EPP1199

Improvement of conventional perception in stable patients with schizophrenia by add-on treatment with ipidacrine

M. Morozova*, S. Potanin, G. Rupchev, D. Burminskiy, T. Lepilkina and A. Beniashvili

Laboratory Of Psychopharmacology, FSBSI Mental Health Research Center, Moscow, Russian Federation

*Corresponding author.
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Introduction: Impairment of conventional perception is one of the key dysfunction in patients with schizophrenia even in absence of psychotic symptoms.
Objectives: Possibility of improvement of conventional perception by add-on treatment with ipidacrine in patients with schizophrenia in long-term remission.
Methods: 26 (13 females) patients, mean age 40.4 (SD 11.7) with episodic schizophrenia in remission more than one year, receiving stable antipsychotic therapy were included into the open label study. As add-on treatment ipidacrine was administered once per day in dosage 20 mg for two months. Positive and Negative Symptoms Scale (PANSS) was used to assess clinical symptoms and projective psychological method (Rorschach Test) was used to assess conventional perception.
Results: The study showed that ipidacrine in a low dosage, added to standard antipsychotic treatment, was effective in relation to negative symptoms (PANSS negative subscale score before 22,4 (SD4,7) and after beginning of the study 19,7 (4,5), p=0, 001). Of all the indicators of the Rorschach test, there was significant improvement in the index X+%, which is responsible for the degree of conventionality in reality recognition. The decrease in conventionality was associated with both high individualism and perceptual disorders. The value of of X+ % did not reach the standard one (70%) to the end of the study, but the improvement showed the switching from severe (52,4 (SD 12,2) to moderate (60,6 (SD10,4) impairment level (p=0,039).
Conclusions: Ipidacrine in a low dosage as add-on treatment has positive effect on conventional perception of stable patients with schizophrenia even in short-term trial.

Keywords: ipidacrine; conventional perception; schizophrénia; add-on treatment

EPP1198

Performance on verbal fluency in late-onset schizophrenia is more preserved than in early-onset schizophrenia.

E. Abdullina[1]*, G. Rupchev[2], M. Savina[1], Y. Panikratova[3], E. Kucherova[2], V. Sheshenin[1] and M. Morozova[2]

[1]Department Of Gerontological Psychiatry, FSBSI Mental Health Research Center, Moscow, Russian Federation; [2]Laboratory Of Psychopharmacology, FSBSI Mental Health Research Center, Moscow, Russian Federation and [3]Laboratory Of Neuroimaging And Multimodal Analysis, FSBSI Mental Health Research Center, Moscow, Russian Federation

*Corresponding author.
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Introduction: According to the literature, cognition may be more preserved in late-onset schizophrenia (LOS) compared to early-onset schizophrenia (EOS), but data are limited.
Objectives: To compare performance on cognitive tests in LOS and EOS.
Methods: LOS patients (n=14, mean age 58.1±8.2, 13 females, illness duration 1.07±1.5 years) and age-comparable controls (n=17, mean age 55.3±7.8, 12 females), EOS patients (n=25, mean age 20.7±3.9, 25 males, illness duration 0.75±0.62 years) and age-comparable controls (n=15, mean age 22.9±2.3, 15 males) underwent the Brief Assessment of Cognition in Schizophrenia (BACS) comprised of six subtests: Verbal Memory, Digit Sequencing, Verbal Fluency, Token Motor Task, Symbol Coding, and Tower of London. The Mann-Whitney U test with Bonferroni correction for multiple comparisons was applied (p <.05/8, i.e. p <.006).
Results: Compared to LOS, EOS patients had lower score on Verbal Fluency (VF): U=78, p=.004; mean T-scores are 43.5±9.5 and 33.6±12.6 for LOS and EOS, respectively. Additionally, we compared VF performance in each clinical group with age-comparable controls and revealed significantly lower performance in both LOS (U=37.5, p=.001) and EOS (U=56.5, p=.000).
Conclusions: Performance on VF is deteriorated in clinical groups, but may be more intact in LOS compared to EOS. This result is of particular interest because low performance on VF is considered as a cognitive endophenotype of schizophrenia. Performance on VF requires preserved executive functions, language, and processing speed. Our results are in line with the idea that LOS and EOS may be different subtypes of schizophrenia. Limitation of this study is that the clinical groups are not sex-matched.

Keywords: verbal fluency; late-onset schizophrenia; cognition

EPP1199

A systematic review of cognition and functionality in delusional disorder

H. De Diego Ruiz*, M. González González and C. Martínez Díaz-Caneja

Psychiatry, Hospital General Universitario Gregorio Marañón, Madrid, Spain

*Corresponding author.
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Introduction: Current definitions for delusional disorder (DD) state that no cognitive or functional impairment is present. However, this assumption lacks empirical validation and has been questioned by numerous authors over the years. Through systematic search we collected articles that compare patients with DD with either healthy controls or patients with schizophrenia on the basis of their cognitive symptoms and their functional outcomes.
Objectives: Our aim is to draw conclusions from the available evidence on neurocognitive and functional affectation of DD.
Methods: Systematic electronic search was performed using Pubmed and Embase databases. Inclusion criteria included that selected articles must be original studies, must be published in peer-reviewed journals, must contain a sample of DD patients that is compared with a sample of healthy controls and/or patients with schizophrenia and that samples must be compared on the basis of

cognitive and/or functionality parameters. A qualitative synthesis was performed due to heterogeneity in data.
Results: According to the information collected through our systematic review, DD patients tend to perform worse than healthy control in tests assessing cognitive functions. Results are not as conclusive regarding comparison between DD and schizophrenia, with mixed outcomes. When it comes to functionality, results are not conclusive either, with some degree of evidence pointing towards a better functioning in patients with DD in comparison to patients with schizophrenia.
Conclusions: Results agree with many authors who consider both conditions as part of a psychosis spectrum. Cognitive interventions, such as cognitive remediation, must be studied for their potential role in the treatment of patients with DD.

