Results The SRS-P has shown good reliability ($\alpha = .87$) and validity in relation to depressive symptoms ($r = .67$; $P = .001$), anxiety ($r = .74$; $P < .001$), stress ($r = .59$; $P = .004$), inadequate self ($r = .43$; $P = .046$), hated self ($r = .54$; $P = .009$), reassured self ($r = –.65$; $P = .001$), self-compassion ($r = –.63$; $P = .002$), shame ($r = .46$; $P = .033$) and empowerment regarding positive symptoms ($r = –.54$; $P = .015$).
Conclusions The SRS-P presented adequate reliability and convergent-divergent validity. Further studies are planned in order to test the factorial structure of the scale and confirm the presented results in a larger sample.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0244

Internal and external responsiveness of the personal and social performance scale in patients with schizophrenia

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Introduction The Personal and Social Performance scale (PSP) is widely used to assess social functioning with 4-domain scores and a global score in patients with schizophrenia. However, internal and external responsiveness of the PSP is largely unknown limiting its use as an outcome measure.
Objectives The purpose of this study was to examine internal and external responsiveness of the PSP in inpatients with schizophrenia receiving treatments in the acute phase.
Methods Eighty patients were conducted the PSP and the Clinical Global Impression-Severity (CGI-S) at admission and at discharge. The standardized effect size (ES), the standardized response mean (SRM), and paired *t*-test were used for examining internal responsiveness. We estimated correlations between the changes in scores of the PSP and those of the CGI-S using Pearson's *r* for investigated external responsiveness.
Results For internal responsiveness, the ESs and the SRMs of the domains were 0.74–1.74 and 0.68–1.72, respectively. The values of the ES and the SRM in the global score were 1.72 and 1.74, respectively. The paired *t*-tests showed statistically significant difference ($P < 0.001$) for the score changes of the four domains and the global score. Regarding external responsiveness, fair and moderate to good correlations ($r = 0.35–0.74$) were found among the changes in the 4-domain scores and the global score with the those of the CGI-S.
Conclusions The PSP has sufficient internal responsiveness and substantial external responsiveness in inpatients with schizophrenia receiving treatments at the acute wards. The PSP is useful as an outcome measure for detecting changes of social functioning over time.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0245

Cognitive outcomes of Bergamot Polyphenolic Fraction (BPF) supplementation in schizophrenia: Preliminary data

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Background Cognitive deficits in schizophrenia significantly affect illness and community outcomes, and quality of life. Several studies support the neuroprotective properties of polyphenolic compounds resulting in neuronal protection, suppression of neuroinflammation and the potential to promote memory, learning and cognitive functions. Bergamot differs from other citrus fruits for flavonoids and flavonoid glycosides composition (neoeriocitrin, neohesperidin, naringin, rutin, neodesmina, roifolina and poncirina), and for their high amount. For these features, BPF may represent a potential supplement for improving cognitive functions.
Aims The present study was aimed to explore the efficacy of BPF supplementation on clinical symptoms andcognitive functioning in a sample of schizophrenic subjects receiving atypical antipsychotics (APs).
Methods Ten schizophrenic outpatients treated with atypical APs assumed BPF at the oral daily dose of 1000 mg/day for 30 days. Brief Psychiatric Rating Scale, Wisconsin Card Sorting Test, Verbal Fluency Task-Controlled Oral Word Association Test, and Stroop Color-Word Test were administered.
Results The results obtained indicate that BPF administration substantially improved WCST performances (perseverative responses, $P = 0.008$; perseverative errors, $P = 0.012$; total errors, $P = 0.011$; categories, $P = 0.023$). Moreover, a trend for others clinical (BPRS) and cognitive variables (Verbal Fluency Task-Controlled Oral Word Association Test, and Stroop Color-Word Test) decrease was observed.
Conclusions The findings provide evidence that BPF administration may be proposed as an effective therapeutic strategy to improve cognitive outcome in schizophrenia. Further clinical trials with adequately powered and well-designed methodology are needed to better explore the BPF effectiveness on cognitive impairments in schizophrenic patients.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0246

Neuropsychological profile of patients in the first episode of psychosis

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Neurocognitive dysfunction in patients presenting psychotic symptoms for the first time has been repeatedly noted by researchers. However, there is still much diversity in data concerning the performance of these patients in specific cognitive domains and their degree of impairment. We used the Cambridge Neuropsychological Test Automated Battery (CANTAB), in order to administer a comprehensive battery of neuropsychological tests. A series of tests was selected measuring attention, memory, planning, inhibition, shifting ability, mental flexibility, working memory and visuospatial ability. The sample comprised 64 patients (37 male) with first episode of psychosis and 14 healthy individuals (9 male). Patients' performance was lower in all cognitive domains, in relation to the performance of controls. More specifically, impairments in sustained attention (–.6 SD), memory (–.7 SD), planning (–.6 SD), working memory (–.7 SD), shifting ability (–.6 SD) and visuospatial ability (–.6 SD) were prominent. Also, patients presented a severe deficit in speed of processing (–.7 SD) and selective attention (–.6

