48.4% of the patients, and there was a positive correlation between Y-BOCS total scores and clozapine dose and plasma levels. In the de novo OCD group, compulsion scores were higher than obsession scores with checking most prevalent among compulsions. Total PANSS, Y-BOCS, PAS scores were positively correlated with total disability score.

**Conclusions** Clozapine seems to decrease comorbid depression, alcohol and substance use and number of suicide attempts and increase OCD. Assessment and treatment of psychiatric comorbidities in clozapine using schizophrenia patients is vital to decrease disability.

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