diagnosis is important in order to help patients and therapists to work on a treatment and to establish a more accurate prognosis.

Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1310

EV327

Cycloid psychosis: From Kleist until our days

A. Sousa [1,*], C. Solana [2], J. Gomes [3], P. Barata [4], R. Serrano [4], M. Lages [4], C. Oliveira [4], J. Chainho [3]
[1] *Lisboa, Portugal*
[2] *Centro Hospitalar Psiquiátrico de Lisboa, Psychiatry, Lisbon, Portugal*
[3] *Centro Hospitalar Barreiro-Montijo, E.P.E, Psychiatry, Barreiro, Portugal*
[4] *Hospital Prof. Doutor Fernando Fonseca, Psychiatry, Amadora, Portugal*
* *Corresponding author.*

Introduction After Emil Kraepelin's division of psychoses into a group of dementia praecox and manic-depressive insanity, the classification of psychoses with atypical symptoms, which could not be assigned in this dichotomy created a debate, that lasts until our days. These "atypical psychoses" had been described under many terms and concepts in different countries.

In 1926, Kleist coined the term "cycloid psychosis" to describe cases which did not meet the typical presentation shown in Kraepelian's dichotomy. Three decades later, Karl Leonhard established the concept of cycloid psychosis as a nosologically independent group of endogenous psychosis.

Objectives/Aims Make an historical review of the concept of cycloid psychosis. Discuss the clinical features and debate the classification of this clinical entity.

Methods A bibliographical review is made of the cycloid psychosis, based on the data published in Pubmed.

Results According to Leonhard, cycloid psychosis generally present with bipolar, polymorphous clinical symptomatology, and run a phasic course with complete remissions after each episode. Furthermore, Leonhard delineated three subtypes: anxiety-happiness psychosis, confusion psychosis and motility psychosis presenting with different symptoms. In 1981, Perris and Brockington formulated the first set of operational criteria for cycloid psychoses. In recent years, new data about this entity have been acknowledged due to information displayed by different clinical studies and imaging techniques.

Conclusion The phenomenology and classification of cycloid psychosis still needs more evidence for a greater use in clinical practice. However, this clinical entity can solve the void for the diagnosis of many of the so-called "atypical psychoses".

Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1312

Cognitive neuroscience

EV328

Are neurocognition and facial emotion recognition related in schizophrenia?

A. Arous [*], J. Mrizak, R. Trabelsi, A. Aissa, H. Ben Ammar, Z. El Hechmi
Razi Hospital, Departement Psychiatry F, Tunis, Tunisia
* *Corresponding author.*

Introduction Patients with schizophrenia (SCZ) show impairments in many social cognition domains including facial emotion recognition (FER). The existence of a relationship association between FER and neurcognitive functioning (NF) remains uncertain.

Objectives To investigate the association between ToM functioning and neurocognitive functioning in SCZ.

Methods FER was evaluated in 58 patients with stable schizophrenia with a newly validated FER task constructed from photographs of the face of a famous Tunisian actress representing the Ekman's six basic emotions. They also completed a neurocognitive battery comprising the following tests: the Hopkins Verbal Learning Test–Revised (HVLT-R), the Letter Digit Substitution Test (LDST), the Stroop Test (ST), the "Double Barrage" of Zazzo (DBZ), the Modified Card Sorting Test (MCST), Verbal Fluency (VF), the Trail Making Test-Part A (TMT-A) and the Digit Span (DS).

Results Patients who performed better in the FER task had better performance in the VF task ($P = 0.001$) and in the immediate recall of the HVLT-R ($P = 0.021$). No correlations were found with the other neurocognitive tests.

Conclusions Our results suggest that FER represents an autonomous cognitive function which does not necessarily require good NF.

Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1313

EV329

Neuropsychological characteristics of individuals with mild cognitive impairment

Q. Wang [*], Y. Sheng
Peking Union Medical College, School of Nursing, Beijing, China
* *Corresponding author.*

Introduction As the population ages, cognitive impairment is prevalent among older adults and this may cause a huge burden to society. In order to take precautions effectively, we need to understand the characteristics of cognitive function of older adults, especially the individuals with mild cognitive impairment (MCI).

Objectives To explore the characteristics of cognitive function changes in individuals with mild cognitive impairment.

Methods A total of 108 individuals with MCI as MCI group and 108 volunteers as control group were recruited in the study. The age, gender and years of schooling were matched between the two groups. The cognitive function was evaluated with the Montreal Cognitive Assessment (MoCA).

Results Individuals of MCI group performed poorer than those of control group on executive function, attention, calculation, language and delayed memory. The difference between the two groups was statistically significant ($P < 0.05$). The cognitive impairment in participants with MCI were delayed memory (100%), language (75%), executive function (66.7%), attention (44%) and calculation (20.4%).

Conclusions The impairment of memory, language and executive function is the primary characteristics in individuals with MCI. Individuals with MCI have similar characteristics with early stage Alzheimer's disease (AD). We should take preventive measures to improve or delay AD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1314