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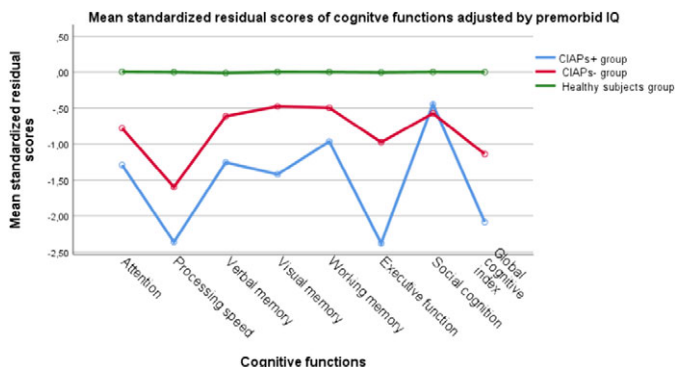
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Introduction: Even though cognitive impairment is considered a hallmark of schizophrenia, it has not been included as a criterion into major diagnostic systems.

Objectives: To test whether a set of clinical-defined cognitive impairment criteria can have utility in the assessment of psychosis patients in clinical practice.

Methods: We assessed 98 patients with a psychotic disorder, diagnosed using DSM 5 criteria. We developed a set of cognitive impairment associated with psychosis (CIAPs) criteria following the format of current DSM criteria and based on previous literature. The CIAPs criteria include: A) criterion for evidence of cognitive impairment after the beginning of illness; B) cognitive impairment clinically evidenced, affecting functioning in everyday activities in at least two out of six cognitive domains; C) and D) exclusion criterion for either delirium or other neurocognitive disorders, respectively, as causal agents of the cognitive impairment. The psychosis patients dichotomized by the CIAPs criteria were tested regarding the neuropsychological performance in attention, speed of processing, verbal memory, visual memory, working memory, executive function and social cognition tasks. Also a Global Cognitive Index was calculated.

Results: Forty-three patients with psychosis fulfilled the CIAPs criteria (43.9%). MANOVA profile analyses revealed a pattern of statistically significant deficits in all the cognitive dimensions except for social cognition in CIAPs+ patients regarding CIAPs-, with prominent deficits in processing speed and memory functions.



Conclusions: The CIAPs criteria could be an auxiliary method for clinicians to assess cognitive impairment. It may also permit clinical estimation of the influence of cognitive deficits on the ecological functioning of patients.

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Keywords: psychosis; schizophrenia; cognition; diagnostic criteria

EPP1180

What is important for doctor's drug decision-making for the patient with acute schizophrenia?

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Introduction: In spite of the long history of antipsychotic treatment there are still no clear criteria, which can be robust support for drug decision-making.

Objectives: To determine the important hallmarks of patient's current state, life span and history of illness defining the doctor's decision about the type of antipsychotic to be chosen.

Methods: The data from the case charts of 275 patients with episodic schizophrenia and rather benign course of the disease were analyzed.

Results: The group included: male 62%, mean age 33 (SD 11), education 10 years 23%, 13 years 27%, 16 years 29%, disability - 51%, number of hospitalizations due to psychotic episodes in the past 7 (SD 6). The symptoms of the current episode varied from patient to patient: delusions and hallucinations, symptoms of disorganization, negative symptoms of different severity were registered. Atypical antipsychotics were more often than typical prescribed to the patients with developmental problems: traumatic obstetric complications ($p=0.009$), poor somatic health in the childhood ($p=0.02$), cognitive dysfunction during school years ($p=0.04$), and quality of first remission - presence of residual symptoms in the first remission ($p=0.005$). Good compliance in the past was one more important factor for choosing an atypical antipsychotic for a patient ($p=0.05$). It appeared that the most important for the decision-making was the specific features of the patient's development and early period of the disease, but not the specific signs of current psychotic state.

Conclusions: Doctor's decision upon the type of antipsychotics in this category of patients is most probably based on other than current clinical symptoms signs.

Keywords: Antipsychotic treatment; acute schizophrenia; drug decision-making; clinical symptoms

EPP1181

Diagnostic confusion, clinical chaos - an acute and transient psychotic disorder case report and brief historical review

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Introduction: Acute and Transient Psychotic Disorder (ATPD) is a group of rare psychotic disorders characterized by acute onset, symptom fluctuation and short duration typically followed by complete recovery. Throughout the time, there have been different attempts to classify these disorders (Bouffée Délirante, Cycloid

Psychosis, etc.); nevertheless, in the current date, ATPD encompasses a broad spectrum of heterogeneous clinical presentations with low diagnostic stability over time.

