

should not be judge as an individualized diagnostic entity as it should be considered inside schizophrenia, so the term disappeared in the German psychiatry. In the French psychiatry, unlike the German, the independence of chronic psychosis from schizophrenias was recognized, so the term had a longer path. Henry Ey recognized four important clinical features in this disorder: paralogical thought dominance, megalomania, confabulation and integrity of relation with reality.

Conclusions: Currently the term paraphrenia is no longer considered an individualized diagnostic entity. In fact, in today's textbooks of psychiatry paraphrenia is considered a psychotic disorder that has nothing in common with the one described by the classical authors, and it is part of the late-onset psychosis.

Keyword: Paraphrenia

EPP1174

Cognitive impairment in treatment-refractory schizophrenia and type i diabetes. A case.

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Introduction: Even when sharing etiologic factors, the incidence of DM-1 is low in patients with schizophrenia. Both diseases can lead to cognitive impairment, but its difficult to define its origin. 33 years old male, with DM-1 and schizophrenia referred to Therapeutic Community for psychotic symptomatology control, cannabis consumption withdrawal, improvement of self-care and hipoglycemia control reach

Objectives: Nowadays toxic abstinent and adequate consciousness of disorder. Remarkable persistence of hallucinations both auditive and visual, mostly shown as delirium, pharmacologic treatment-refractory. During last months, he shows excessive absent-mindedness, recent memory failure and verbal declarative memory and psychomotor slowdown Analysis: unbalance glycosylated hemoglobin. MR: cortical-subcortical atrophy, very shocking his age. Endocrinology follow up it was decided to establish an insulin pump, so metrics were regulated.

Methods: Neurological profile of the patient (deficit and slowdown attention capability) aggravation of symptoms according to glycaemia and disturbances in image test could lead to vascular origin. Attention deficit and excessive focus are symptoms of schizophrenia, but they are shown in the beginning, they tend to stabilize during years. Verbal declarative memory disruptions can be produced in both disorders

Results: Better glycemic control and changed to Lurasidone 37mg and Cariprazine 3mg objecting higher reactivity and less absent-mindedness

Conclusions: Cognitive impairment in DM is frequent in adults with severe and long evolving hypoglycemic episodes Regardless of its origin, the cognitive impairment in schizophrenia leads to serious impact in functional and pragmatic areas Further investigation will allow us to quantify the magnitude of cognitive effect in metabolic control so according strategies could be developed

Keywords: Diabetes mellitus; cognitive impairment; schizophrenia

EPP1175

Electroconvulsive therapy combined with clozapine in the management of ultra-resistant schizophrenia

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Introduction: Although clozapine is the gold standard for treating patients with resistant schizophrenia, clinical symptoms persist in approximately 40-70% of the cases even after a year of treatment with clozapine. Electroconvulsive therapy (ECT) has been tried as augmentation therapy in the management of ultra-resistant schizophrenia.

Objectives: To review recent studies concerning the effectiveness of ECT associated with clozapine in the management of ultra-resistant schizophrenia.

Methods: This is a review of the literature via Medline and Sciences direct. The database was searched using the keyword combination "clozapine" with "ECT", "resistant schizophrenia" with "ECT and clozapine" and "clozapine resistant schizophrenia" with "ECT" from 2010 to 2020.

Results: We found 4 reviews and meta-analyzes and 6 studies. According to the majority of recent reviews and meta-analyses studied, patients who were resistant to clozapine responded to the combination of clozapine and ECT in 54% of the cases. ECT by increasing the permeability of the blood-brain barrier facilitates the brain transmission of large molecules such as clozapine, thus promoting better efficacy of clozapine. The combination of ECT with clozapine was generally well tolerated in the majority of patients. The most frequently reported adverse reactions in the literature were memory impairment and headache. These effects did not appear to be chronic or persistent, but rather transient and mild. Other rare cases such as prolonged seizures, tachycardia, and confusion have been reported.

Conclusions: ECT associated with clozapine is an effective, relatively safe and tolerable treatment in the majority of cases.

Keywords: schizophrenia; Clozapine; Electroconvulsive therapy; psychiatry

EPP1176

A network analysis of executive deficits in patients with psychosis and their healthy siblings

