

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 bod-

ies 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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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 neuropsychological 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 neuropsychological 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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The role of mirror neurons in autism impairment

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