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Studies on individuals without developmental disorder show that mental representation of self-face is subject to a multimodal process in the same way that the representation of the self-body is. People with autistic spectrum disorder (ASD) have a particular pattern of face processing and a multimodal integration deficit.

The objectives of our study were to evaluate the self-face recognition and the effect of interpersonal multisensory stimulation (IMS) in individuals with ASD. We aimed to show a self-face recognition deficit and a lack of multimodal integration among this population. IMS consisted of the presentation of a movie displaying an unfamiliar face being touched intermittently, while the examiner applied the same stimulation synchronously or asynchronously on the participant. The effect resulting from IMS was measured on two groups with or without ASD by a self-face recognition task on morphing movies made from self-face and unfamiliar-face pictures.

There was a significant difference between groups on self-recognition before stimulation. This result shows a self-face recognition deficit in individuals with ASD. Results for the control group showed a significant effect of IMS on self-face recognition in synchronous condition. This suggests the existence of an update of self-face mental representation by multimodal process. In contrast, there was no significant effect of IMS demonstrated in ASD group, suggesting a multimodal integration deficit for the constitution of self-representation in this population.

Our results show the existence of a self-face recognition deficit in individuals with ASD, which may be linked to a lack of multimodal integration in the development of the self-face representation.

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EV334

Sex differences in the neural basis of theory of mind during development

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Introduction Theory of mind (ToM) is the ability to predict behaviors of others in terms of their underlying mental states. It is carried out in order to make sense of and predict behavior. Impairments in ToM have been found in many psychiatric/neurological disorders including schizophrenia and autism spectrum disorders. Previous research has indicated sex difference in ToM development. Previous research has also found some differences in the neural basis of ToM.

Objectives/aims An objective/aim of the present study was to examine possible sex differences in the neural mechanism associated with ToM development. Another objective was to examine the neural basis of ToM that is shared by both sexes throughout development.

Methods Thirty-two adults (16 women) and 24 children (12 girls) were assessed with fMRI while performing a false belief (FB) task.

Results During the ToM relative to non-ToM condition, adults and children of both sexes showed increased activity in the medial prefrontal cortex (mPFC) and the temporo-parietal junction (TPJ). Both boys and girls recruited more brain regions than adults. Moreover, children employed structures involved in the human mirror neuron system (hMNS) more than adults. More specifically, boys recruited the inferior frontal gyrus (IFG) more than men, while girls recruited the precentral gyrus more than women.

Conclusions These results suggest that boys/men and girls/women employ different brain regions for ToM during development.

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EV335

Instructional influence on learning and decision making with respect to cognitive functioning

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Introduction Humans learn how to behave both through rules and instructions (explicit learning) as well as through environmental experiences (implicit learning). It has been shown that instructions can powerfully control people's choices, often leading to a confirmation bias.

Aim To explore confirmation bias with respect to cognitive functioning in healthy adult participants.

Methods We recruited 25 healthy adult control subjects (9 males, 16 females, age 31.40 ± 6.08 years). Participants completed Repeatable Battery of Neuropsychological Status (RBANSS) as well as Instructed Version of Probabilistic Selection Task (IPST) (Doll et al., 2009).

Results Based on the performance on IPST into two groups: a group with higher and lower susceptibility to confirmation bias. We found no difference between these groups with respect to any of the cognitive domains measured with RBANSS (immediate memory, visuospatial abilities, language, attention and delayed memory) (U Mann-Whitney test, $P > 0.05$).

Conclusion In healthy adults, susceptibility to confirmation bias is independent of cognitive functioning (immediate and delayed memory, visuospatial abilities, language and attention).

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Relationship between executive functions and adherence to antiretroviral therapy in HIV-infected patients

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Introduction HIV-related damage of the central nervous system is manifested in varying severity of neurocognitive disturbances. Research on measures of executive functioning has confirmed that HIV infection is associated with progressive difficulties in these abilities. Moreover, several studies in recent years have shown that an impaired cognitive function confers a higher risk of poor adherence to antiretroviral therapy.

Objectives/Aims The aim of this study is to analyze the relationship between executive functions and ART compliance.

Methods We designed a cross-sectional case-control survey. Cases were defined as HIV-infected patients who missing at least 10% intakes in the last year (reported by hospital pharmacy) and self-reported non-adherence by Simplified Medication Adher-

ence Questionnaire (SMAQ). Controls were defined as HIV-infected patients who accomplishing at least last 95% intakes in the last year (reported by hospital pharmacy), and self-reported adherence by SMAQ. Patients with adherences between 90–95% were not included. Executive functions were evaluated with Wisconsin Sorting Card Test. Linear regression was employed as statistical analysis. Results were adjusted for follow-up years. Wisconsin score was already adjusted for gender, age and education level when data were corrected.