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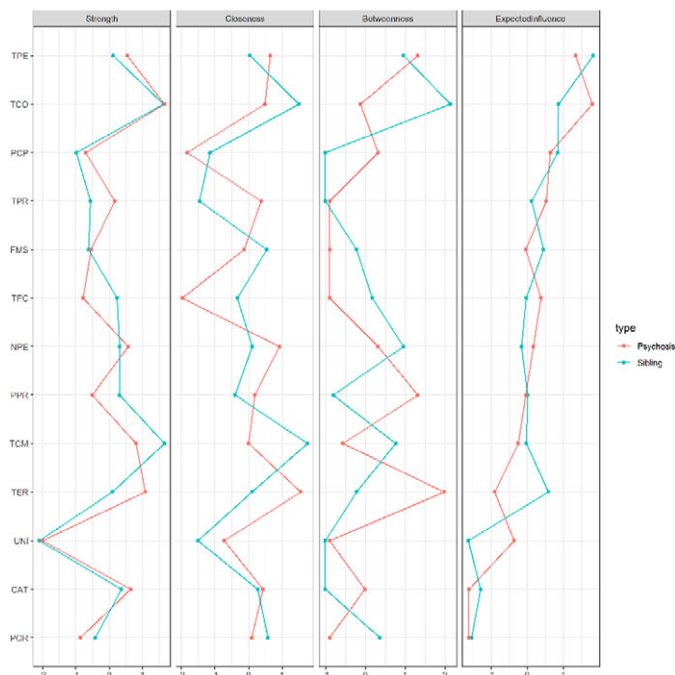
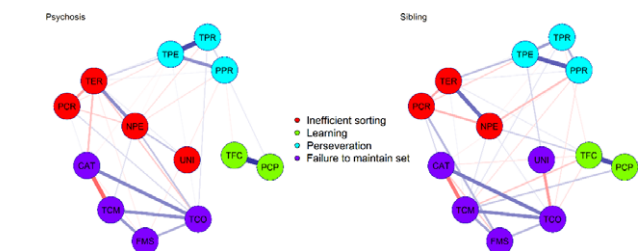
Introduction: Psychopathological symptoms and cognitive impairment are core features of patients with psychotic disorders. Executive dysfunctions are within the most commonly observed deficits and the Wisconsin Card Sorting Test (WCST) is the test most extensively used for their assessment. Yet, the structure of

executive deficits remains unclear, as there may be different underlying processes.

Objectives: The study's aims were to explore and compare the network structure of the WCST measures in psychosis and their unaffected siblings.

Methods: Subjects were 298 patients with a DSM 5 diagnosis of psychotic disorder and 89 of their healthy siblings. The dimensionality and network structure of the 13 WCST measures were examined by means of the Exploratory Graph Analysis (EGA) and centrality parameters.

Results: The WCST network structure comprised 4 dimensions: Perseveration (PER), Inefficient sorting (IS), Failure to maintain set (FMS) and Learning (LNG). Patient and sibling groups showed a similar network structure and in both cases the network structure was reliably estimated.



Conclusions: Perseveration measures reflect the inability to switch sorting rules when necessary. Scores for the IS dimension can occur when the subject ineffectively tries to test different sorting hypotheses, changing at random the response. FMS reflects the subject's strategy when he/she is able to find out the sorting rule, but is unable to keep applying that rule long enough. LNG comprised conceptual ability and learning items. The lack of significant difference between network structures is in keeping with results from

exploratory and confirmatory studies demonstrating an invariant cognitive factor structure between schizophrenia patients and their unaffected siblings.

Keywords: Executive functions; WCST; Network analysis; Exploratory graph analysis

EPP1178

Empirical validation of the wcst network structure in patients

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Introduction: Cognitive impairment is a core feature of schizophrenia and other psychotic disorders and executive deficits are within the most impaired cognitive functions The Wisconsin Card Sorting test (WCST) has been extensively used in literature on schizophrenia and psychosis. The underlying structure of executive impairment may have important implications for our understanding of the complex connections between executive dysfunction and the psychopathology and neurofunctional basis of psychosis.

Objectives: The objective was to empirically validate the dimensions of the WCST network structure of patients regarding antecedent, concurrent and outcome variables.

Methods: Subjects were 298 patients with a DSM 5 diagnosis of psychotic disorder. To assess the empirical validation of network structure of the WCST antecedent, concurrent and outcome variables were selected from the CASH interview and other scales of patients.

Results: Pearson coefficient correlations between the 4 network loadings (NL) of WCST, namely perseveration, inefficient sorting, failure to maintain the set and learning, and antecedent, concurrent and outcome validators are shown in the table. PER and IS showed common and strong associations with antecedent, concurrent and outcome validators. LNG dimension was also moderately associated and FMS did not show significant associations.

Conclusions: 'Perseveration' and 'Inefficient sorting' dimensions achieve and share common antecedent, concurrent and outcome validators. While 'Learning' dimension achieves partial validation in terms of antecedent and outcome validators and 'Failure to maintain the set' dimension was not associated with external validators. These four underlying dysfunctions might help to disentangle the neurofunctional basis of executive deficits in psychosis.

Keywords: WCST; Empirical validation; Antecedent; concurrent and outcome validators; Network analysis

EPP1179

Cognitive impairment associated with psychosis (CIAPS): Validity of clinical criteria to detect cognitive impairment

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