

**Introduction:** The modified completion test (MCT) based on the stories by H. Ebbinghaus enables to assess cognitive functions in situation close to a real-life task with an affective load (Burlakova, 2016, 2020). MCT includes the following stages: 1) filling the gaps in the story; 2) reading and retelling; 3) making up a continuation and a title; 4) retelling the story and its continuation after 30–40 minutes.

**Objectives:** The objective was to research diagnostical potential of the second stage of MCT for patients suffering from paranoid schizophrenia with hallucinatory syndrome.

**Methods:** The study included 42 patients (28 female, 14 male) with schizophrenia (disease onset at least 5–7 years ago), aged from 19 to 51 (average age  $35 \pm 8$ ), receiving treatment. Control group consisted of 44 people (average age  $37 \pm 6$ ), never sought psychiatric help, never diagnosed with any mental disorders. Groups were organized to be equal in gender proportions, age, and educational level.

**Results:** In comparison to the control group, the psychiatric patients demonstrated: 1) lower connectedness in narration, lower ability to reproduce main elements of the plot; 2) unusual logic in introduction of new details, extensiveness of such details; 3) lower integrity of mnemonic functions, lower ability to maintain concentration. The clinical group: 1) imposed on the text principally different logic, subjectively significant, yet far from the original context; 2) suddenly introduced of new ideas; 3) had confabulations; 4) were altiloquent.

**Conclusions:** The stage of retelling enables to assess semantic memory, regulatory functions, connectedness of the narration, cogitation and to examine cognitive functions in the context of patient's personality.

**Disclosure:** No significant relationships.

**Keywords:** schizophrenia; cognitive functions; thought disorder; cognitive assessment

## EPV1349

### ONLY IN DREAMS: a case report of sleep deprivation psychosis

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doi: 10.1192/j.eurpsy.2022.1996

**Introduction:** Sleep is essential for an adequate neurobiological functioning, being implicated in several cognitive functions. Even in healthy individuals, sleep deprivation can lead to a number of psychopathological changes, including perceptual distortions, hallucinations and delusions. Thus, the resulting clinical picture may be similar to a psychotic disorder.

**Objectives:** To present a clinical case of psychotic symptomatology induced by sleep deprivation.

**Methods:** Patient's clinical file consultation and literature review using the search engine Pubmed® and the keywords: "sleep deprivation", "sleep loss" and "psychosis".

**Results:** We present the case of a 41-year-old woman with a history of an episode of mood changes with psychotic symptoms that was

preceded by a period of total insomnia. No psychotropic drugs since then and no relapses. In May 2020, she was admitted in psychiatry department due to clinical picture composed by significant psychomotor slowing, drowsiness, slowed speech, verbal visual, tactile and auditory hallucinations accompanied by grandiose delusions. These symptoms were preceded by total insomnia with one week of duration. In the hospital was administered quetiapine 100mg and lorazepam 2.5mg to aid in the recovery of sleep deprivation and concomitantly aripiprazole 15mg was prescribed. The patient presented a rapid and significant clinical improvement. Currently, it is without any type of medication and without psychopathological changes.

**Conclusions:** The clinical picture present in this case report was triggered after a significant period of sleep deprivation. Thus, it illustrates the role that sleep has in the development of psychiatric symptomatology, sometimes difficult to differentiate from psychiatric disorders.

**Disclosure:** No significant relationships.

**Keywords:** clinical case; Sleep deprivation; Psychosis; Insomnia

## EPV1350

### cognitive complaints in schizophrenia: characteristics and relationship with insight

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doi: 10.1192/j.eurpsy.2022.1997

**Introduction:** Patients with schizophrenia suffer from cognitive difficulties expressed in the form of complaints as well as poor insight. The interaction of these two factors makes the management of these patients more difficult.

**Objectives:** To assess subjective cognitive complaints in a population of schizophrenics and study its relationship to insight.

**Methods:** Our study was a cross-sectional, descriptive, and analytical study of 72 stabilized schizophrenics followed up at the outpatient clinic. Subjective cognitive complaints were assessed by the SSTICS, clinical symptoms by the PANSS, and insight by the SAI-E.

**Results:** The mean age of our population was  $46.83 \pm 11.6$  years. The patients had a low socio-economic level in 70.1%. They were unemployed in 46.9%, consumed alcohol in 23.6%, and consumed tobacco in 58.6% of the cases. The total score on the PANSS scale was 46. They had an average score of 25 on the total SSTICS score and 20.1 on the SAI-E. Cognitive complaint scores were significantly correlated with improved insight ( $p=0.00$ ), low socio-economic level ( $p=0.04$ ), alcoholism ( $p=0.001$ ) and smoking ( $p=0.01$ )

**Conclusions:** Cognitive complaints in schizophrenia could be influenced by the level of clinical insight and reflect a deep malaise, requiring a more targeted and optimized management

**Disclosure:** No significant relationships.

**Keywords:** schizophrenia; insight; cognitive complaints