Results Our sample was compound by 63 patients: 37 controls and 26 cases. A statistical signification ($P < 0.05$) was found for total correct, total errors, perseverative responses, perseverative errors, conceptual level responses and trials to complete first category score between adherence and non-adherence treatment patients.

Conclusions In our sample worse executive function score, measured by Wisconsin Card Sorting Test, was linked to poor adherence to antiretroviral treatment in HIV patients.

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EV338

Verbal and visual-spatial working memory performance in Arabic monolingual and English/Arabic bilingual Kuwaiti children

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Introduction Research in psycholinguistics focusing on cognitive processing in bilinguals and the role played by working memory about cognitive processing indicated that Working Memory (WM) was instrumental in cognitive processing in bilinguals, but that its role was different and generally more complex than it was in monolinguals. However, the specific manner in which the use of WM differed between monolinguals and bilinguals was not always clear.

Objectives This research explored the verbal and visual-spatial WM performance in an Arabic monolingual group and a bilingual English/Arabic group.

Methods The participants were 396 Kuwaiti (198 monolingual aged 7.99 ± 1.97 years and 198 bilingual aged 8.03 ± 1.92) with no significant age differences ($t = 0.23$, $P > 0.05$). The two groups were compared on how they performed in the Automated Working Memory Assessment (AWMA), to measure a verbal and visual-spatial WM tasks. The tasks were Listening Recall, Counting Recall, Mr. X, Backward Digit Recall, Odd-one-out and Spatial Span. All tasks were internally consistent (Alpha = 0.91, 0.93, 0.87, 0.88, 0.87, and 0.91 respectively). The data was analyzed using Independent Sample t Test.

Results The findings showed that there was significant group difference as the monolingual Arabic group (L1) performed better than bilingual English/Arabic group (L2) on both of verbal WM ($t = 3.25$, $P < 0.002$) and visuospatial WM ($t = 3.04$, $P < 0.002$).

Conclusion The monolingual children obtained higher scores on both verbal and visuospatial WM. These findings were explained in terms of the complexity of the Arabic language and cultural context in which the second language is being practiced. This warrants further investigation.

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EV339

Cognitive impairment in patients with epilepsy and effectiveness of overcoming stress behavior

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Introduction Today cognitive impairment study epilepsy in children and in people taking anticonvulsants. Unfortunately, we do not know enough about neuropsychological features of mild cognitive impairment in epilepsy, clinical and pathogenetic patterns of their development, role in the development of social exclusion.

Aim To study the mild cognitive impairment and their relationship with clinical features of epileptic disease forms, socio-psychological characteristics of patients.

Methods Clinical-psychopathological, psychodiagnostic.

Results We first used Addenbrooke's cognitive examination (ACE-R) in patients with epilepsy to quantify cognitive disorders in this group. The specified scale detects violations of cognitive function to mild dementia and allows us to differentiate the prevalence of certain disorders of mental processes. We revealed that the reducing the effectiveness of stress overcoming behavior through cognitive disorders in thinking and attention are one of the pathogenetic psychogenic mechanisms of affective disorders in patients with epilepsy. The complex of individual therapeutic measures for patients with epilepsy and MCI is based on the study features of cognitive disorders results. Psychotherapy and psychological correction measures for patients with epilepsy and MCI have to improve the social functioning and quality of life. We also created recommendations for the prevention of cognitive disorders in patients with epilepsy.

Conclusions The features of cognitive disorders in patients with epilepsy, depending on the clinical form of epilepsy (symptomatic, idiopathic, cryptogenic). It should be used as additional differential diagnostic criteria forms of epilepsy (symptomatic, idiopathic, cryptogenic).

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EV340

The syndromic approach to the rehabilitation of the higher mental functions (HMF) of patients with progressive cognitive disorders in L.S. Vygotsky–A.R. Luria School

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Background The method of “rehabilitation training”, developed in the Soviet psychology, based on the idea that the human HMF are realized in complex functional systems, developed during cultural and ontogenesis.

Aims To show the importance of the development of approaches to the rehabilitation of HMF in Luria's neuropsychology.

Methods The disturbances in brain activity leads to the neuropsychological syndrome appearance that could be called self-developing system. According to the systemic principles, each neuropsychological syndrome HMF disorders in accordance with brain injury localisation has the common “cause” – destroyed neuropsychological factor. In the case of patients with dementia several neuropsychological factors are usually included. So the rehabilitation processes should be aimed at the maximum preserved and