MANOVA profile analyses revealed that patients who met CIAPs criteria showed cognitive impairment in all the cognitive domains except for social cognition. Patients diagnosed with Kraepelin's criteria showed significant differences in processing speed, visual memory, working memory and GCI. Patients fulfilling Bleuler and DSM-IV criteria showed significant deficits in processing speed and verbal memory, respectively. Schneider and ICD-10 diagnostic criteria did not reveal differences in cognition between patients who fulfilled these criteria.
Conclusions: CIAPs criteria were the most accurate classifying patients with cognitive impairment, followed by Kraepelin's criteria, which were the ones among diagnostic criteria which better differentiated patients regarding cognitive impairment. These criteria take into consideration the outcome in addition to symptoms.

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Keywords: schizophrénia; cognition; diagnostic criteria

O260

Preliminary results of a network meta-analysis on the efficacy of long-acting injectable antipsychotics in schizophrenia

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Introduction: Long-acting injectable antipsychotics (LAIs) are currently the most effective alternative for patients with schizophrenia who exhibit poor adherence. Although a recent meta-analysis reported similar efficacy between first and second-generation LAIs, these results were only based on 3 studies due to the limited number of head-to-head comparisons.
Objectives: Present the preliminary results of a network meta-analysis on the comparative efficacy of LAIs in schizophrenia.
Methods: Studies were obtained from a previous study, where we carried out a systematic search from until May 2019 in various databases. Included trials of adults with schizophrenia compared the efficacy of LAI vs LAI or placebo through the Positive and Negative Syndrome Scale (PANSS). Efficacy was evaluated through the mean differences (MD) from baseline to endpoint in the PANSS total scores. Network meta-analysis was performed in MetaInsight through direct and indirect comparisons using a Bayesian approach.
Results: from 12 studies are presented in Figures 1 and 2. All LAIs except zuclopenthixol were more effective than placebo. There were no significant differences between LAIs except for aripiprazole and risperidone, which were more efficacious than zuclopenthixol. The largest change occurred with aripiprazole LAI, but was not significantly higher than haloperidol.

	Aripiprazole lauroxil	Haloperidol decanoate	Paliperidone palmitate	Risperidone LAI	Placebo	Zuclopenthixol decanoate
Aripiprazole lauroxil		2.78 (-4.4, 9.07)	3.76 (-0.99, 9.02)	2.19 (-2.61, 7.43)	**11.55 (7.25, 15.88)***	**11.38 (1.53, 21.78)***
Haloperidol decanoate			1.05 (-3.22, 6.25)	-0.53 (-5.1, 4.92)	**8.78 (3.94, 14.29)***	8.64 (-1.13, 19.11)
Paliperidone palmitate				-1.58 (-3.9, 0.69)	**7.74 (5.05, 10.08)***	7.51 (-1.45, 16.82)
Risperidone LAI					**9.34 (6.58, 11.78)***	**9.14 (0.38, 18.15)***
Placebo						-0.17 (-9.27, 9.29)

Figure 1. Comparison of treatment pairs. Effect sizes are presented as MD and 95% confidence intervals (*p<0.05).

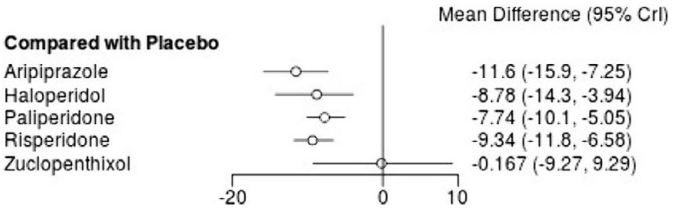


Figure 1. Overall change in symptoms
Conclusions: Preliminary results from a network meta-analysis also suggest that in the long-term haloperidol decanoate is equally effective in overall symptom changes compared to other LAIs. Further analyses are needed to obtain a better perspective on these drugs.

