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EW493

Medication and aggressiveness in real-world schizophrenia. Results from the FACE-SZ dataset

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Introduction The primary objective of this study was to determine if second generation antipsychotic (SGA) administration was associated with lower aggressiveness scores compared to first generation (FGA) in schizophrenia (SZ). The secondary objective was to determine if antidepressants, mood stabilizers and benzodiazepines administration were respectively associated with lower aggressiveness scores compared to patients who were not administered these medications.

Methods Three hundred and thirty-one patients with schizophrenia ($n=255$) or schizoaffective disorder ($n=76$) (mean age = 32.5 years, 75.5% male gender) were systematically included in the network of FondaMental Expert Center for Schizophrenia and assessed with the Structured Clinical Interview for DSM-IV Axis I Disorders and validated scales for psychotic symptomatology, insight and compliance. Aggressiveness was measured by the Buss-Perry Aggression Questionnaire (BPAQ) score. Ongoing psychotropic treatment was recorded.

Results Patients who received SGA had lower BPAQ scores than patients who did not ($P=0.01$). On the contrary, patients who received benzodiazepines had higher BPAQ scores than patients who did not ($P=0.04$). These results were found independently of socio-demographical variables, psychotic symptomatology, insight, compliance into treatment, daily-administered antipsychotic dose, the way of antipsychotic administration (oral vs long acting), current alcohol disorder and daily cannabis consumption.

Conclusion The results of the present study are in favor of the choice of SGA in SZ patients with aggressiveness, but these results need further investigation in longitudinal studies. Given the potent side effects of benzodiazepines (especially dependency and cognitive impairment) and the results of the present study, their long-term prescription is not recommended in patients with schizophrenia and aggressive behavior.

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EW494

Emotional recognition during the course of schizophrenia

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Introduction Adequate emotion identification ability facilitates forming emotional relationships and effective communication. Patients suffering from schizophrenia have deficits in emotional recognition (ER), which leads to impaired social and occupational functioning.

Objectives To compare the differences in ER between the healthy control group (HC) and two patient groups at different phases of illness: first episode psychosis (FEP) and chronic, multi-episode schizophrenia (MEP).

Aims To investigate the pattern of emotional recognition deficit during the course of schizophrenia.

Methods We compared three groups of participants: MEP, FEP and HC, each containing 50 participants, based on their emotional recognition abilities using the Penn Emotion Recognition Task and The I FEEL Pictures. Patients were diagnosed using Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria for schizophrenia (schizophreniform disorder) with their psychopathology rated with the Positive and Negative Syndrome Scale (PANSS) scale. Besides ER tasks, patients were administered self-evaluation scales for the assessment of quality of life, depression, suicidality, impulsivity, aggression, and relationship with their parents.

Results Our findings showed deficits in emotional recognition ability of both patient groups in comparison with HC, especially in the identification of negative emotions: sadness, fear and anger. There was no statistically significant difference between groups in the identification of happiness. First episode patients showed better results than the MEP group.

Conclusions Although the FEP group was more successful than the ME group, our results showed that the emotional recognition impairment exists at a significant level even at the beginning of the illness.

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EW495

Medication adherence and cannabis use among schizophrenic patients

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Introduction Substance use is usually associated with poorer psychiatric medication adherence among schizophrenic patients. Previous findings remain unclear about the relationship between cannabis use and poor medication adherence. Identifying predictor factors of medication adherence among these patients is very important because it's associated with relapse and re-hospitalization.

Objective Determining whether cannabis use is a risk factor for compliance to medication in a population of schizophrenic patients.

Method Schizophrenic inpatients were assessed by Medication Adherence Rating Scale (MARS). Socio-demographic, clinical data, and urine drug screens were collected just after their admission.

Results A sample of 403 inpatients with schizophrenia diagnosed with Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV) criteria (mean age = 33, 35 ± 9, 16), predominantly man (90%), paranoid (62%) and 89% of them received classical antipsychotics. A total of ($n=25$; 6, 2%) inpatients were adherent, among this group, 19 patients (76%) were tested negative for



clinical implications and suggestions for future research directions are considered.

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EV84

Is methylphenidate a prescription drug being sold in the illegal market? Analysis of samples submitted to a drug checking facility

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Introduction Methylphenidate is a CNS stimulant approved for treatment of ADHD. It is generally considered well tolerated and exhibiting low dependence potential, although diversion for recreational use has been described. Provided that its effects are comparable to those of more popular drugs of abuse, such as cocaine and amphetamines, we hypothesized that it could be sold as such.

Objective The aim of this study was:

- to describe the presence of methylphenidate from the samples handled to, and analyzed by, Spanish harm-reduction service energy control between August 2009 and August 2015;
- to determine whether it is being sold as other drugs.

Materials and methods All samples presented to energy control (EC) were analyzed. EC is a Spanish harm-reduction non-governmental organization that offers to users the possibility of analyzing the substances they intend to consume.

Samples in which methylphenidate was detected using Gas Chromatography–Mass Spectrometry were selected for this study.

Results From a total of 20062 samples, 17 contained methylphenidate (0.09%), with no clear variations among the years studied. The samples were mostly sold as amphetamine (29%), methylphenidate (23%) and ethylphenidate (18%).

Conclusion Presence of Methylphenidate in the Spanish illegal drug market seems anecdotic and stable over the studied time-frame. Moreover, it was sold as substances with similar dosages, lowering potential for life-threatening intoxications. Therefore, our results suggest that diversion of methylphenidate into the drug market as adulterant is not a concerning phenomenon.

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EV85

The role of buprenorphine maintenance therapy in opioide recidive prevention: Experiences from Croatia

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Introduction Buprenorphine, a partial agonist of mu opioid receptors and an antagonist at kappa opioid receptors, is widely used in the treatment of the opioid addiction, as it reduces cravings and effects of opioid withdrawal, decreases opioid consumption and diminishes rewarding effects of it. In University Psychiatric Hospital Vrapče, the oldest psychiatric hospital in Croatia, buprenorphine maintenance therapy is a standard and important part of integrative psychiatric treatment offered to opioid drug users.

Aims To show potential benefits of buprenorphine maintenance therapy as a pharmacological agent in psychiatric care for opioid drug users.

Objectives To describe series of clinical cases in which the introduction of buprenorphine in therapy of opioid drug users lead to reduced number of their hospitalizations.

Methods Clinical cases from University Psychiatric Hospital Vrapče Addictions Treatment Department were identified and the course of patients' treatment was analyzed. Summaries of cases, with the emphasis on protective factors for stabile maintenance, are presented.

Results After switching patients from various opiates to buprenorphine in a controlled in-patient environment, our patients became more functional and their integrative psychiatric treatment could then start. After discharge, an improvement was visible in different dimensions of their lives, and the re-admittance was the exception, since recidives were rare. They continued their treatment actively, in outpatient programmes of our clinic.

Conclusions Drug-seeking behaviour of presented opioid users was avoided by buprenorphine maintenance therapy provided with intermittent psychotherapeutic interventions or usual psychiatric support in aftercare. In our experience, such integrative psychiatric care prevents re-admittances and recidives.

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EV86

New drugs: Use of everyday substances as substances of abuse

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Introduction Emerging drugs are a growing problem, of which we have little information and clinical experience and pose a challenge in everyday clinical practice because many are not detectable with the test at our disposal and its effect on cognition and behavior are not well known.

Methods Conduct a thorough literature review of all the material in this regard has been published both in high impact journals and in the last International Congress of Dual Pathology.

Results There are many and varied new substances used for harmful/abuse consumption mainly for their sedative effects

