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Introduction In a recent placebo-controlled, double blind crossover trial ($n=52$), we found significant beneficial effects on memory ($d=0.30$) and negative symptoms ($d=0.29$) after 12 weeks memantine augmentation in patients with clozapine-refractory schizophrenia.

Aims In this open-label 1 year extension study, we report the long-term effects and tolerability of memantine add-on therapy to clozapine.

Methods Completers of the first trial who experienced beneficial effects during 12 weeks of memantine treatment received memantine for one year. Primary endpoints were memory and executive function using the Cambridge neuropsychological test automated battery (CANTAB), the Positive and Negative Syndrome Scale (PANSS), and the Clinical Global Impression Severity Scale (CGI-S).

Results Of 31 RCT completers who experienced beneficial effects from memantine, 24 received memantine for one year. The small improvement in memory found in the memantine condition in the placebo-controlled trial remained stable in the extension study. Executive function did not improve. After 26 weeks of memantine add-on therapy to clozapine, PANSS negative symptoms ($r=0.53$), PANSS positive symptoms ($r=0.50$), and PANSS total symptoms ($r=0.54$) significantly improved. Even further significant improvement in all these measures was observed between 26 weeks and 52 weeks memantine, with effect sizes varying from 0.39 to 0.51. CGI-S showed a non-significant moderate improvement at 26 weeks ($r=0.36$) and 52 weeks ($r=0.34$). Memantine was well tolerated without serious adverse effects.

Conclusions In the one-year extension phase, the favorable effect of adjunctive memantine on memory was sustained and we observed further improvement of positive, negative and overall symptoms of schizophrenia.

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EW0511

Efficacy and tolerability of aripiprazole intramuscular as maintenance treatment in patients with paranoid schizophrenia

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Introduction Patients suffering from paranoid schizophrenia, require long-term anti-psychotic treatment, which provide, in addition to adequate efficacy both positive and negative symptoms, a good safety and tolerability profile that would ensure adequate adherence to prevent relapse.

Objectives To analyze the efficacy, tolerability and therapeutic adherence over a year after the introduction of aripiprazole depot in patients diagnosed with paranoid schizophrenia previously treated with other oral or depot anti-psychotics [1,2,3].

Methods One-year prospective longitudinal study with a sample size of 23 patients diagnosed with schizophrenia in outpatient

treatment. Study variables (baseline, 6 and 12 months): Brief Psychiatric Rating Scale (BPRS), clinical global impression (CGI), mean dose of aripiprazole depot, previous treatments, adherence, relapse rate, prolactin levels, sexual dysfunction, BMIs.

Results Twenty-three patients (71% men, 29% women) diagnosed with paranoid schizophrenia were identified. Improvement was obtained in the different study variables with statistically significant difference ($P \leq 0.05$).

Conclusions Following the introduction of aripiprazole depot in patients diagnosed with schizophrenia previously treated with other oral or depot anti-psychotics in our study, we conclude that maintaining therapeutic efficacy a better tolerability and safety profile, better therapeutic adherence and consequently lower relapse rate were achieved.

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

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EW0512

Devaluation towards people with schizophrenia in Italian medical, nursing, and psychology students

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Introduction Discrimination towards people with schizophrenia (PWS) by healthcare professionals is responsible of underdiagnosis and undertreatment of these patients. Negative attitudes toward PSW in health care professionals tend to be present since their university studies and are related to their knowledge and experience about the disease.

Objectives and aims To assess opinion towards PSW in medical, nursing and psychology students and to investigate the relation with their knowledge of schizophrenia and its causes.

Methods The study involved 133 medical, 200 nursing and 296 psychology undergraduate students. The opinion on mental illness questionnaire, the Devaluation Consumers Scale, and the Devaluation of Consumer Families Scale were administered to the sample. ANOVA and ANCOVA were used to test differences between groups and the relation between causal explanation of schizophrenia and discrimination towards PWS.

Results Psychology students were more aware than the other student of public stigma towards PWS and their families ($F 12.57, P < 0.001$; $F 32.69, P < 0.001$) and expressed a more positive view on treatments' effectiveness ($F 30.74, P < 0.001$). Psychology (OR 0.48, 95% CI 0.26–0.88) and nursing (OR 0.29, 95% CI 0.15–0.55) students were more likely to identify psychological and social risk factors as more frequent causes of schizophrenia (vs. biogenetics) and these, in turn, were related to a better opinion towards social equality of PWS.

