

The percentage of people with ILT falls by 13.4%. The functioning scales also detect an improvement after 2 years of treatment.

**Conclusions:** The PEA contributes to the improvement in the global functioning of people and their quality of life.

**Disclosure:** No significant relationships.

**Keywords:** First-episode psychosis; Employment-Activity Program; Results

## EPV1344

### Convergent validity and ecological validity of the Test of Visual Perceptual Skills-4th Edition in people with schizophrenia

E.-C. Chiu<sup>1</sup>, Y.-C. Lee<sup>2</sup> and S.-C. Lee<sup>3\*</sup>

<sup>1</sup>National Taipei University of Nursing and Health Sciences, Long-term Care, Taipei City, Taiwan; <sup>2</sup>College of Medical and Health Science, Asia University, Occupational Therapy, Taichung, Taiwan and <sup>3</sup>Taipei City Psychiatric Center, Taipei City Hospital Songde Branch, Occupational Therapy, Taipei City, Taiwan

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1993

**Introduction:** Visual perceptual deficit commonly occurs in people with schizophrenia. The Test of Visual Perceptual Skills-4th Edition (TVPS-4) is a motor-free visual perceptual measure, which includes seven subtests: visual discrimination, visual memory, spatial relationships, form constancy, sequential memory, visual figure-ground, and visual closure. However, convergent validity and ecological validity of the TVPS-4 is largely unknown, which limits its use in clinical and research settings.

**Objectives:** The purpose of this study was to examine convergent validity and ecological validity in people with schizophrenia.

**Methods:** Ninety-nine people with schizophrenia were assessed the TVPS-4, the Mini Mental State Examination (MMSE), the Behavioral Assessment of the Dysexecutive Syndrome (BADs), and the Activities of Daily Living Rating Scale III (ADLRS-III). To evaluate convergent validity, Pearson's *r* were calculated among the TVPS-4 and two cognitive measures (the MMSE and the BADs). To evaluate ecological validity, we computed correlation (*r*) between the TVPS-4 and the ADLRS-III.

**Results:** The TVPS-4 total score showed moderate correlations with two cognitive measures ( $r=0.65-0.70$ ). The seven TVPS-4 domains revealed moderate correlations with two cognitive measures ( $r=0.42-0.69$ ). Moderate correlation ( $r=0.56$ ) was found between the TVPS-4 total score and the ADLRS-III. Moderate to high correlations ( $r=0.33-0.61$ ) were noticed among the seven TVPS-4 domains and the ADLRS-III.

**Conclusions:** The TVPS-4 has good convergent validity and ecological validity in people with schizophrenia. The multiple domains of the TVPS-4 are useful to comprehensively identify visual perception deficits in people with schizophrenia. The TVPS-4 can adequately exhibit the degree of living independently in people with schizophrenia.

**Disclosure:** No significant relationships.

**Keywords:** ecological validity; visual perception; schizophrenia; Convergent validity

## EPV1347

### On the problem of the catatonic disorders taxonomy

V. Lobanova<sup>1</sup>, A. Smulevich<sup>2\*</sup> and E. Voronova<sup>1</sup>

<sup>1</sup>Mental Health Research Center, Department Of Borderline Mental Pathology And Psychosomatic Disorders, Moscow, Russian Federation and <sup>2</sup>Mental Health Research Center, Department Of 'borderline' Psychiatry And Psychosomatic Disorders, Moscow, Russian Federation

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1994

**Introduction:** In accordance with the systematics of modern international clinical guidelines (DSM-V, ICD-11), catatonia is qualified as a transnosological formation, which boundaries expands by including non-psychotic movement disorders (hysterical, affective, negative, etc.). This study presents the psychopathological systematics of movement disorders, based on a new dimensional model of catatonia.

**Objectives:** 60 patients with an established diagnosis of schizophrenia or SSD (F20, F21, F25.01, F25.11, F25.21, F25.22), catatonic disorders in the structure of which persist throughout the course of the disease or determine the clinical picture of phases.

**Methods:** Clinical, psychometric (BFCRS, SANS, SAPS, HADS), statistic.

**Results:** Three catatonic syndromes (S.) have been identified. 1. S. of stereotypical catatonia - presented by the mechanism of affiliation with negative symptoms (R between BFCRS Total Score (TS) and Avolition-Apathy SANS - 0,875): tendency to stereotypical activity; general, increasing slowness (SANS avolition-apathy - 2,9±0,5; BFCRS TS - 11,1±0,2). 2. S. of parakinetic catatonia - includes paroxysms formes by the mechanism of mental automatism (with the loss of motor acts voluntary effect ) (R BFCRS TS/Persecutory Delusions SAPS- 0,764): irregular polymorphic movement disorders of hyperkinetic and akinetic types, impulsive actions, akinesias (Persecutory Delusions - 2,3±0,4; BFCRS - 19,5±2,3). 3. Affective - catatonic S. - including both the lightest (at the level of recurrent depression) variants of affective-catatonic phases (R BFCRS TS/HADS - 0,732; BFCRS - 5,1±0,4; HADS - 15,1±2,4), and more severe affective-catatonic states based on schizoaffective psychoses (R BFCRS TS/SAPS TS- 0,783; BFCRS - 15,3±2,1; SAPS - 3,1±0,2).

**Conclusions:** Catatonia is not a single dimension, represented by heterogeneous movement disorders, differing both in the mechanism of formation and in the psychopathological structure.

