

Parkinson's disease should be careful for the likely increase in motor clinical and increased mortality. The most useful, are especially quetiapine and clozapine atypical antipsychotics.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1667>

#### EV1338

### Muscarinic mechanisms in psychosis: A multimodal imaging study

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*Background* The majority of people with psychosis suffer from cognitive problems. These cognitive problems are among the most disabling features of the illness and have a negative effect on clinical outcome. Research has demonstrated that acetylcholine including muscarinic receptors play an important role in cognitive function. A post-mortem study in chronic patients with schizophrenia demonstrated a decrease of 75% of muscarinic M1 receptors.

*Aim* The aim of this study was to investigate the role of M1 receptors in-vivo in brain and cognitive function in psychosis.

*Methods* Thirty medication free patients with psychosis and 30 healthy controls matched for age, gender and IQ were included for 1) 1x IDEX Spect scan to determine M1 binding potential; 2) 2x fMRI scan using a visual memory task; 3) 2x MRS to determine choline concentrations; 2x CANTAB cognitive battery. Except for SPECT all subjects were tested twice, once with placebo and once with biperiden M1 antagonist.

*Resultaten* Patients demonstrated a significant negative correlation between M1 binding potential and cognitive impairments and negative symptom scores on PANSS. Following biperiden challenge, performance on verbal learning and memory was worse. Hippocampal activity was larger during a visual memory task in patients.

*Conclusie* These results support a role for the M1 receptor in cognitive function in psychosis.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1668>

#### EV1339

### Schizophrenia and obsessive compulsive disorder

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*Introduction* A recent reviews of published researchers suggest, that up to 25% of schizophrenia patients suffer from obsessive-compulsive symptoms (OCs) and about 12% fulfill the diagnostic criteria for obsessive-compulsive disorder (OCD). Recently, the interest in this issue has significantly increased, probably due to the finding, that second generation antipsychotics, especially clozapine, might induce or aggravate OCs.

*Objective* The aim of our study was to investigate and clarify the literature data about the extent to which comorbid OCs affects the severity and course of schizophrenia.

*Methods* The articles were identified by the keywords "schizophrenia comorbidity" and "obsessive compulsive disorder", using the medline and web of science search. Additional information was obtained by studying the references of summaries of relevant articles.

*Results* Obsessive-compulsive symptoms or fully expressed obsessive-compulsive disorder leads to more severe overall psychopathology and poorer treatment outcomes in patients with schizophrenia. This comorbidity is accompanied by increased neurocognitive impairment, high levels of anxiety, depression, and suicidality, less favorable levels of social and vocational functioning, and greater social and health service utilization.

*Conclusions* In clinical practice, schizophrenia patients should be carefully monitored for OCs, which may occur at any time during the schizophrenia disease. Early recognition and targeted treatment of this comorbidity reduce patient's distress; positively influence the course of illness and overall treatment outcome.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1669>

#### EV1340

### Comorbidity of schizophrenia and social phobia

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*Introduction* The most common comorbid disorder in schizophrenic patients is a social phobia. It is usually an unrecognized problem that may be associated with a high distortion in managing claims of life.

*Objectives* The aim of our study was to determine the extent to which comorbid social phobia affects the severity and course of schizophrenia.

*Methods* The publications were identified in the database medline and web of science using the keywords "schizophrenia comorbidity" in combination with the terms "social phobia" or "social anxiety disorder". Other relevant sources of information were obtained from the cited works by important articles.

*Results* The current state of research shows that the incidence of comorbid social phobia in psychotic disease states in the range from 11% to 36%. Social phobia in psychotic patients remains largely unrecognized. An untreated social phobia is associated with more severe psychotic symptoms, worse quality of life and lower self-esteem. It also increases the tendency to social isolation and overall worsens social adaptation. Patients with comorbid social phobia and schizophrenia have a higher amount of lifetime suicide attempts and often abuse alcohol or addictive substance.

*Conclusions* Patients who have both schizophrenia and social phobia have a lower quality of life, impaired functioning in life, a higher incidence of suicide attempts and increased risk of relapse of psychosis. It is, therefore, necessary that physicians treating the patients with schizophrenia had in mind the possibility of the presence of comorbid social phobia, and in the case of its occurrence, they also treat it.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1670>

#### EV1341

### Schizoaffective disorder and life quality

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**Introduction** schizoaffective disorder is a nosographic entity characterized by a combination of symptoms of schizophrenia with mood episodes. The fact that its diagnosis is difficult, and often oscillates between schizophrenia and bipolar disorder raises the problem of its care and the outcome of patients who suffers from it.

