

CAR; 12.4% PBO), akathisia (9.6% CAR; 2.4% PBO) and extrapyramidal symptoms (9.3% CAR; 1.8% PBO). Discontinuation due to adverse events was reported in only 8.4% of cariprazine- and 14.8% of placebo-treated patients. Relapse occurred in 3.1% of cariprazine- and 5.3% of placebo-treated patients.

Conclusions: Cariprazine was generally well-tolerated in the early stage of schizophrenia; given the limitations of this analysis, additional research is warranted.

Conflict of interest: Studies were funded by Gedeon Richter Plc and Allergan Plc (prior to its acquisition by AbbVie). Dombi, Acsai, Dr. Barabássi, Dr. Sebe, Dr. Laszlovszky, Dr Vass, Dr. Szatmári and Dr. Németh are employees of Gedeon Richter Plc., Dr. Earley and Dr. Patel a

Keywords: Cariprazine; schizophrénia; antipsychotic; safety

EPP1190

Neurocognitive function in patients at high risk of schizophrenia with positive thought disorders

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Introduction: The course of affective disorders varies significantly in clinical practice. There are many symptoms that are not related to affective disorders that cannot be described in other nosologies. In the present study such pathopsychological phenomena similar to psychotic symptoms and related to symptoms of “schizophrenia risk” were designated as positive thought disorders (PTD). These symptoms are understood as manifestations of delusional and hallucinatory register.

Objectives: Aim of the study is to identify and validate the differences of neurocognitive functions among patients with positive thought disorders and at high risk of schizophrenia and patients without thought disorders.

Methods: In the research there were 17 patients with high risk of schizophrenia dominated by PTD (affective disorders, personality disorders, schizophrenic spectrum disorders) and 18 patients without thought disorders (affective disorders, personality disorders) in the research. Patients aged 17-25 years.

Results: According to the results of the The Complex Figure test, the group with a high risk of schizophrenia had significantly low results on the “simultaneity” scale and points for copying the figure (p-value 0.04 and p-value 0.03). According to the results of the Verbal fluency test, the main group had significantly lower indices on the “loss of instruction” scale and on the number of repetitions (p-value 0.021 and p-value 0.009).

Conclusions: In the group of patients with a high risk of schizophrenia with positive thought disorders there are neurocognitive features in the form of reduced inhibitory control and a lack of simultaneity. The most sensitive methods are the Complex figure test and Verbal fluency Test.

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

Keywords: Positive thought disorder; high risk of schizophrenia; Neurocognitive function; inhibitory control

EPP1191

Productivity of the performance of visual perceptual tasks and symptom severity in patients with schizotypal disorder

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Introduction: The experimental research of visual perceptual processes in schizophrenia could shed a light on the psychological mechanisms of development of the illness.

Objectives: To research the performance of visual perceptual tasks and its correlation with the symptom severity in patients with schizotypal disorder (SD).

Methods: 40 patients with SD in ICD-10 (mean age 29.8±8.3 years) were enrolled to the study. The Positive and Negative Symptoms Scale (PANSS) and two series of visual-perceptual tasks (Figures of Witkin and Goldstein) were applied. In series I subject should make a decision whether a complex figure contains a simple one without any feedback from the experimenter (all 96 trials). In series II each trial included two complex figures presented simultaneously (all 96 trials) that increased the visual-perceptual load. Statistical significance was ascertained by Spearman’s rank correlation.

Results: Negative correlations were established between the number of right answers in series II of visual perceptual tasks and emotional withdrawal ($r=-0.78$, $p\leq 0.01$), passive/apathetic social withdrawal ($r=-0.53$, $p\leq 0.05$). Time of performance of series I and series II had negative correlations with preoccupation ($r=-0.55$ and $r=-0.53$, $p\leq 0.05$, respectively).

Conclusions: The decrease in the productivity of visual perceptual tasks performance in case of additional load relates with reduced social and emotional dimensions of symptoms (social initiation, passivity, lack of sociality and inattention in daily activity, etc.) of patients with SD. Impulsivity in solutions (reduction of decision-making time) is associated with the increase of preoccupation with feelings, thoughts and autistic fantasies that lead to social and daily life disadaptation.

