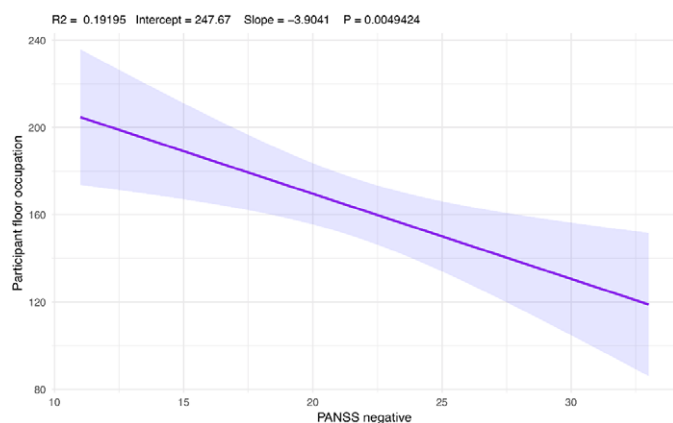
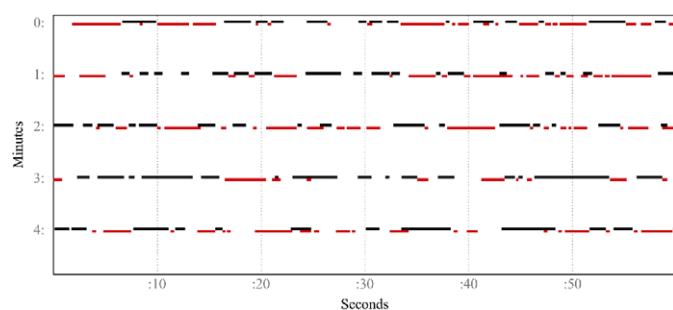


conversation skills, like the turn-taking. To our knowledge, very few studies to date have taken into account conversation analysis in order to investigate turn-taking in schizophrenia patients.

Objectives: To investigate the conversational patterns in schizophrenia patients; to assess possible associations between dialogic features, abnormal subjective experiences and symptom dimensions.

Methods: Thirty-six patients with Schizophrenia underwent an interview, subsequently analyzed with an innovative semi-automatic analysis. Positive and Negative Syndrome Scale (PANSS) was adopted for the investigation of psychopathology and Examination of Anomalous Self Experience (EASE) for Self-Disorders.

Results: Dialogic exchanges are graphically represented in Figure 1. An inverse correlation was found between participant speaking time and PANSS negative symptoms score ($r = -0.44$, p value < 0.05 ; Figure 2), whereas no associations were found between conversational variables and PANSS positive or disorganization dimensions. Finally, a positive correlation was found between the EASE item “spatialization of thought” and average pause duration ($r = 0.42$, p value < 0.05).



Conclusions: The finding of a relationship between negative symptoms and conversational patterns suggest that conversational features in schizophrenia are expression of the “core” negative dimension of the disorder. The association with the phenomenon of thought spatialization seems to suggest that the disturbances of the stream of consciousness impact on natural dialogic interactions. Ultimately, conversation analysis seems a promising tool to study dialogic exchanges of patients with schizophrenia.

Disclosure: No significant relationships.

Keywords: conversation; psychopathology; self disorders; schizophrénia

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Hebephrenic schizophrenia as a variant of frontotemporal dementia – the true dementia praecox?

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Introduction: Frontotemporal Dementia (FTD) is a neurodegenerative disorder evolving the frontal or temporal brain lobes. They have been described six variants. Behaviour variant (BvFTD) is the most common, and is characterized by changes in social behaviour and conduct, with loss of social awareness and poor impulse control. Hebephrenic schizophrenia (HSz), or disorganized schizophrenia, was recognized as a schizophrenia subtype, characterized by disorganized behaviour and a cognitive deterioration. Subtypes of schizophrenia are no longer recognized as separate conditions neither in the Diagnostic and Statistical Manual of Mental Disorders, nor in the new International Statistical Classification of Diseases.

Objectives: To review the literature about the concepts of hebephrenic schizophrenia and their similarities with the concept of frontotemporal dementia

Methods: Narrative review of the literature on PubMed/MEDLINE, using the keywords “hebephrenic schizophrenia” AND “frontotemporal dementia”. Only articles in English were included.

Results: Some authors described difficulty to establish a differential diagnosis between HSz and BvFTD. HSz has an earlier onset. However, BvFTD is an early age dementia. The phenomenology of both diseases is similar, and schizophrenia was historical conceptualized as praecox dementia. Frontotemporal abnormalities are common neuroimaging findings in schizophrenia. Clinically, FTD shows a profound alteration in personality and social conduct, emotional blunting and loss of insight. Memory, intellectual functions, executive and attentional abilities may be disturbed in both.

Conclusions: A differential diagnosis between HSz and BvFTD is difficult to establish (clinically and imagingologically). The response to treatment is weak in both. It should be investigated the possibility they could be the same syndrome, onset in different ages.

Disclosure: No significant relationships.

Keywords: frontotemporal dementia; schizophrénia; Dementia praecox; hebephrenia

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Lurasidone in adolescents with schizophrenia: Sustained remission and recovery during 2 years of open-label treatment

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