Keywords: Delusional disorder; Systematic review; Functionality; cognition

EPP1200

Impact of a first psychosis program in clinical variables after two years of follow-up

M. Martinez, E. García De Jalón, N. Pereda*, A. Fernández, M. C. Ariz, L. Azcárate and M. Otero

Salud Mental. Primeros Episodios, Servicio Navarro de Salud, Pamplona, Spain

*Corresponding author.
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Introduction: Early Intervention Services for Early-Phase Psychosis have shown efficacy and effectiveness (Correl C, JAMA). In Pamplona, Spain, there is an Early Intervention Program that has been providing multiprofesional assistance for First Psychotic Patients for the last two years.
Objectives: The aim of this study is to analize the longitudinal effects of the different interventions in several clinical variables applied to 240 patients during two years of follow-up : CASH dimensions, substance abuse, antipsychotic type and dosage, remission rates, re-hospitalization rates and DSM 5 diagnoses.
Methods: We apply an standard evaluation protocol to every patient at different times: premorbid, initial time and at months 6, 12, 18 and 24. We analyse the data with the SPSS statistical program to see the results in these variables.
Results: The positive and disorganized dimensions show an evident decline during the treatment. The doses of antipsychotic drugs are low and tend to decline. 87% of patients are in monotherapy. The most frequent DSM 5 basal diagnosis is Brief Psychotic Episode, but during de follow-up the Diagnosis of Schizophrenia increase from 14,6% at baseline up to 46,2% at month 24. The remission rates are about 65% after 24 months.
Conclusions: Early Intervention Services improve psychopathological dimensions, prevents from re-hospitalization, allows the use of lower doses of Antipsychotic Drugs and improve the rates of remission. However, the diagnosis of Schizophrenia is high, so there is no evidence that these programs prevents from chronicity, but provide a better quality of life.

Keywords: psychosis; early intervention; schizophrénia; First Psychosis Program

EPP1201

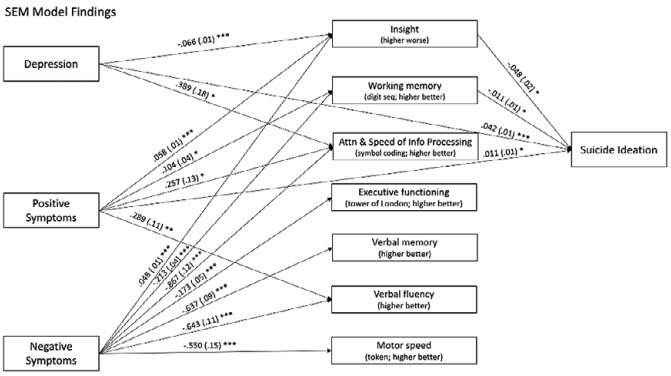
Symptoms of psychosis, depression, and suicide ideation among individuals in a first episode of psychosis: The mechanistic role of clinical insight and cognitive functioning

L. Bornheimer[1]*, J. Wojtalik[2], J. Li[3], D. Cobia[4] and M. Smith[3]

[1]Department Of Psychiatry And School Of Social Work, University of Michigan, Ann Arbor, United States of America; [2]School Of Applied Social Sciences, Case Western Reserve University, Cleveland, United States of America; [3]School Of Social Work, University of Michigan, Ann Arbor, United States of America and [4]Social Work, Brigham Young University, Provo, United States of America

*Corresponding author.
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Introduction: First-episode psychosis (FEP) is a particularly high-risk period in which risk for suicide death is elevated by 60% as compared to individuals in later stages of psychotic illness. Clinical insight and cognition have been studied in schizophrenia in relation to suicide ideation and attempt, yet, less is understood within the context of early-phase of illness and FEP.
Objectives: This study examined whether clinical insight and cognitive functioning served as a mechanism in the relationships between depression, positive symptoms, negative symptoms, and suicide ideation over time among individuals in FEP.
Methods: Data were obtained from the Recovery After an Initial Schizophrenia Episode (RAISE) project. Participants (n=404) included adults in FEP between ages 15 and 40. Structural equation modeling was used in Mplus8 to examine the proposed mediation model.
Results:



Clinical insight and working memory functioned as mechanisms in the relationships between depression, positive symptoms, negative symptoms, and suicide ideation. As depression decreased and positive and negative symptoms increased, clinical insight was shown to be poorer, which in turn related to decreased suicide ideation. As positive symptoms increased and negative symptoms decreased, working memory was shown to be stronger, which in turn related to decreased suicide ideation.
Conclusions: Implications surround the importance of cognitive testing and approaches aiming to strengthen cognitive functioning given the relationships between cognition and suicide ideation in FEP. Also, of importance, it is imperative practitioners have