

EPP1199

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

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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 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; schizophrenia; add-on treatment

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

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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

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A systematic review of cognition and functionality in delusional disorder

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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 affection 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