**Objective** To evaluate the quality of life of treated patients with schizoaffective disorder.

**Materials and methods** This is a cross-sectional study realized at the psychiatric consultation of Mahdia hospital during a 6month period. Data were collected from patients and from their medical records using a predefined questionnaire.

**Results** A total of 52 patients were included, the average age was 38 years. The majority of patients (63.5%) were unemployed. The use of psychoactive substances was noted in 63.5% of patients. Multiple linear regression analysis allowed us to find that 12 factors were more significantly associated with impaired quality of life which were, in descending order of importance: the EAS score > 39, the EGF score ≤ 70, the null or partial adherence, the presence of side effects seriously affecting daily activity, the depressive subtype, the lack of employment, the socio-economic level, the lack of stable budgetary resources, an age > 60years, the widowed and divorced marital status, the PANSS score (≥ 45) and negative symptomatology (PANSS).

**Conclusion** The diagnosis of schizoaffective disorder has a triple relevance: clinical, prognostic and therapeutic. Identifying a schizoaffective disorder and the risk factors that may affect the quality of life provides a significant practical impact for the patient's benefit.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1671>

#### EV1342

### Schizoaffective disorder and life events

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**Introduction** The schizoaffective disorder is multifactorial. Several factors almost unquestioned, even indisputable, participate in the episodes' decompensation and affect various fields: biological, pharmacological or neurobiochemical.

**Objectives** Draw up the sociodemographic and clinical profile of patients treated for schizoaffective disorder and determine the role of life events in the onset of the disorder.

**Methods** This is a retrospective study of 52 patients hospitalized in the psychiatric department of Mahdia diagnosed with schizoaffective disorder according to DSM-IV-TR during the period from January 2014 until June 2014. The information was collected using a preset sheet with 35 items.

**Results** A total of 52 records was gathered. The average age was 38 years. The sample was predominantly male, of rural origin in 61.5% of cases. The level of education was low in 59.6% of cases. More than half were without profession and single in 46.2% of cases. The mean age at onset of the disorder was 25.2 years. The presence of life events preceding the onset of the disorder was noted in 22 patients, that to say, 42.3% of the sample. Family and emotional events were most frequently encountered with respective rates of 48.2 and 24.7%, followed by the professional events (20%) and social ones (6%).

**Conclusion** Life events are due to chance but also to the environment. The complexity of the "event" concept was again underlined in a new perspective, breaking social rhythms.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1672>

#### EV1343

### EEG spectral power changes in solving spatial logical task in schizophrenia patients in the first episode and in remission

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**Introduction** Despite the assumption that the EEG parameters in schizophrenia may be predictive for the treatment outcome, there are only a small number of such studies present. We hypothesised that the characteristics of the changes in EEG rhythms during cognitive load might differ in the first episode of psychosis and remission being dependent on the stage of the illness.

**Methods** The EEG rhythms spectral power (SP) in the resting state and their changes during the performance of spatial logical task in 25 first-episode psychosis patients (FEP) and same patients in remission (REM) after 6–18 months were analysed. Control group included healthy subjects matched with patient group by gender, age and years of education.

**Results** The resting state SP values did not differ in FEP and REM. When performing a task, FEP theta SP was decreased compared to the resting state values in F7, F8, P3, T6 sites ( $P < 0.05$ ), while gamma2 SP was increased in Fz ( $P < 0.001$ ) and Pz ( $P < 0.01$ ). REM theta, alpha, and beta1 SP was decreased in the same way as in norm in all sites ( $P < 0.05$ ). Gamma2 SP increase was found in sites Fp1, F8, Fz ( $P < 0.05$ ). FEP theta and beta1 SP changes during cognitive load positively correlated with the PANSS scales (delusions, thought disorders, hallucinations). REM did not have significant correlations between SP and PANSS parameters.

**Conclusions** The analysed REM EEG characteristics differ less from the norm than the FEP. Based on the results, the performance of the task is related to the stage of the illness.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1673>

#### EV1344

### Serum testosterone level and its relation to aggressive behavior in schizophrenia

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This work is presenting partial preliminary outcomes of our study focused on evaluating the levels of testosterone in psychotic patients and its relationship to aggressive behavior.

Our study group included 10 male patients (from planned 20), with history of aggressive behavior at baseline and 24 male patients (from planned 40), without history of aggressive behavior. Non-aggressive patients were considered as control group. All included patients were hospitalized in psychiatric hospital Hronovce with diagnose of psychotic disorder. Levels of testosterone were measured by laboratory evaluation. Aggressive behavior was assessed by HCR scale, which was linked with every TSH evaluation. The level of testosterone was measured in all subjects at the baseline and in