literature search was conducted using Medline, Embase, PsycInfo and Cochrane databases and supplemented with manual searching of identified key reviews, reference lists and journals. Randomised controlled trials in participants with schizophrenia were selected which compared benzodiazepines with placebo or antipsychotics. Included studies were quality assessed and relevant clinical outcome data was extracted on global and mental state outcomes, as well as side effects. Results: Twelve studies compared benzodiazepines with placebo. On mental state outcomes, 5 studies showed superiority of benzodiazepines, 4 reported no effect and 2 found a deterioration. On global state outcomes, 4 studies showed superiority of benzodiazepines and 6 reported no difference. Eleven studies compared benzodiazepines against antipsychotic monotherapy and 9 studies compared benzodiazepine augmentation of antipsychotics against antipsychotic monotherapy. Benzodiazepine and antipsychotic monotherapy were equivocal for mental state (4 of 5 studies) and global outcomes (4 of 7 studies). Benzodiazepine augmentation of antipsychotics was not found to be superior to antipsychotic monotherapy in symptom reduction (4 of 7 studies), the latter being more efficacious for global improvement (3 of 4 studies). Conclusion: The evidence suggested that benzodiazepines significantly differ from placebo but have little benefits above and beyond antipsychotic monotherapy for measures of global improvement and mental state outcomes. Due to variable quality in methodology, differences in outcomes used, and small sample sizes, new robust studies are required before firm conclusions or recommendations can be made. In the interim, the use of benzodiazepines in antipsychotic clinical trials should be approached with caution. Funding: Own account.
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DOCTORS MAY PREFER DEPOTS. WHAT ABOUT PATIENTS?

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Background: Whilst the evidence base for superiority of antipsychotic long-acting injections (LAIs) over tablets is debated, some clinicians remain hesitant to prescribe LAIs. Alternatively, clinical guidelines indicate that patients should be allowed to choose their antipsychotic and this perhaps should also include their preferred route of administration. LAI utilisation varies between clinicians as well as internationally and this may be due to differing attitudes. Methods: The international literature on attitudes and preferences to antipsychotic LAIs by patients and clinicians was reviewed and compared with our own in-depth studies. Results: Variation in attitudes about LAIs exists amongst psychiatrists and concerns exist regarding stigma and perceived coercion. Approximately one third of UK consultants believed that patients always preferred tablets and there were ongoing concerns regarding patient acceptance of LAIs (Patel et al, 2009a). In Germany, France and UK, clinicians are concerned about side effects with LAIs and the unavailability of more second generation antipsychotics as LAIs (Charpeaud et al, 2012; Heres et al, 2006; Patel et al 2003, 2009a). Enthusiasm for prescribing an LAI in first episode psychosis also varies internationally (Heres et al 2011; Patel et al 2009a). For patients, attitudes to medication did not differ between LAIs and tablets but the latter was preferred (Patel et al, 2009b) and especially so by those who were LAI-naive. This was confirmed by a German study (Heres et al, 2007). In six East Asian countries including China, 15% of patients with schizophrenia were prescribed an LAI (Sim et al, 2004) whereas in Nigeria, psychiatrists reported a mean of 41.7% of their patients were prescribed an LAI (James et al, 2012). For bipolar disoder, a small sample of European specialists reported that if participants themselves had bipolar disorder, just under half would not agree to personally take an antipsychotic LAI as a mood stabiliser (Patel et al, 2012). Conclusion: An LAI is often only prescribed when a pattern of non-adherence has already been established. Choice of antipsychotic rarely includes an LAI option until it is possibly too late. In turn, this may reinforce the clinician's negative perspective regarding LAIs. Alternatively in countries such as Nigeria, the injection's perceived potency is desirable both for the clinician and the patient. The impact of the clinician's prescribing preferences and attitudes on clinical outcomes is yet to be determined.
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REFLEX: A METACOGNITIVE GROUP TREATMENT TO IMPROVE INSIGHT IN PSYCHOSIS

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Background: Many people with schizophrenia (50-80%) demonstrate impaired insight. A number of interventions aiming to improve insight have been proposed and evaluated, for example cognitive behavioral therapy and psycho-education. Results of these interventions leave room for improvement. Therefore, we propose a new intervention to improve insight in people with schizophrenia (REFLEX). REFLEX focuses on insight in one's functioning in everyday life and changes in general functioning after psychosis by improving metacognitive acts necessary for insight (self-reflectiveness, idiosyncratic self-certainty) and reducing stigma-sensitivity. Methods: The primary objective is to improve insight. By improving insight, we hope to improve functional outcome and symptoms. Results: 120 patients diagnosed with schizophrenia with poor insight and sensitive are included in a randomized controlled trial): REFLEX was compared to an active control condition consisting of group wise drill and practice cognitive remediation training. Preliminary analysis show that while clinical insight measures with the SAI-E remains unchanged, while cognitive insight measured with the BCIS improves in the REFLEX condition ($F_{1,85}$ 4,9, $p < .05$) Conclusion: REFLEX seems a promising intervention to improve cognitive insight in psychosis.
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COMPARATIVE EFFECTIVENESS OF LONG-TERM TREATMENT WITH ATYPICAL ANTIPSYCHOTICS IN PATIENTS WITH SCHIZOPHRENIA

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Background: Relatively few long-term treatment studies are available that provide head-to-head comparisons of the safety and effectiveness of atypical antipsychotics. This presentation will summarize results of two studies that evaluated the safety and effectiveness of long-term treatment of schizophrenia with lurasidone (LUR) and quetiapine XR (QXR; Study 234), and with risperidone (RIS; Study 237). Methods: In Study 234, a