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Introduction: Dysfunctional emotional competence is known as one of the key characteristics of patients with schizotypal disorder. Methods that aim to assess this problem are differently organized and might elicit these deficits differently. Therefore, there is a need in better understanding of scope of problems that might be assessed using different tools in patients with schizotypal disorder.

Objectives: To examine the differences in affective empathy and perception of emotions in normal subjects and patients with schizotypal disorder.

Methods: The sample consisted of 14 patients with schizotypal disorder (F21) ($M=19.07$, $SD=3.17$) and 53 healthy individuals ($M=22.98$, $SD=2.77$) with equal educational level. Participants were given Affective Responsiveness Test (AR) and Emotional Perspective Taking (ERT) (Derntl et al, 2009) and "Reading the Mind in the Eyes" (RME) Test (Baron-Cohen et al., 2001).

Results: There were significant differences in accuracy of ERT performance between patients with schizotypal disorder ($M=80.64$, $SD=8.17$) and healthy individuals ($M = 86.62$, $SD = 8.67$), $t(65) = -2.32$, $p = .023$. Patients were also found to give less correct answers than healthy controls while carrying out AR, and to need more time for both tasks. However, these differences were not statistically significant. Surprisingly, no significant differences were found for perception of emotions (RME) test, although patients in general gave less correct answers.

Conclusions: It might be assumed that EPT is the most sensitive tool in assessing emotional deficits in patients with schizotypal disorders. Further research is needed to understand the possible reasons for other tests not showing significant results.

Keywords: emotional competence; empathy; schizotypal disorder; social cognition

EPP1193

Planning impairment in schizophrenia: The possible role of abstract thinking and short-term memory.

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Introduction: The planning impairment is one of the basic aspect of cognitive dysfunction, but its mechanisms in schizophrenia remain unclear.

Objectives: To assess the links between planning and cognitive functioning in schizophrenic patients and in norm.

Methods: 50 patients with schizophrenia (age 34.92 ± 8.54 ; illness duration 8.34 ± 5.87) and 50 healthy volunteers (age 32.42 ± 7.26) were examined. Brief Assessment of Cognition in Schizophrenia, Benton's test for short-term memory assessment; sub-test Similarity (from WAIS) to assess abstract thinking were used.

Results: Patients showed significantly worse results in all parameters (Tab.1). Table 1: Differences of planning between groups.

	Schizophrenia	Norm	p-level
TOL-DX	92,64±14,48	102,52±11,97	0,00033
Similarity	16,92±3,97	19,76±2,85	0,00009
BVTR Score	6,73±1,78	7,60±1,32	0,00709

In healthy subjects, significant relationship was found between planning and abstract thinking, and there was no relationship between planning and short-term memory (Tab.2). Table 2: Correlations in the Norm group

	Spearman R	p-level
TOL-DX & Similarity	0,392530	0,004809
TOL-DX & BVTR	0,186494	0,194710

In patients with schizophrenia, the opposite picture was observed (Tab.3). Table 3: Correlations in the Schizophrenia group.

	Spearman R	p-level
TOL-DX & Similarity	0,262389	0,071596
TOL-DX & BVTR	0,344566	0,015331

The effectiveness of planning in patients was significantly associated with short-term memory, but not with abstract thinking.

Conclusions: Study results indicate a possible role of basic aspects of mental activity such as short-term memory in planning impairment in patients with schizophrenia. Problem solving and reasoning disorders represent two relatively independent forms of thought disorders in schizophrenia.

Keywords: Planning; schizophrénia; Abstract thinking; short-term memory.

EPP1194

Cross-cultural adaptation and validation of the lebanese arabic version of the BACS scale (the brief assessment of cognition in schizophrenia) among stable schizophrenic inpatients

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