

¹Mental Health Group, Instituto de Investigación Sanitaria de Navarra (IdISNA), Pamplona, Spain; ²Psychiatry, Complejo Hospitalario de Navarra, Pamplona, Spain and ³Mental Health Department, Servicio Navarro de Salud-Osasunbidea, Pamplona, Spain

*Corresponding author.

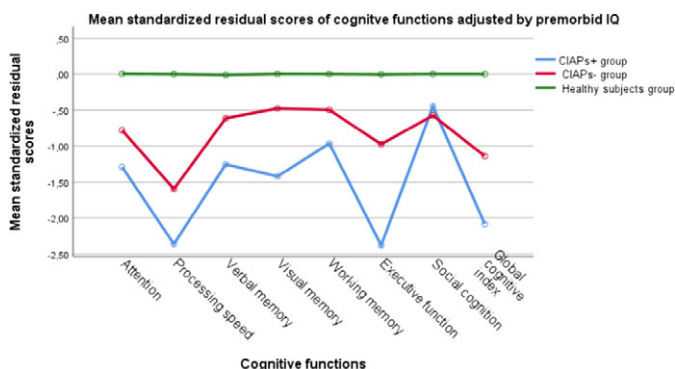
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Introduction: Even though cognitive impairment is considered a hallmark of schizophrenia, it has not been included as a criterion into major diagnostic systems.

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?

M. Morozova* and G. Rupchev

Laboratory Of Psychopharmacology, FSBSI Mental Health Research Center, Moscow, Russian Federation

*Corresponding author.

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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

M. Carneiro^{1*}, M. Piçarra¹, M. Reis² and S. Neves¹

¹Psychiatry, Centro Hospitalar e Universitario de Coimbra, Coimbra, Portugal and ²General Practice, Unidade de Saude Familiar Topazio, Coimbra, Portugal

*Corresponding author.

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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