together with visual memory and new learning, assessed with the PAL.

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EV357

Cognitive characteristics of unipolar (major depressive disorder) and bipolar depression

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Introduction Impairment in cognitive performance is an important characteristic in many psychiatric illnesses, such as Bipolar Disorder and Major Depressive Disorder. Initially, cognitive dysfunctions were considered to be present only in acute depressive episodes and to improve after symptoms recovered. Reports have described persistent cognitive deficits even after significant improvement of depressive symptoms.

Aims/Objectives We wanted to understand the dimension of cognitive impairment in unipolar and bipolar depression and also to underline the differences between cognitive profiles of patients diagnosed within the two mentioned disorders.

Method This review examined recent literature about unipolar and bipolar depression.

Results Both depressed patients presented cognitive deficits in several cognitive domains. Different aspects of attention were altered in both patients but impairment in shifting attention appeared specific to unipolar disorder while impaired sustained attention was particular for bipolar disorder. Both types of patients showed memory deficits that were associated with poor global functioning. Two recent studies described that bipolar depressed subjects were more impaired across all cognitive domains than unipolar depressed subjects on tests assessing verbal memory, verbal fluency, attention and executive functions. The most consistently deficits were displayed on measures of executive functioning – such as tasks requiring problem solving, planning, decision making – suggesting that this cognitive domain is a trait-marker for depression.

Conclusions Cognitive deficits are present in both disorders during a depressive episode but they display slightly different patterns of impairment.

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EV358

Clinical neuroscience and psychosocial rehabilitation

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There is a physical world and a world of meanings, symbols and social relationships. Neuroscience considers brain as a biological machine. Social science studies the human relationships.

Nowadays we know cerebral processes underlying several aspects of social behavior.

Cerebral damages or dysfunctions can influence the social behavior, as well as the social experiences can shape the development, structuring and functioning of the brain and, consequently, condition the further responses of the individuals to the social events. Humans are embodied subject. In an objective sense we are bodies with a brain, in a subjective sense we are individuals in a social world. This is a relevant matter for all the medical sciences, not only for psychiatry.

The real-life functioning of individuals with schizophrenia shows deficits in several daily-life abilities, in social relationships and in the work activities. According to literature and clinical practice, basic criterions are: bio-psycho-social vulnerability, stressful life events, coping strategies as well as social and relational competence.

Neurocognitive activity shows a straight correlation, albeit indirect, with the real-life functioning. Positive symptoms, negative symptoms and disorganized behavior can considerably influence the real-life functioning. While social and relational competence, the general functioning and resilience are protective factors that can positively condition real-life functioning. Moreover, welfare services (i.e. assisted job placement; disability subsidies; etc.) and a good family and social network can considerably influence the results.

According to the results above, we can affirm the importance to adopt integrated and personalized therapeutic-rehabilitative program for the treatment of schizophrenia and other serious mental disorders.

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EV359

Neuropsychological rehabilitation training in residential mental health services

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The neuropsychological rehabilitation in our mental health service is a central pillar of psychosocial rehabilitation. These interventions are integrated into a more complex program of psychosocial rehabilitation based on cognitive behavioral method.

We devote particular attention to the empowerment of the cognitive functions: attention, memory, language, logical and abstract reasoning.

The aim of this research is to evaluate efficacy of neuropsycological rehabilitation training in cognitive rehabilitation of psychotic patients.

The subjects that took part to the training were psychotics patient, residents in a mental health Community. Patients were both females and males, aged between 18 and 55 years. They were divided in two experimental groups and a control group. The instrument used was a battery of neuropsycological standardized tests. Tests were managed by an eye-tracker specialist.

Preliminary results seem to confirm a certain degree of improvement due to the training. Eye tracking integration during assessment appears to be a powerful tool as well, in order to define more patient-tailored strategies.

The training based on the empowerment of cognitive functions (attention, memory, language, logical and abstract reasoning) seems to change significantly the cognitive functions of the psychotic patients.

