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Symposium: Cognitive remediation and integrated treatments in the psychoses: Clinical effects and biological correlates

S131

Cognitive dysfunctions in the psychoses and their impact on patients' social functioning

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Introduction Impairment of neurocognitive functions, such as attention, memory or executive functions, as well as of social cognition, particularly of affect recognition and theory of mind, are frequently observed in people with Schizophrenia or other psychotic disorders. These dysfunctions are associated with poor real-life functioning. Social cognition deficits mediate in part the impact of neurocognitive dysfunction on functional outcome.

Aims To review literature findings on prevalence, severity and association with functional outcome of neurocognitive and social cognitive deficits in schizophrenia and other psychotic disorders. **Methods** We searched PubMed for English/Italian or French full-text publications with the keywords.

schizophr*/psychosis/psychot*/AND neurocognitive/cognitive/neuropsychological/memory/attention/"executive function"/learning/"social cognition"/"theory of mind"/"affect recognition"/"social emotion recognition"/"emotional intelligence"/"emot* recognition". Furthermore, we manually searched the reference lists of relevant papers, systematic reviews and meta-analyses.

Results In people with schizophrenia, schizoaffective disorder or bipolar disorder with psychotic features, neurocognitive and social cognition deficits were observed in all phases of the disorders, even after symptom remission. Some of these deficits were observed in subjects at high-risk to develop schizophrenia before psychotic onset. In all these subjects, cognitive deficits are associated with worse psychosocial functioning and poor quality of life. Pharmacological treatments do not alleviate cognitive deficits, which can also limit the benefit of other psychological or psychosocial interventions.

Conclusions Neurocognitive and social cognition deficits need to be targeted by specific interventions to improve real-life functioning and quality of life of people with schizophrenia or psychotic disorders.

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Biological correlates of the effects of cognitive remediation in the psychoses

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Cognitive Remediation Therapy (CRT) deals with the cognitive impairment, which is one of the most disabling symptoms of schizophrenia. Unfortunately, the understanding of its neurobiological correlates is far from complete. Neuroimaging studies have shown that CRT is able to induce neurobiological changes although the results have not always been enough replicated. The most commonly reported changes were those that involved the prefrontal and thalamic regions. Additionally, structural changes were described in both the grey and white matter, suggesting a neuroprotective effect of cognitive remediation. Neuroimaging studies of cognitive remediation in patients with schizophrenia suggest a positive effect on brain functioning in terms of the functional reorganisation of neural networks. From a different perspective, some changes in serum levels of Brain derived neurotrophic factor (BDNF) have been described. However, our replication of this trial has not been able to find any significant differences. So, nowadays the status of BDNF as a biomarker of cognitive recovery is possibly premature. One possible explanation can be the role of genetics and their different polymorphisms. COMT and BDNF polymorphisms could be accounting for the different outcomes of CRT. Moreover, some studies suggested a role of genes affecting dopamine modulation on outcomes of cognitive remediation.

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Impact of Cognitive remediation on the use of psychiatric services and patterns of care of patients with psychoses

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Cognitive remediation (CR) has proved to be effective in improving cognition, symptoms and psychosocial functioning in schizophrenia and other psychoses, but its impact on the use of psychiatric services and patterns of care of patients suffering from these diseases is still scarcely known. In fact, it would be particularly relevant to know if such intervention may have any modifying effect on use of services and costs of treatments. There is preliminary evidence that such an impact does exist, with possible reduction of number and duration of hospitalizations and of long-term residential stays and consequent reduced costs of inpatient treatment. On the other hand, community treatment costs could be increased as an effect of a shift of psychiatric and psychosocial interventions from inpatient to outpatient activities. A critical review of the existing literature on the issue will be provided, together with a discussion of the impact of this shift towards the attainment of increased functional and social recovery in the individual patient.

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