Conclusions These preliminary findings underline the relevance of biopsychosocial model of schizophrenia within stigma-reduction programs for health science students.



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e-Poster Walk: Sexual medicine and mental health/sleep disorders and stress/eating disorders

EW0513

Dyspareunia after childbirth: Does psychosocial context play a role?



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Introduction Dyspareunia is defined as persistent or recurrent genital pain that occurs just before, during or after intercourse. Dyspareunia after childbirth is quite common and have a range of repercussions to women's lives, including their sexual functioning. It could be affected by different risk factors. While role of obstetric factors including mode of delivery has been largely investigated, the influence of psychosocial factors remains unclear.

Aims Our purpose was to determine frequency of postpartum dyspareunia and identify related psychosocial factors.

Methods Thirty women between 2 and 6 months postpartum were recruited in consultation of maternity and neonatology center of Tunis. Data were taken from medical file and questionnaire designed to record psychosocial data and postpartum sexual function.

Results The mean age of women was 28.74 ± 8.4 years. Dyspareunia was reported by 43.33% of women. Dyspareunia was not associated to professional status. On the other hand, dyspareunia was significantly associated to fatigue ($P=0.024$), lack of familial support ($P=0.03$), conjugal conflicts ($P=0.01$).

Conclusion We have found an association between dyspareunia after childbirth and several psychosocial factors, pointing out the influence of social and psychological aspects in the sexual function in women. Thus, management of sexual disorders should take in consideration psychological dimension and involve an appropriate psychological care.

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EW0514

Self-image and risk of suicide in eating disorders



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Introduction Suicide risk is increased in eating disorders (ED), and detection is key to prevention. Self-image as operationalized in the structural analysis of social behavior (SASB) model has been shown to be associated with symptoms, treatment dropout, and outcome. SASB is a circumplex organizing self-directed behaviors along affiliation (love vs. hate) and autonomy (set free vs. control) dimensions. In a recent study, SASB related to health care-detected suicide attempts in ED. Methodology in that study ensured high specificity but risked lower sensitivity in suicide variables, and with

such a high-threat outcome, research is needed on additional variables related to risk.

Objectives and aims We aimed to study associations between SASB self-image and clinician- and self-rated suicidality at presentation and predicted over 12 months in ED patients.

Methods Adult patients ($n=551$) from a Swedish clinical database included 19% anorexia, 32% bulimia, 7% binge ED, and 42% other ED. We ran separate regression models for these diagnostic groups using SASB questionnaire data, also controlling for general psychiatric and ED symptoms, and in longitudinal models including baseline of each outcome.

Results SASB alone was associated with suicidality at presentation (9–67% variance explained) and predictively over 12 months (7–29%), and in the majority of models explained additional variance beyond baseline and clinical variables. Both affiliation and autonomy related to dependent variables in diagnosis-specific patterns.

Conclusions The findings have implications for both theory and detection tools for suicide risk, as well as suggesting intervention targets to mitigate risk in treatment based on the well-validated SASB theory.

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EW0515

Rosa Damascena improved sexual dysfunction in males under methadone treatment – results from a double-blind, randomized, placebo-controlled clinical trial



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Introduction Patients with severe opioid dependency might be treated with methadone, a pure μ -opioid-receptor, with promising results. Though, as for opioids, side effects are high, and among those, sexual dysfunction is among the most disturbing side effects.

Aims Investigating the influence of Rosa Damascena oil to improve sexual dysfunction among male methadone users.

Methods A total of 60 male patients (mean age: 30 years) with diagnosed opioid dependence and currently under treatment of methadone were randomly assigned either to the verum (Rosa Damascena oil drops) or placebo condition. At baseline, and four and eight weeks later, patients completed self-rating questionnaires covering sexual dysfunction and happiness.

Results Over time sexual dysfunction decreased and happiness increased in the verum, but not in the placebo condition.

Conclusions Results from this double blind, randomized, and placebo-controlled clinical trial showed that Rosa Damascena oil improved sexual dysfunction and happiness among male opioid addicts while under substitution treatment with methadone.

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