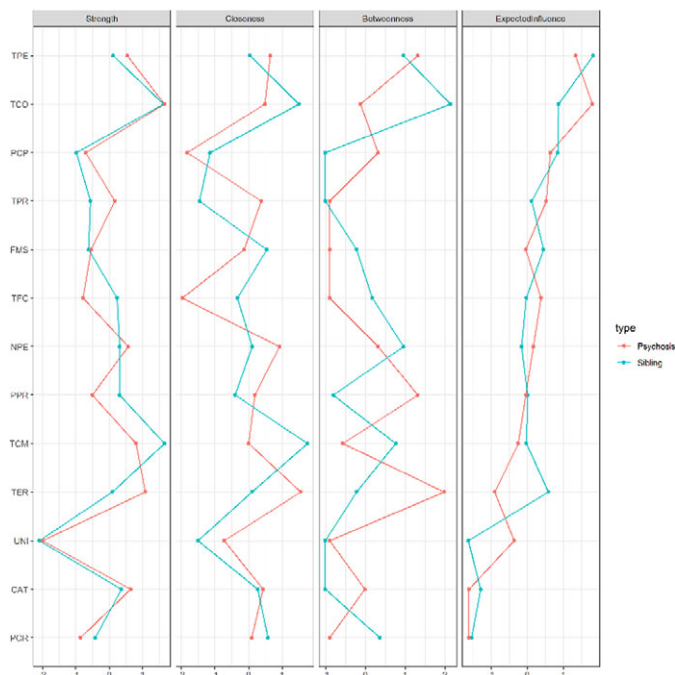
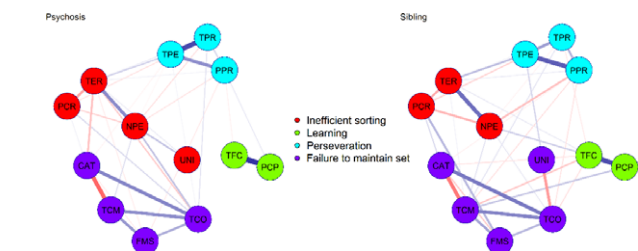


executive deficits remains unclear, as there may be different underlying processes.

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 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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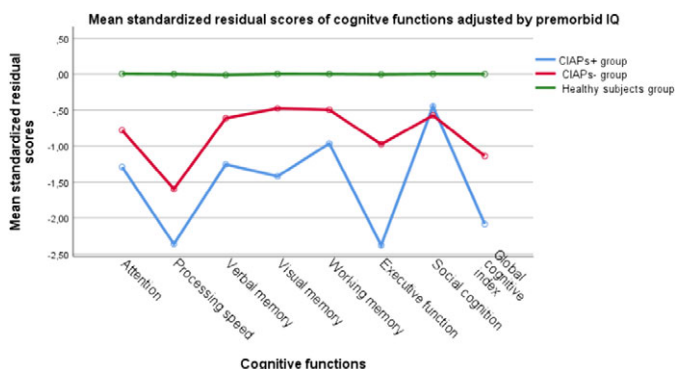
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Introduction: Even though cognitive impairment is considered a hallmark of schizophrenia, it has not been included as a criterion into major diagnostic systems.

Objectives: To test whether a set of clinical-defined cognitive impairment criteria can have utility in the assessment of psychosis patients in clinical practice.

Methods: We assessed 98 patients with a psychotic disorder, diagnosed using DSM 5 criteria. We developed a set of cognitive impairment associated with psychosis (CIAPs) criteria following the format of current DSM criteria and based on previous literature. The CIAPs criteria include: A) criterion for evidence of cognitive impairment after the beginning of illness; B) cognitive impairment clinically evidenced, affecting functioning in everyday activities in at least two out of six cognitive domains; C) and D) exclusion criterion for either delirium or other neurocognitive disorders, respectively, as causal agents of the cognitive impairment. The psychosis patients dichotomized by the CIAPs criteria were tested regarding the neuropsychological performance in attention, speed of processing, verbal memory, visual memory, working memory, executive function and social cognition tasks. Also a Global Cognitive Index was calculated.

Results: Forty-three patients with psychosis fulfilled the CIAPs criteria (43.9%). MANOVA profile analyses revealed a pattern of statistically significant deficits in all the cognitive dimensions except for social cognition in CIAPs+ patients regarding CIAPs-, with prominent deficits in processing speed and memory functions.



Conclusions: The CIAPs criteria could be an auxiliary method for clinicians to assess cognitive impairment. It may also permit clinical estimation of the influence of cognitive deficits on the ecological functioning of patients.

Conflict of interest: This work was supported by the Government of Navarra (grants 17/31, 18/41, 87/2014) and the Carlos III Health Institute (FEDER Funds) from the Spanish Ministry of Economy and Competitiveness (14/01621 and 16/02148). Both had no further role in the study design

Keywords: psychosis; schizophrenia; cognition; diagnostic criteria

EPP1180

What is important for doctor's drug decision-making for the patient with acute schizophrenia?

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Introduction: In spite of the long history of antipsychotic treatment there are still no clear criteria, which can be robust support for drug decision-making.

Objectives: To determine the important hallmarks of patient's current state, life span and history of illness defining the doctor's decision about the type of antipsychotic to be chosen.

Methods: The data from the case charts of 275 patients with episodic schizophrenia and rather benign course of the disease were analyzed.

Results: The group included: male 62%, mean age 33 (SD 11), education 10 years 23%, 13 years 27%, 16 years 29%, disability - 51%, number of hospitalizations due to psychotic episodes in the past 7 (SD 6). The symptoms of the current episode varied from patient to patient: delusions and hallucinations, symptoms of disorganization, negative symptoms of different severity were registered. Atypical antipsychotics were more often than typical prescribed to the patients with developmental problems: traumatic obstetric complications ($p=0.009$), poor somatic health in the childhood ($p=0.02$), cognitive dysfunction during school years ($p=0.04$), and quality of first remission - presence of residual symptoms in the first remission ($p=0.005$). Good compliance in the past was one more important factor for choosing an atypical antipsychotic for a patient ($p=0.05$). It appeared that the most important for the decision-making was the specific features of the patient's development and early period of the disease, but not the specific signs of current psychotic state.

Conclusions: Doctor's decision upon the type of antipsychotics in this category of patients is most probably based on other than current clinical symptoms signs.

Keywords: Antipsychotic treatment; acute schizophrenia; drug decision-making; clinical symptoms

EPP1181

Diagnostic confusion, clinical chaos - an acute and transient psychotic disorder case report and brief historical review

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Introduction: Acute and Transient Psychotic Disorder (ATPD) is a group of rare psychotic disorders characterized by acute onset, symptom fluctuation and short duration typically followed by complete recovery. Throughout the time, there have been different attempts to classify these disorders (Bouffée Délirante, Cycloid