**Disclosure:** No significant relationships.

**Keywords:** Catatonia; schizophrenia mental disorders; schizophrenia; movement disorders

## EPV1348

### Modified Completion Test (MCT) in Psychological Diagnostics of Patients with Paranoid Schizophrenia — Stage of Retelling the Story

N. Burlakova

Lomonosov Moscow State University, Faculty of Psychology, Department Of Neuro- And Pathopsychology, Moscow, Russian Federation

doi: 10.1192/j.eurpsy.2022.1995

**Introduction:** The modified completion test (MCT) based on the stories by H. Ebbinghaus enables to assess cognitive functions in situation close to a real-life task with an affective load (Burlakova,2016,2020). MCT includes the following stages: 1) filling the gaps in the story; 2) reading and retelling; 3) making up a continuation and a title; 4) retelling the story and its continuation after 30–40 minutes.

**Objectives:** The objective was to research diagnostical potential of the second stage of MCT for patients suffering from paranoid schizophrenia with hallucinatory syndrome.

**Methods:** The study included 42 patients (28 female, 14 male) with schizophrenia (disease onset at least 5–7 years ago), aged from 19 to 51 (average age  $35\pm 8$ ), receiving treatment. Control group consisted of 44 people (average age  $37\pm 6$ ), never sought psychiatric help, never diagnosed with any mental disorders. Groups were organized to be equal in gender proportions, age, and educational level.

**Results:** In comparison to the control group, the psychiatric patients demonstrated: 1) lower connectedness in narration, lower ability to reproduce main elements of the plot; 2) unusual logic in introduction of new details, extensiveness of such details; 3) lower integrity of mnemonic functions, lower ability to maintain concentration. The clinical group: 1) imposed on the text principally different logic, subjectively significant, yet far from the original context; 2) suddenly introduced of new ideas; 3) had confabulations; 4) were altiloquent.

**Conclusions:** The stage of retelling enables to assess semantic memory, regulatory functions, connectedness of the narration, cogitation and to examine cognitive functions in the context of patient's personality.

**Disclosure:** No significant relationships.

**Keywords:** schizophrenia; cognitive functions; thought disorder; cognitive assessment

## EPV1349

### ONLY IN DREAMS: a case report of sleep deprivation psychosis

J. Brás\*, A. Costa, R. Sousa, R. Vaz, J. Martins, E. Almeida, J. Abreu and A. Costa

Centro Hospitalar Tondela-Viseu, Departamento De Psiquiatria E Saúde Mental, Viseu, Portugal

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1996

**Introduction:** Sleep is essential for an adequate neurobiological functioning, being implicated in several cognitive functions. Even in healthy individuals, sleep deprivation can lead to a number of psychopathological changes, including perceptual distortions, hallucinations and delusions. Thus, the resulting clinical picture may be similar to a psychotic disorder.

**Objectives:** To present a clinical case of psychotic symptomatology induced by sleep deprivation.

**Methods:** Patient's clinical file consultation and literature review using the search engine Pubmed® and the keywords: "sleep deprivation", "sleep loss" and "psychosis".

**Results:** We present the case of a 41-year-old woman with a history of an episode of mood changes with psychotic symptoms that was

preceded by a period of total insomnia. No psychotropic drugs since then and no relapses. In May 2020, she was admitted in psychiatry department due to clinical picture composed by significant psychomotor slowing, drowsiness, slowed speech, verbal visual, tactile and auditory hallucinations accompanied by grandiose delusions. These symptoms were preceded by total insomnia with one week of duration. In the hospital was administered quetiapine 100mg and lorazepam 2.5mg to aid in the recovery of sleep deprivation and concomitantly aripiprazole 15mg was prescribed. The patient presented a rapid and significant clinical improvement. Currently, it is without any type of medication and without psychopathological changes.

**Conclusions:** The clinical picture present in this case report was triggered after a significant period of sleep deprivation. Thus, it illustrates the role that sleep has in the development of psychiatric symptomatology, sometimes difficult to differentiate from psychiatric disorders.

**Disclosure:** No significant relationships.

**Keywords:** clinical case; Sleep deprivation; Psychosis; Insomnia

## EPV1350

### cognitive complaints in schizophrenia: characteristics and relationship with insight

M. Bouhamed\*, S. Hentati, A. Bouaziz, A. Guermazi, R. Sallemi and J. Masmoudi

Hospital university of HEDI CHAKER, Psychiatry A Department, Sfax, Tunisia

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1997

**Introduction:** Patients with schizophrenia suffer from cognitive difficulties expressed in the form of complaints as well as poor insight. The interaction of these two factors makes the management of these patients more difficult.

**Objectives:** To assess subjective cognitive complaints in a population of schizophrenics and study its relationship to insight.

**Methods:** Our study was a cross-sectional, descriptive, and analytical study of 72 stabilized schizophrenics followed up at the outpatient clinic. Subjective cognitive complaints were assessed by the SSTICS, clinical symptoms by the PANSS, and insight by the SAI-E.

**Results:** The mean age of our population was  $46.83\pm 11.6$  years. The patients had a low socio-economic level in 70.1%. They were unemployed in 46.9%, consumed alcohol in 23.6%, and consumed tobacco in 58.6% of the cases. The total score on the PANSS scale was 46. They had an average score of 25 on the total SSTICS score and 20.1 on the SAI-E. Cognitive complaint scores were significantly correlated with improved insight ( $p=0.00$ ), low socio-economic level ( $p=0.04$ ), alcoholism ( $p=0.001$ ) and smoking ( $p=0.01$ )

**Conclusions:** Cognitive complaints in schizophrenia could be influenced by the level of clinical insight and reflect a deep malaise, requiring a more targeted and optimized management

**Disclosure:** No significant relationships.

**Keywords:** schizophrenia; insight; cognitive complaints