

EW0469

Relationship between self-reported and clinician-rated psychopathology in youth psychiatric outpatients

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Introduction Psychopathology rating scales have been widely used. Studies evaluating the congruence between self and observer-reported ratings show inconsistent results.

Objectives or aims Determine whether there was consistency between psychopathology as assessed by patients and clinicians' assessment in outpatients observed in the Young Adult Unit of our Psychiatry Department (Coimbra Hospital and University Centre-Portugal).

Methods Socio-demographic characterization was undertaken with young adult outpatients observed during nineteen months (1st January 2015–31st July 2016). Brief Symptom Inventory–53 items (BSI-53) and Brief Psychiatric Rating Scale (BPRS) were applied at the first clinical evaluation. Spearman correlation coefficient between General Severity Index (GSI) of BSI-53 and BPRS total score was calculated.

Results During the mentioned interval 255 outpatients were observed: 64.3% females and 35.7% males; aged between 17 and 39 years old (average: 20.56; median: 20). Fifty percent were diagnosed with neurotic, stress-related and somatoform disorders (ICD-10 F40-48) and 14.1% with mood disorders (ICD-10 F30-39). BPRS and BSI-53 rating scales were administered to 55 patients: 72.5% females and 27.5% males; average age 21.2. A statistical significant correlation was found between BPRS total and GSI score.

Conclusions Several factors can determine the accuracy of psychopathology self-assessment, including diagnosis and severity of illness. In fact, studies show strong correlation between self and observer assessment of depressive and anxious psychopathology, but no correlation in psychotic psychopathological dimensions. Therefore, the correlation found in this population can be explained by the fact that the majority of patients were diagnosed with neurotic, stress-related and somatoform and mood disorders.

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Executive functions in delusion-prone individuals – Preliminary studies

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Introduction Executive dysfunctions in psychotic disorders, mainly schizophrenia are well-known phenomenon, however the information about executive functioning in subclinical psychotic states are still scarce. The rationale for focusing on the delusion-proneness (delusion-like states) is suggested role of executive dysfunction in the process of developing delusions.

Aims Our aim is to assess the relationship between delusion-proneness and executive functions.

Objectives We would like to assess two cognitive functions: shifting and inhibition and updating, depending on the

severity of delusion-like symptoms. We expect that higher delusion-proneness is associated with more pronounced executive dysfunctions, as it is observed in clinical population with existing delusions.

Methods In order to assess delusion-proneness, we used Polish version of Peters et al. Delusions Inventory (PDI). To evaluate shifting and inhibition, two test were conducted–Berg's Card Sorting Task (BCST) and Stroop task respectively. Correlation analysis were performed.

Results Sixty-four participants (41 women and 23 men) were recruited in this study. Mean age was 28.8, SD=10.37. Statistical analysis revealed significant negative correlation of PDI distress subscale and BCST non-perseverative errors. The overall score, as well as all PDI subscales correlated negatively also with the Stroop task's total number of errors and positively with the accuracy in incongruent variant.

Conclusions Contrary to our expectation, results have shown that delusion-proneness is associated with better results in executive functions test, especially in terms of accuracy. These results suggest that executive functions may play a role in the development and maintenance of delusional ideation, however, its relationship may be a bit more complex.

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e-Poster Walk: Schizophrenia and other psychotic disorders - Part 3

EW0471

Impact of an intervention of neuro-cognitive rehabilitation in treatment resistant schizophrenia (TRS) compared to schizophrenia responder patients

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Introduction Schizophrenia is a condition with high impact in terms of disability, also because between 30% and 60% affected individuals do not respond to treatment. It has been proposed that cognitive functioning is strongly impaired in schizophrenia and even more in TRS patients. Cognitive dysfunctions are regarded to worsen psychopathology, psychosocial functioning, and overall course of the illness.

Objectives To investigate the impact of Cognitive Remediation (CR) on psychopathology and psychosocial functioning in TRS vs. schizophrenia responder patients.

Aims To determine whether a CR intervention could improve functional outcomes in TRS patients.

Methods We evaluated proximal and distal effects of CR on approximately 20 schizophrenia responders and 20 TRS patients. Patients in each group were randomized to receive CR or not. Patients were assessed in training task performance, neurocognition, functional capacity, symptoms and psychosocial functioning. Evaluations were conducted at baseline, at the end of the 4-month intervention, and at 6-month, 1 and 2 year-follow-ups. The study is still in active recruitment phase.

Results Both TRS and schizophrenia responder patients exposed to CR exhibited a significant improvement in specific neurocog-