Keywords: schizotypal disorder; cognitive processes; visual perceptual tasks

EPP1192

Preliminary analysis of different tools in emotional competence assessment in patients with schizotypal disorder

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Introduction: Dysfunctional emotional competence is known as one of the key characteristics of patients with schizotypal disorder. Methods that aim to assess this problem are differently organized and might elicit these deficits differently. Therefore, there is a need in better understanding of scope of problems that might be assessed using different tools in patients with schizotypal disorder.

Objectives: To examine the differences in affective empathy and perception of emotions in normal subjects and patients with schizotypal disorder.

Methods: The sample consisted of 14 patients with schizotypal disorder (F21) (M=19.07, SD=3.17) and 53 healthy individuals (M=22.98, SD=2.77) with equal educational level. Participants were given Affective Responsiveness Test (AR) and Emotional Perspective Taking (ERT) (Derntl et al, 2009) and "Reading the Mind in the Eyes" (RME) Test (Baron-Cohen et al., 2001).

Results: There were significant differences in accuracy of ERT performance between patients with schizotypal disorder (M=80.64, SD=8.17) and healthy individuals (M = 86.62, SD = 8.67), $t(65) = -2.32, p = .023$. Patients were also found to give less correct answers than healthy controls while carrying out AR, and to need more time for both tasks. However, these differences were not statistically significant. Surprisingly, no significant differences were found for perception of emotions (RME) test, although patients in general gave less correct answers.

Conclusions: It might be assumed that EPT is the most sensitive tool in assessing emotional deficits in patients with schizotypal disorders. Further research is needed to understand the possible reasons for other tests not showing significant results.

Keywords: emotional competence; empathy; schizotypal disorder; social cognition

EPP1193

Planning impairment in schizophrenia: The possible role of abstract thinking and short-term memory.

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Introduction: The planning impairment is one of the basic aspect of cognitive dysfunction, but its mechanisms in schizophrenia remain unclear.

Objectives: To assess the links between planning and cognitive functioning in schizophrenic patients and in norm.

Methods: 50 patients with schizophrenia (age 34.92 ± 8.54 ; illness duration 8.34 ± 5.87) and 50 healthy volunteers (age 32.42 ± 7.26) were examined. Brief Assessment of Cognition in Schizophrenia, Benton's test for short-term memory assessment; sub-test Similarity (from WAIS) to assess abstract thinking were used.

Results: Patients showed significantly worse results in all parameters (Tab.1). Table 1: Differences of planning between groups.

	Schizophrenia	Norm	p-level
TOL-DX	92,64±14,48	102,52±11,97	0,00033
Similarity	16,92±3,97	19,76±2,85	0,00009
BVTR Score	6,73±1,78	7,60±1,32	0,00709

In healthy subjects, significant relationship was found between planning and abstract thinking, and there was no relationship between planning and short-term memory (Tab.2). Table 2: Correlations in the Norm group

	Spearman R	p-level
TOL-DX & Similarity	0,392530	0,004809
TOL-DX & BVTR	0,186494	0,194710

In patients with schizophrenia, the opposite picture was observed (Tab.3). Table 3: Correlations in the Schizophrenia group.

	Spearman R	p-level
TOL-DX & Similarity	0,262389	0,071596
TOL-DX & BVTR	0,344566	0,015331

The effectiveness of planning in patients was significantly associated with short-term memory, but not with abstract thinking.

Conclusions: Study results indicate a possible role of basic aspects of mental activity such as short-term memory in planning impairment in patients with schizophrenia. Problem solving and reasoning disorders represent two relatively independent forms of thought disorders in schizophrenia.

Keywords: Planning; schizophrénia; Abstract thinking; short-term memory.

EPP1194

Cross-cultural adaptation and validation of the lebanese arabic version of the BACS scale (the brief assessment of cognition in schizophrenia) among stable schizophrenic inpatients

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