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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	$92,64 \pm 14,48$	$102,52 \pm 11,97$	0,00033
Similarity	$16,92 \pm 3,97$	$19,76 \pm 2,85$	0,00009
BVTR Score	$6,73 \pm 1,78$	$7,60 \pm 1,32$	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; schizophrenia; 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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Introduction: The assessment of cognitive disorders in schizophrenia is becoming a part of clinical and research practice by using batteries that differ widely in their content. The Brief Assessment of Cognition in Schizophrenia (BACS) was developed to cover the main cognitive deficits of schizophrenia.

Objectives: The objective of this study was to assess concurrent validity of the Arabic version of the BACS with a standard neurocognitive battery of tests in Lebanese patients with schizophrenia and healthy controls.

Methods: A sample of 120 stable inpatients diagnosed with schizophrenia and 60 healthy controls received the Arabic version of the BACS in a first session, and a standard battery in a second session.

Results: The mean duration of completion for the BACS was 31.2 ± 5.4 min in patients with schizophrenia. All tests demonstrated significant differences between controls and patients ($p < 0.01$). A principal components analysis demonstrated that a one-factor solution best fits our dataset (64.8% of the variance). A high Cronbach alpha was found (0.85). The BACS composite scores were significantly correlated with the standard battery composite scores in patients ($r = 0.78$, $p < 0.001$) and healthy controls ($r = 0.77$, $p < 0.001$). Also, the correlation analysis between the BACS sub-scores and the standard battery sub-scores showed significant results ($p < 0.05$). The Arabic-BACS demonstrated high ability to discriminate patients with schizophrenia from healthy controls.

Conclusions: The results showed that the Arabic version of the BACS is a useful tool for assessing cognition in patients with schizophrenia and could be used in clinical practice in Lebanon.

Keywords: schizophrénie; BACS; Arabic; cognition

EPP1195

Social causality understanding in relation to irrational attitudes and ambiguity intolerance in schizophrenia

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Introduction: The uncertainty of contemporary social contexts fosters suspiciousness and anaclitic anxieties. In the context of interpersonal relationships this manifests in cognitive distortions and magical thinking, specially in the vulnerable populations.

Objectives: To study the ability of understanding social causality and its relation to magical thinking and ambiguity intolerance in schizophrenia and controls.

Methods: Participants were 40 inpatients with paranoid schizophrenia and 40 controls. Understanding of social causality was measured by corresponding SCORS-S scale for Thematic Apperception Test, Magical thinking was measured by SPQ-74 and intolerance to ambiguity by the New Tolerance-Intolerance to ambiguity questionnaires.

Results: The understanding of social causality was less developed in schizophrenia group (mean values 2.28 and 3.28, $p < 0.001$). They manifest omissions of psychological aspects, logical faults and inconsistencies in depicting social relationships. Magical thinking was higher in clinical group (4.32 and 2.33, $p < 0.001$). Two measures

were significantly ($p < 0.05$) correlated in both groups. Regression analysis indicates that 37.7% of variance of dependent variable 'understanding of social causality' ($R^2 = 0.377$) was predicted by 'magical thinking' (-0.398, $p < 0.001$) and 'tolerance to ambiguity' (0.412, $p < 0.001$). The overall level of tolerance of ambiguity was higher in control group (52.2 and 61.0, $p < 0.002$).

Conclusions: Tolerance of ambiguity, being more characteristic for normal population, underlies the understanding of social causality. In contrast, the intolerance to interpersonal ambiguity is related to increment of anxiety, failures in cognitive elaboration of interpersonal relationships and leads to superstition and illogical beliefs. This relationship has a heuristic value for understanding what is happening to vulnerable individuals in the context of current COVID pandemic.

Keywords: schizophrénie; magical thinking; tolerance to ambiguity; mentalization

EPP1196

Relationship of abstract thinking to mentalization in schizophrenia

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Introduction: The formation of thinking in ontogenesis follows the line of progressive differentiation and integration of the representations of objects, events, and relationships. The same is true for the development of mentalization ability, conceived as a thought process in the area of social interactions.

Objectives: The purpose of the study was to compare the particularities of thought processes when dealing with different types of material: physical objects (operational thinking) and social situations (mentalization).

Methods: 40 inpatients with schizotypal personality disorder, 40 inpatients with paranoid schizophrenia and 40 controls took part in the study. The Objects Sorting Test was used to assess operational thinking. The mentalization ability was assessed using two SCOR-S scales for Thematic Apperception Test: Complexity of representations of people and Understanding of social causality.

Results: The results of correlation analysis support the existence of the reverse links between the impairments of operational thinking and both the complexity of representations of people ($r = -0.36$, $p < 0.001$) and the understanding of social causality ($r = -0.38$, $p < 0.001$). It is supported by the qualitative analysis, where inpatients with thought distortions, characterized by arbitrary generalizations, are inclined to make similar errors in the reasoning about the mental states, ignoring the conventional explanations and relying on their own emotional impression and etc.

Conclusions: The limitations of the operational thinking as reflected in the inability to form adequate generalizations on the basis of socially predefined attributes of meaning are closely related to the ability of differentiation, integration and causal explanation of meaningful aspects or social situations.

Keywords: thought disorder; schizophrénie; mentalization