SD). Our data confirms that patients in the first episode of psychosis present deficits in all cognitive domains. A more rigorous and thorough examination of specific subcomponents of cognitive abilities may be necessary in order to examine possible contributing factors as to specify the exact nature of cognitive deficits in first episode of psychosis.

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EW0247

A longitudinal evaluation of cognitive deficits in patients with first episode of psychosis

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It has been well documented in many studies till now that patients in their first episode of psychosis demonstrate cognitive deficits. However, it is yet to be made clear how these deficits progress. Deterioration, stability or even amelioration in some domains has been noted from researchers. The aim of this study was to examine the longitudinal course of cognitive deficits over time. We administered a comprehensive battery of neuropsychological test to a group of first psychotic episode patients at the acute phase, 6 months and 1 year later. The sample comprised of 25 patients (13 male) in the first episode of psychosis. Specific tests of the Cambridge Neuropsychological Test Automated Battery (CANTAB) were used. The cognitive domains of attention, memory, working memory, visuospatial ability and planning, mental flexibility/shifting were examined. Repeated measures ANOVA was used in order to detect changes in the patients' performance over time. According to our data, there was an improvement from baseline to 6 months in attention, planning and visual working memory. There was no change in performance in these cognitive domains from 6 months to 1 year from baseline. Memory, mental flexibility/shifting and visuospatial memory remained stable over time. Our data suggest variability concerning neuropsychological performance in specific tests examining different domains. Evaluation of cognitive function in the first episode of psychosis needs more thorough and comprehensive research, in relation to its course over time.

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EW0248

The relationship of emotion recognition with neuropsychological performance in patients with first episode psychosis

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The relationship between neuropsychological dysfunction and emotion perception has been frequently noted in various studies. Attention, for example, has been found to play an important role in emotion processing and recognition. Not many studies though, have examined this relationship in first psychotic episode patients. The aim of the present study was to explore the nature of the relation between performance in cognitive tests and a test that measures emotion perception. In a sample of 46 first psychotic episode patients (22 male), we administered a comprehensive battery of neuropsychological non-verbal tests and an emotion recognition test. The cognitive domains of attention, memory, working memory, visuospatial ability and executive function were examined, by using specific tests of the Cambridge Neuropsychological Test Automated Battery (CANTAB). The emotion recognition assessment comprised a new test that includes 35 coloured pictures of individuals expressing six basic emotions (happiness, sadness, anger, disgust, surprise, fear) and a neutral emotion. We used partial correlation–controlling for the effect of age–and we found a statistically significant relationship between emotion recognition and overall cognitive performance. More specifically, attention, visual memory and visuospatial ability positively correlated with emotion recognition. In regard to specific cognitive domains, attention positively correlated with anger and fear, whereas visual memory correlated with happiness and fear. In conclusion, it seems that the role of underlying visual processes in emotion perception has to be further examined and evaluated in this group of patients.

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EW0249

No effect of cognitive performance on post-intervention improvement in emotion recognition

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Deficits in emotion perception in patients with first episode of psychosis have been reported by many researchers. Till now, training programs have focused mainly in patients with schizophrenia and not in first psychotic episode (FEP) patients. We used a new intervention for facial affect recognition in a group of 35 FEP patients (26 male). The emotion recognition intervention included coloured pictures of individuals expressing six basic emotions (happiness, sadness, anger, disgust, surprise, fear) and a neutral emotion. The patients were trained to detect changes in facial features, according to the emotion displayed. A comprehensive battery of neuropsychological tests was also administered, measuring attention, memory, working memory, visuospatial ability and executive function by using specific tests of the Cambridge Neuropsychological Test Automated Battery (CANTAB). We tried to explore whether cognitive performance can explain the difference noted between the original assessment of emotion recognition and the post-intervention assessment. According to our data, overall cognitive performance did not correlate with post-intervention change in emotion recognition. Specific cognitive domains did not correlate with this change, either. According the above mentioned results, no significant correlation between neuropsychological performance and post-intervention improvement in emotion recognition was noted. This finding may suggest that interventions for emotion recognition may target specific processes that underlie emotion perception and their effect can be independent of general cognitive function.

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