

CAR; 12.4% PBO), akathisia (9.6% CAR; 2.4% PBO) and extrapyramidal symptoms (9.3% CAR; 1.8% PBO). Discontinuation due to adverse events was reported in only 8.4% of cariprazine- and 14.8% of placebo-treated patients. Relapse occurred in 3.1% of cariprazine- and 5.3% of placebo-treated patients.

**Conclusions:** Cariprazine was generally well-tolerated in the early stage of schizophrenia; given the limitations of this analysis, additional research is warranted.

**Conflict of interest:** Studies were funded by Gedeon Richter Plc and Allergan Plc (prior to its acquisition by AbbVie). Dombi, Acsai, Dr. Barabássi, Dr. Sebe, Dr. Laszlovszky, Dr Vass, Dr. Szatmári and Dr. Németh are employees of Gedeon Richter Plc., Dr. Earley and Dr. Patel a

**Keywords:** Cariprazine; schizophrénia; antipsychotic; safety

## EPP1190

### Neurocognitive function in patients at high risk of schizophrenia with positive thought disorders

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**Introduction:** The course of affective disorders varies significantly in clinical practice. There are many symptoms that are not related to affective disorders that cannot be described in other nosologies. In the present study such pathopsychological phenomena similar to psychotic symptoms and related to symptoms of “schizophrenia risk” were designated as positive thought disorders (PTD). These symptoms are understood as manifestations of delusional and hallucinatory register.

**Objectives:** Aim of the study is to identify and validate the differences of neurocognitive functions among patients with positive thought disorders and at high risk of schizophrenia and patients without thought disorders.

**Methods:** In the research there were 17 patients with high risk of schizophrenia dominated by PTD (affective disorders, personality disorders, schizophrenic spectrum disorders) and 18 patients without thought disorders (affective disorders, personality disorders) in the research. Patients aged 17-25 years.

**Results:** According to the results of the The Complex Figure test, the group with a high risk of schizophrenia had significantly low results on the “simultaneity” scale and points for copying the figure (p-value 0.04 and p-value 0.03). According to the results of the Verbal fluency test, the main group had significantly lower indices on the “loss of instruction” scale and on the number of repetitions (p-value 0.021 and p-value 0.009).

**Conclusions:** In the group of patients with a high risk of schizophrenia with positive thought disorders there are neurocognitive features in the form of reduced inhibitory control and a lack of simultaneity. The most sensitive methods are the Complex figure test and Verbal fluency Test.

**Conflict of interest:** The reported study was funded by RFBR, project number 20-013-00772

**Keywords:** Positive thought disorder; high risk of schizophrenia; Neurocognitive function; inhibitory control

## EPP1191

### Productivity of the performance of visual perceptual tasks and symptom severity in patients with schizotypal disorder

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**Introduction:** The experimental research of visual perceptual processes in schizophrenia could shed a light on the psychological mechanisms of development of the illness.

**Objectives:** To research the performance of visual perceptual tasks and its correlation with the symptom severity in patients with schizotypal disorder (SD).

**Methods:** 40 patients with SD in ICD-10 (mean age 29.8±8.3 years) were enrolled to the study. The Positive and Negative Symptoms Scale (PANSS) and two series of visual-perceptual tasks (Figures of Witkin and Goldstein) were applied. In series I subject should make a decision whether a complex figure contains a simple one without any feedback from the experimenter (all 96 trials). In series II each trial included two complex figures presented simultaneously (all 96 trials) that increased the visual-perceptual load. Statistical significance was ascertained by Spearman’s rank correlation.

**Results:** Negative correlations were established between the number of right answers in series II of visual perceptual tasks and emotional withdrawal ( $r=-0.78$ ,  $p\leq 0.01$ ), passive/apathetic social withdrawal ( $r=-0.53$ ,  $p\leq 0.05$ ). Time of performance of series I and series II had negative correlations with preoccupation ( $r=-0.55$  and  $r=-0.53$ ,  $p\leq 0.05$ , respectively).

**Conclusions:** The decrease in the productivity of visual perceptual tasks performance in case of additional load relates with reduced social and emotional dimensions of symptoms (social initiation, passivity, lack of sociality and inattention in daily activity, etc.) of patients with SD. Impulsivity in solutions (reduction of decision-making time) is associated with the increase of preoccupation with feelings, thoughts and autistic fantasies that lead to social and daily life disadaptation.

**Keywords:** schizotypal disorder; cognitive processes; visual perceptual tasks

## EPP1192

### Preliminary analysis of different tools in emotional competence assessment in patients with schizotypal disorder

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