Introduction: The response to antipsychotic treatment in patients with schizophrenia varies from 14 to 34% in first episodes, and from 45 to 61% in more chronic patients. Nevertheless, the concept of treatment resistant schizophrenia (TRS) is still a matter of great controversy. Recently, an international group of experts has developed the TRRIP criteria to define treatment resistant schizophrenia (TRS), including an ultra-resistance category for clozapine resistant patients. Up till now, there is a scarcity of epidemiological data of TRS with TRRIP criteria.
Objectives: This study attempts to identify the population diagnosed of schizophrenia that fulfils the minima TRRIP criteria for TRS in our mental health catchment area.
Methods: A descriptive and retrospective study has been developed on the patients diagnosed of schizophrenia (ICD.10, F.20) in the catchment area of the Mental Health Service at Jerez Hospital between 2018 and 2019. TRRIP criteria were applied for two independent researchers and, in case of disagreement, consensus was reached by using the LEAD procedure.
Results: The total number of ICD-10 schizophrenic patients identified was 590, from a population of 456.752 in 2019. A group of these, 206 patients (35%) qualified as TRS according to the minima TRRIP criteria, 50% were positive subtype and the rest the negative one. 46.8% were treated with clozapine.
Conclusions: Consensus criteria of TRS minimise the heterogeneity of epidemiological data in literature. Our data suggest a prevalence rate of TRS lower than that of similar studies. Accordingly, a comprehensive understanding of this population would undoubtedly contribute to improve preventive and therapeutic strategies.

Disclosure: No significant relationships.
Keywords: Treatment Resistance; clozapine; schizophrénia

EPP0081

Consequence of the magnocellular dysfunction on processing facial affect recognition in Schizophrenia

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Introduction: Magnocellular deficit in visual perception and impaired emotion recognition are core features of schizophrenia, however their relationship and the neurobiological underpinnings are still unclear.
Objectives: The aim of our research was to investigate the oscillatory background of perception and emotion recognition in schizophrenia and to examine the relationship between these processes.
Methods: Thirty-nine subjects with schizophrenia and forty healthy controls subjects were enrolled in the study; the two study groups did not differ in age, gender and education. In the visual paradigm the participants viewed magnocellular biased low-spatial frequency (LSF) and parvocellular biased high-spatial frequency (HSF) Gabor-patches and in the second paradigm happy, sad and neutral faces were presented, while 128-channel EEG was recorded.
Results: Significantly weaker theta (4-7 Hz) event related synchronisation (ERS) was observed in patients compared to controls in the LSF condition, whereas in the HSF condition there was no difference between the two groups. Event related changes in theta amplitude were also found to be significantly weaker in patients compared to healthy controls in the emotion recognition task, which difference was disappeared after correction for ERS to LSF condition. In the correlational analysis theta activity in the magnocellular biased stimuli correlated significantly with theta activity in the emotion recognition task, while theta to parvocellular biased stimuli showed no similar correlation with emotion recognition.
Conclusions: In schizophrenia, emotion recognition impairments are closely related to the dysfunction of the magnocellular system, which supports the bottom-up model of schizophrenia.

Disclosure: No significant relationships.
Keywords: schizophrénia; Emotion recognition; theta ERSP; Perception

EPP0082

A disorder in executive functions crosses traditional diagnostic borders of the schizophrenia-bipolar spectrum

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Introduction: Our series of studies in the spectrum of psychosis (schizophrenia, bipolar affective disorder, schizoaffective disorder) is based on the concept of the RDoC system.
Objectives: In this study, we were interested in knowing whether cross-diagnostic disturbances in cognitive functions can be found in the spectrum and whether they predict clinical symptoms.
Methods: In the study, N = 66 schizophrenic (M = 38.2 ± 9.37 years, 26 women), N = 30 bipolar (M = 47.4 ± 9.35 years, 19 women), N = 33 schizoaffective (M = 39.8 years± 11.3 years, 21 women) and N = 28 healthy subjects (M = 36.5 ± 9.9 years, 14 women) participated. All subjects underwent the Wisconsin Card Sorting Test (WCST), Raven Test, Digit Span Test, Visual Patterns Test, Letter and Semantic Fluency tests, Metaphor and Irony Comprehension, Directed Forgetting, Stop Signal Test, and Lexical Decision Task. In addition, symptom rating scales were administered (PANSS, SANS, YMRS, MADRS).
Results: Based on our results, the performance of the WCST-deficient group lagged behind the WCST-non-deficient group and the healthy control group in most executive control tests. Importantly, this effect was independent of diagnosis, so it appeared in all three patient groups. Members of the deficit group had a higher rate of negative symptoms.
Conclusions: Disruption of executive functions is a transdiagnostic feature of the schizophrenia-bipolar spectrum, which could be associated with any diagnosis.

Disclosure: No significant relationships.
Keywords: Transdiagnostic; RDoC; Executive functions; WCST