Objectives: To describe a case of ATPD, highlighting the variability of its psychopathological phenomena and establishing a comparison with historical descriptions of this nosological entity.

Methods: Clinical case report and brief review of literature.

Results: V, 20-year old male without psychiatric history, presents in the emergency room exhibiting fluctuant psychopathology over the preceding two weeks – initially with depressive mood, anhedonia, apathy, bizarre behaviors and soliloquies; afterwards, showing paranoid delusional ideation; total insomnia in the previous 2-3 days; finally, showing grandiose delusional ideation; and throughout the episode, revealing pseudohallucinatory verbal activity assuming multiple identities. Several stress factors were identified in close time-relation with the onset of these symptoms. V. started risperidone 2mg 2id and quetiapine 100mg id and was discharged 2 weeks later, fully recovering from these psychopathological phenomena. V. remains asymptomatic at 6 months of follow-up.

Conclusions: Historically, some classifications of this disorder focus on etiological factors, others on clinical evolution and course, and yet another group on separation from the Kraepelinian duality (schizophrenia and bipolar disorder). ATPD is a diagnosis with high clinical heterogeneity and low stability over time, which can have implications in follow-up and long-term outcome.

Keywords: Acute Transient Psychotic Disorder; Bouffée Delirante; historical review; Cycloid psychosis

EPP1182

Reality–fantasy collapse in schizophrenia vs. neurocognitive impairment during Rorschach’s III card responding

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Introduction: Adaptive thinking demands a balance between manifestations of intrapsychic activity and reliance on requirements of the outer reality. Features of responses to Rorschach’s III card could provide information about subject’s ability to preserve the dialectical tension between the two poles of external and internal realities during solving tasks related to interpersonal relationships.

Objectives: To compare reality-fantasy relations during Rorschach’s III card responding in patients with schizophrenia, neurocognitive impairment and normal subjects.

Methods: Participants were 12 young adult inpatients with schizophrenia, 14 students without mental disorders and 12 inpatients with neurodegenerative diseases of old age. Reality-Fantasy Scale (RFS) was applied to assess responses to Rorschach’s III card. RFS scale ranges from –5 (reality collapse into fantasy) to 5 (fantasy collapse into reality) (Tibon-Czopp et al., 2015).

Results: Patients with schizophrenia ($M = -3,38$, $SD = 1,9$) demonstrated tendency to fantasy domination (and reality collapse) if compared with the students ($M = -1,47$, $SD = 2,0$, $p < 0,05$). Patients with neurodegenerative diseases ($M = 0,75$, $SD = 2,1$), conversely, had difficulties to apply fantasy during solving Rorschach task ($p < 0,01$).

Conclusions: Express Rorschach testing using III card could be useful to provide screening data of thinking tendencies related to situations of social interaction. Also it provides a mental pabulum regarding role of cognitive impairment in schizophrenia in relation to significance of affective dependence of their thinking process.

Conflict of interest: The reported study was funded by RFBR, project number 20-013-00772

Keywords: Reality-Fantasy Scale; Rorschach; schizophrenia; Neurodegenerative diseases

EPP1183

Storytelling in schizophrenia: Neuropsychological basis of pragmatic language dysfunction (preliminary study)

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Introduction: Storytelling could be considered as one of the ecological way to study the pragmatic function of speech in schizophrenia. It demands the ability to create narrative (text) that would be appropriate to particular context. Neuropsychological basis of text-context relation impairment in schizophrenia needs clarification.

Objectives: To study neuropsychological correlates of pragmatic text-context impairment revealed during storytelling in patients with schizophrenia.

Methods: Participants were 14 inpatients with schizophrenia and 18 students without mental disorders. Neuropsychological functioning was measured in both groups according to Luria’s method. Pragmatics assessed by storytelling on images which simultaneously depicts some narrative that should be correctly decoded and after expressed to investigator. The images were taken from Luria’s neuropsychological album and Bidstrup’s drawings.

Results: Stories of patients with schizophrenia were different from control stories in two ways. Some patients produced stories which predominantly characterized by incompleteness that don’t give an opportunity to understand their narratives as connected whole because of its lacunarity. In other cases, stories predominantly characterized by distortion of the storyline which became not realistic and don’t match with the original picture. Incompleteness errors primarily correlates with neuropsychological dysfunction of left frontal lobe ($p < 0,001$). Distortion errors also mainly correlates with dysfunction of frontal lobes ($p < 0,01$), but qualitative analysis reveals right hemisphere involvement.