Disclosure: No significant relationships.
Keywords: Depot Antipsychotics; schizophrénia; EFFICACY; network meta-analysis

O261

Interrelation of visual and olfactory impairments in schizophrenia

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Introduction: In schizophrenia, there are disorders in all sensory modalities, but the regularities of their occurrence, their pathogenesis and attitude towards cognitive functions are not sufficiently studied.
Objectives: Examine the interrelation between the dysfunctions in different analysers (olfactory and visual) and their dependence on the duration of the disease and the severity of psychotic symptoms and cognitive deficit in schizophrenic patients (F20 according to ICD 10 criteria).
Methods: All subjects were determined the threshold of olfactory sensitivity to n-butanol, the ability to discriminate against odors and the amount of error in comparing the same sections. Cognitive functions were evaluated using the BACS scale.
Results: The inverse correlation between the value of the visual assessment error and the reduction of the threshold of olfactory sensitivity (r=- 0.56; $p < 0.05$) and the inverse correlation between the value of the visual assessment error and the ability to discriminate smells (0.64; $p < 0.05$) were revealed. There are no significant correlations between the duration of the disease and sensory disturbances. Olfactory and visual disturbances in schizophrenic patients were connected with cognitive functions ((r=-0,62; p< 0,05 and r=-0,84, p< 0,001 accordingly).
Conclusions: The data confirm that sensory impairments have a common pathogenesis and are closely related to cognitive deficits.

Sensory and cognitive deficits in schizophrenia may be the result of top-down regulation failure.

Disclosure: No significant relationships.
Keywords: schizophrénia; visual and olfactory impairments; cognition functions

O262

Self - evaluation of social adaptation in patients with schizophrenia and metabolic syndrome

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Introduction: Metabolic syndrome (MS) is an often co-occurring condition that occurs during antipsychotic therapy and impairs social functioning
Objectives: We tried to conduct a self - evaluation of social adaptation in patients with schizophrenia and MS
Methods: We examined 150 patients with schizophrenia receiving antipsychotic therapy at the clinics of Mental Health Research Institute. The study was supported by a grant from the Russian Science Foundation 18-15-00011. The IDF criteria were used to diagnose metabolic syndrome. We used «The social adaptation self - evaluation scale» (SASS).
Results: 63 patients (42%) had MS and 87 patients (58%) did not. In the subgroup of patients with MS, 59 people (93.65%) had disabilities or were unemployed, in the group without MS - 82 (94.26%) patients. There were no statistically significant differences between the groups ($p \geq 0.05$). In the patients with schizophrenia and concomitant MS, the median SSAS scores was 35 [29; 39], which corresponds mainly to a high level of self - evaluation of social adaptation. At the same time, in patients with schizophrenia and without MS, on the contrary, the self - evaluation of social adaptation was 30 [23; 38] points ($p = 0.03914$). Perhaps this is due to the great attention from relatives and doctors of general somatic practice and the primary medical network in connection with the risk of developing severe somatic pathology.
Conclusions: Patients with MS can give a higher assessment of social adaptation, despite a objectively low social status.

Disclosure: No significant relationships.
Keywords: social adaptation; schizophrénia; Metabolic syndrome

O263

Social cognition as a mediator between cognitive reserve and psychosocial functioning in patients with first episode psychosis

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Introduction: Social cognition has been associated with functional outcome in patients with first episode psychosis (FEP). Social cognition has also been associated with neurocognition and cognitive reserve. Although cognitive reserve, neurocognitive functioning, social cognition, and functional outcome are related, the direction of their associations is not clear.
Objectives: The aim of the study was to analyze the influence of social cognition as a mediator between cognitive reserve and cognitive domains on functioning in FEP both at baseline and at 2 years.
Methods: The sample of the study was composed of 282 FEP patients followed up for 2 years. To analyze whether social cognition mediates the influence of cognitive reserve and cognitive domains on functioning, a path analysis was performed. The statistical significance of any mediation effects was evaluated by bootstrap analysis.
Results: At baseline, as neither cognitive reserve nor the cognitive domains studied were related to functioning, the conditions for mediation were not satisfied. Nevertheless, at 2 years of follow-up, social cognition acted as a mediator between cognitive reserve and functioning. Likewise, social cognition was a mediator between verbal memory and functional outcome. The results of the bootstrap analysis confirmed these significant mediations (95% bootstrapped CI (−10.215 to −0.337) and (−4.731 to −0.605) respectively).
Conclusions: Cognitive reserve and neurocognition are related to functioning, and social cognition mediates in this relationship.

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Keywords: first episode psychosis; social cognition; cognitive reserve; functioning