of perception, concentration, memory retention and long-term memory. A recent short screen for cognitive impairment in psychiatry (SCIP) has addressed five domains of cognitive function: verbal learning–immediate, working memory, verbal fluency, verbal learning–delayed and processing speed [2].
Using the SCIP in admissions from a defined catchment area in the southwest of Vienna we confirm the presence of cognitive deficits in schizophrenic patients and to a lesser degree in bipolar patients. The deficits were present in all five domains and no discriminatory pathognomonic signs could be found between schizophrenia and bipolar disorder.
Recently, possibly selective deficits in social cognition have been described in schizophrenic patients [3]. We review the evidence on the specificity of social impairment to schizophrenia.
Disclosure of interest The authors declare that they have no competing interest.
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S123

From (Psycho) pathology to diagnosis: psychiatry nosology beyond dichotomy

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As in all medical disciplines, diagnosis in clinical psychiatry should be reached in a step-wise approach: after assessing the chief complaint of the patient, a careful examination of the psychopathology follows e.g. by using the AMDP system [1] to preliminarily conclude the process with a syndromal classification [2]. This syndromal classification is of great importance as it guides the initiation of therapy in daily life practice. After gaining additional information (e.g. investigation in the course of the disease, brain imaging, thorough assessment of cognitive function, exclusion of organic causes) a final diagnosis is possible. Unfortunately, a premature jumping to diagnosis is not uncommon (with the potential consequence of incorrect therapies).
In addition to these difficulties, recent neurobiological research has shown that nosologic assignments through conventional diagnostic classifications are far less specific than assumed, revealing a large overlap between diagnostic categories [3,4], e.g. between Schizophrenia and affective disorders. Consequences of this finding are discussed both for the construction of future classification systems and for therapy.
Disclosure of interest The authors declare that they have no competing interest.
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Symposium: Autism spectrum disorders: From the neurobiology to interventions

S124

Psychosis and autism spectrum disorders

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Autism spectrum disorders (ASD) and schizophrenia were separated into different diagnostic categories in the late 1970's (DSM-III) having previously been considered as related diagnostic entities. Since then, several lines of evidence have indicated that these disorders show clinical and cognitive overlaps as well as some common neurobiological characteristics. Furthermore, there is a group of patients presenting with ASD and psychotic experiences who pose particular diagnostic and management challenges and may represent a subgroup of ASD more closely linked to psychosis. Evidence from a study of the first empirically derived classification of children with ASD in relation to psychosis based on three underlying symptom dimensions, anxiety, social deficits and thought disorder, will be presented. Further phenomenological, genetic and neuroimaging research on the clinical boundaries and overlapping pathophysiology of ASD and psychosis may help better define their relationship and lead to more effective interventions. Understanding this relationship will also provide a framework of working with patients with mixed clinical presentations.
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S125

Neurobiology of autism spectrum disorders

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Autism Spectrum Disorders (ASD) is a group of neurodevelopmental disorders with heterogeneous etiology characterized by deficits in social cognition, communication, and behavioral flexibility. Disturbances on molecular and cellular level in early brain development incl. intercellular communication, an unbalanced ratio between certain neuronal populations and maturation/differentiation process, oxidative stress, happening in embryonal stages, might be promising candidates to explain the development of autistic symptoms.

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In order to get a deeper understanding of these processes, valid "disease models" are pivotal. A new cutting edge technique, named brain organoids, has been highlighted as a promising candidate for obtaining a better "disease model".
Brain organoids derived from patients induced pluripotent stem cells (iPSC) follow in vivo timeline development; they also have the ability to recreate the right complexity of the brains, developmental stages. On the cellular and gene expression level, organoids demonstrate a high similarity to the developing brain in vivo and can therefore recapitulate early stages of the neurogenesis. To date organoids are the most relevant cellular in vitro platform for the understanding of the mechanisms behind ADS pathology. Investigations of "mini brains" at different time points in their development will give a wider and more detailed picture of the disease dynamic and thus the development of therapeutic and prevention strategies. It is a tool that can be used for effective high throughput screening of chemical compounds as potential drugs ("in sphero" drug testing). Organoids are a good modeling system for elucidating the role of epigenetic and environmental factors for development of ASD.
Disclosure of interest The authors declare that they have no competing interest.

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Symposium: Clinical and neurobiological impact of physical exercise interventions in Schizophrenia

S126

The impact of endurance training on brain structure and function in multi-episode Schizophrenia

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Structural and functional brain alterations as well as cognitive deficits are well-documented findings in schizophrenia patients. Cognitive impairments affect the long-term outcome of schizophrenia and are the main contributors to disability. Despite their clinical impact, however, no effective options are available to treat them sufficiently. Aerobic endurance training has been shown to have effects on brain plasticity, gray and white matter volume as well as functional connectivity measures and on cognitive functioning in animal models and healthy humans. However, effects of physical exercise in combination in combination with cognitive remediation are unknown in Schizophrenia. 21 chronic schizophrenia patients and 21 age and gender–matched healthy controls underwent 3 months of aerobic exercise (endurance training, 30 min, 3 times per week). 21 additionally recruited schizophrenia patients played table soccer (known as "foosball" in the USA) over the same period. After 6 weeks of endurance training or table soccer, all participants commenced standardized cognitive training with a computer-assisted training program. We could show that a 3-month endurance-training program combined with CR therapy had positive effects on everyday functioning in multi-episode Schizophrenia patients. Deficits improved from medium to mild as assessed with the GAF. Negative symptoms, short and long-term verbal memory and cognitive flexibility also improved with training. We could demonstrate grey matter volume increase in the left temporal lobe in schizophrenia patients undergoing endurance training. A non-endurance and coordinative training stimulus like playing table soccer led to a clearly distinct pattern of grey matter alterations in Schizophrenia patients.
Disclosure of interest The author declares that he has no competing interest.

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Symposium: Current evidence for pharmacological and psychological interventions in the treatment of borderline personality disorder–Findings from two-updated Cochrane reviews

S127

Short-term psychological interventions for bordeline personality disorder–What Works?

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Introduction Borderline personality disorder (BPD) is a common and disabling personality disorder associated with difficulties in controlling emotions and impulses, self-injury, feelings of emptiness and abandonment. It is associated with problems in many areas of life, most notably relationships. Psychotherapy is the first-line treatment for people with borderline personality disorder widely used; however, the evidence is not thoroughly investigated. In addition, several specific short-term interventions have been developed during the last decades.
Objectives We are currently updating this cochrane collaboration review on psychological interventions for BPD. First findings on the up-to-date evidence relating to short-term psychological interventions will be presented.
Methods We conducted a cochrane systematic review and meta-analysis of randomized controlled trials (RCTs). Any randomized comparisons of psychological interventions versus unspecific control interventions, waitlist or specific psychotherapeutic interventions in adult BPD patients were eligible. Primary outcomes were BPD core pathology as depicted by DSM criteria. Secondary outcomes included depression, anxiety, general psychopathology, dropouts and adverse events. Two independent researchers selected trials, assessed quality and extracted data independently.
Results The current evidence of short-term psychological interventions in general and the different types of interventions for which RCT evidence is currently available will be evaluated.
Disclosure of interest The authors declare that they have no competing interest.

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