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EV360

The role of mirror neurons in autism impairment

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Introduction The discovery of mirror neurons, considered to be responsible for empathy, intrigued researchers all over the world. Many studies have been developed associating mirror neurons to the incidence of Autism Spectrum Disorder (ASD).
Objective Identifying a possible influence of mirror neuron in autism.
Aims Reviewing the recent trajectory of neuroscience in relation to the connection of impaired mirror neurons in autism.
Method Bibliographical review of studies in English, published in SciELO and LILACS databases, between 2008 and 2013. The keywords used were: autism, brain, cortex and mirror neuron.
Results Different subjects explored the influence of mirror neurons in autism as shown below (Fig. 1). Among 17 studies, 12 were bibliographical reviews and 5 involved experiments. Seventy-six percent of the studies were favorable to the influence of these neurons, while 24% were not.
Conclusion There was a balance in the distribution of themes explored in the articles and few studies exploring the role of mirror neurons in autism. Even though the current research may not be conclusive, it can be said that currently neuroscientists tend to agree that mirror neurons significantly influence ASD. Recent studies suggest that, if properly stimulated, ASD individuals can develop their social skill and, consequently, be socially inserted. According to most author studied, technological development is needed in order to enable scientific advances involving mirror-neurons and ASD.

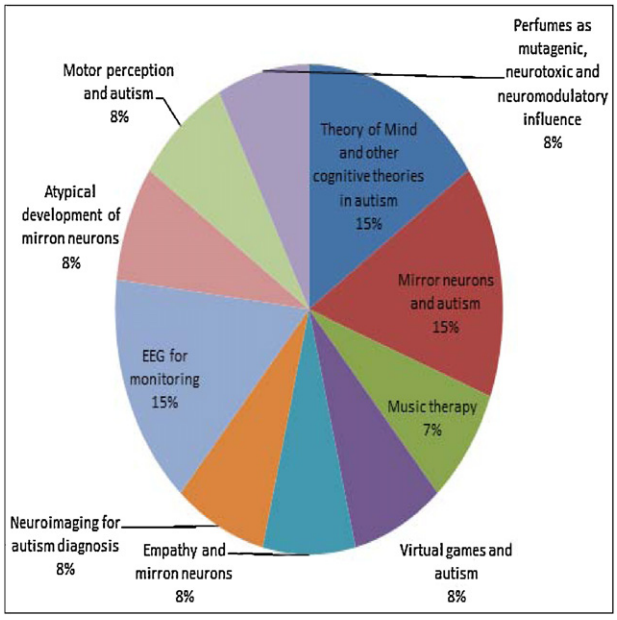

Fig. 1 Percentage of themes explored in the studies.

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Comorbidity/Dual pathologies

EV362

Tardive dyskinesia: When one should suspect of another diagnosis?

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Introduction Tardive dyskinesia is a collection of symptoms related to the side effects of neuroleptic medications that can mimic other types of disorders. Accurate diagnosis can be challenging, as there is no single test for tardive dyskinesia.
Case report Female patient, 64 years old, with personal history of Chronic Myeloid Leukaemia and psychosis since forth decade, currently medicated with quetiapine 350 mg/day, risperidone IM 50 mg 15/15 days and trazodone 150 mg/day (previously medicated with haloperidol, amisulpride and olanzapine). She started with involuntary movements interpreted as tardive dyskinesia after 2 years on neuroleptic treatment. The difficult control of involuntary movements motivated the reference to ambulatory Neurology department. The review of personal history suggested a family history of involuntary movements and psychiatric illness. Physical examination showed generalized choreic movements. The analytical and imagiologic study was unremarkable. The presence of family history and involuntary movements atypical to be classified as tardive dyskinesia supported a genetic test for Huntington's disease who detected a CAG expansion with 43 repetitions in *HTT* gene. Despite treatment with amantadine and riluzole she maintains disease progression and evident cognitive deterioration.
Conclusion The diagnostic process of involuntary movements may involve more than one physician and requires the review of a detailed medical history, a physical examination and a neuropsychological evaluation in order to determine whether one is indeed suffering from tardive dyskinesia or a different neurological disorder.
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EV363

Toxic consumption among patients suffering delusional disorder

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Introduction Several epidemiological studies describe the association between substance abuse and appearance of psychotic symptoms. There is a higher prevalence of psychotic symptoms among cannabis and cocaine consumers compared to the general population.
The cannabinoid receptors regulate the release of dopamine and cocaine has a strong inhibitory action on reuptake of the same. This may explain the greater proportion of subjects moderately or heavily dependent on cocaine or cannabis experience symptoms of psychotic sphere.
Objectives/Aims Describing the profile of drug consumption among a group of patients diagnosed with delusional disorder.
Methods Our data come from a case register study of delusional disorder in Andalucía (Spanish largest region). By accessing digital