

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 neuro-cognitive 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: schizophrénia; 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, $p < .001$). 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: schizophrénia; 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 ($r=-.36$, $p < .001$) and the understanding of social causality ($r=-.38$, $p < .001$). 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; schizophrénia; mentalization

EPP1197

Improvement of conventional perception in stable patients with schizophrenia by add-on treatment with ipidacrine

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Introduction: Impairment of conventional perception is one of the key dysfunction in patients with schizophrenia even in absence of psychotic symptoms.

Objectives: Possibility of improvement of conventional perception by add-on treatment with ipidacrine in patients with schizophrenia in long-term remission.

Methods: 26 (13 females) patients, mean age 40.4 (SD 11.7) with episodic schizophrenia in remission more than one year, receiving stable antipsychotic therapy were included into the open label study. As add-on treatment ipidacrine was administered once per day in dosage 20 mg for two months. Positive and Negative Symptoms Scale (PANSS) was used to assess clinical symptoms and projective psychological method (Rorschach Test) was used to assess conventional perception.

Results: The study showed that ipidacrine in a low dosage, added to standard antipsychotic treatment, was effective in relation to negative symptoms (PANSS negative subscale score before 22,4 (SD4,7) and after beginning of the study 19,7 (4,5), $p=0,001$). Of all the indicators of the Rorschach test, there was significant improvement in the index X+%, which is responsible for the degree of conventionality in reality recognition. The decrease in conventionality was associated with both high individualism and perceptual disorders. The value of X+ % did not reach the standard one (70%) to the end of the study, but the improvement showed the switching from severe (52,4 (SD 12,2) to moderate (60,6 (SD10,4) impairment level ($p=0,039$).

Conclusions: Ipidacrine in a low dosage as add-on treatment has positive effect on conventional perception of stable patients with schizophrenia even in short-term trial.

Keywords: ipidacrine; conventional perception; schizophrénia; add-on treatment

EPP1198

Performance on verbal fluency in late-onset schizophrenia is more preserved than in early-onset schizophrenia.

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Introduction: According to the literature, cognition may be more preserved in late-onset schizophrenia (LOS) compared to early-onset schizophrenia (EOS), but data are limited.

Objectives: To compare performance on cognitive tests in LOS and EOS.

Methods: LOS patients (n=14, mean age 58.1±8.2, 13 females, illness duration 1.07±1.5 years) and age-comparable controls (n=17, mean age 55.3±7.8, 12 females), EOS patients (n=25, mean age 20.7±3.9, 25 males, illness duration 0.75±0.62 years) and age-comparable controls (n=15, mean age 22.9±2.3, 15 males) underwent the Brief Assessment of Cognition in Schizophrenia (BACS) comprised of six subtests: Verbal Memory, Digit Sequencing, Verbal Fluency, Token Motor Task, Symbol Coding, and Tower of London. The Mann-Whitney U test with Bonferroni correction for multiple comparisons was applied ($p < .05/8$, i.e. $p < .006$).

Results: Compared to LOS, EOS patients had lower score on Verbal Fluency (VF): $U=78$, $p=.004$; mean T-scores are 43.5±9.5 and 33.6±12.6 for LOS and EOS, respectively. Additionally, we compared VF performance in each clinical group with age-comparable controls and revealed significantly lower performance in both LOS ($U=37.5$, $p=.001$) and EOS ($U=56.5$, $p=.000$).

Conclusions: Performance on VF is deteriorated in clinical groups, but may be more intact in LOS compared to EOS. This result is of particular interest because low performance on VF is considered as a cognitive endophenotype of schizophrenia. Performance on VF requires preserved executive functions, language, and processing speed. Our results are in line with the idea that LOS and EOS may be different subtypes of schizophrenia. Limitation of this study is that the clinical groups are not sex-matched.

Keywords: verbal fluency; late-onset schizophrenia; cognition

EPP1199

A systematic review of cognition and functionality in delusional disorder

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Introduction: Current definitions for delusional disorder (DD) state that no cognitive or functional impairment is present. However, this assumption lacks empirical validation and has been questioned by numerous authors over the years. Through systematic search we collected articles that compare patients with DD with either healthy controls or patients with schizophrenia on the basis of their cognitive symptoms and their functional outcomes.

Objectives: Our aim is to draw conclusions from the available evidence on neurocognitive and functional affectation of DD.

Methods: Systematic electronic search was performed using Pubmed and Embase databases. Inclusion criteria included that selected articles must be original studies, must be published in peer-reviewed journals, must contain a sample of DD patients that is compared with a sample of healthy controls and/or patients with schizophrenia and that samples must be compared on the basis of