

activities (complex motor sequences, harmonious control of voluntary movement and movement in space, body-awareness), *intra-subjective coordination* (mirroring, demarcation and identification of one's own boundaries, single-group dynamics), and exercises aimed at developing *motor skills* (proprioception, balance, posture, rhythm and speed). At the beginning of the activity (T0) and after 10 meetings (T1) participants will carry out self-administered and externally administered assessments, for the evaluation of motor (BMS, LOFOPT, BBS, AIMS, SRRS), psychopathological (PANSS, FBF, ABP), social functioning (SOFAS) and daily physical activity level (IPAQ) dimensions.

**Results:** The study is still ongoing, due to limitations dictated by the Sars-CoV-2 pandemic. Preliminary results at T0 indicate a positive correlation between low levels of daily physical activity (IPAQ) and poor functioning (SOFAS). Significantly higher motor impairment with respect to the general population is also confirmed in all motor scales used. Moreover, a positive correlation between low levels of motor coordination (BMS\_MC) and balance (BSS\_TOT) was found together with basic symptoms related to loss of control or self-agency (FCQ\_KO). Furthermore, the first results suggest an overall improvement in motor performance at T1.

**Conclusions:** The longitudinal analysis will enable the extent of the impact of EPT on functioning, motor and psychopathological dimensions of the patients to be determined, providing useful elements for planning specific rehabilitation interventions for schizophrenia.

**Disclosure of Interest:** None Declared

## EPV0921

### DIMENSIONAL DIAGNOSIS IN SCHIZOPHRENIA SPECTRUM DISORDERS: A CASE REPORT

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**Introduction:** The use of diagnostic categories, although useful, fails in capturing the psychopathological complexity of the individual case. As for schizophrenia spectrum disorders, positive symptoms are not always included in the presentation, so further dimensions should be considered for a correct diagnosis.

**Objectives:** To describe the importance of dimensional diagnosis in schizophrenia spectrum disorder based on a clinical experience

**Methods:** We report the case of a late-onset schizophrenia spectrum disorder with an affective presentation

**Results:** I. is a 44-year-old woman who accessed the Community Mental Health Center due to subjective memory complaints. After clinical evaluation, depressive symptoms and circadian rhythm disturbances emerged. The patient also reported dissociative experiences, which emerged after her brother's death. She underwent a neurological visit that excluded the possible early manifestation of a neurodegenerative disorder. Quetiapine was at first prescribed, due to the possible action on both insomnia and mood symptoms, with insufficient response. After a few visits, a deeper mental state examination revealed the presence of delusions. The

patient also reported having experienced hallucinations. Psychotic symptoms appeared to be persistent and pervasive. We changed the antipsychotic to full-dose olanzapine, with good response. After a six-month observation, the patient was diagnosed with schizophrenia.

**Conclusions:** The diagnosis of late-onset schizophrenia should take into account clinical history, drugs response, and the evaluation of different psychopathological dimensions

**Disclosure of Interest:** None Declared

## EPV0922

### Association between cognitive deficits and negative symptoms: a systematic review of the literature

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**Introduction:** In patients with schizophrenia, numerous studies have shown a relationship between negative symptoms and cognitive deficits (both neurocognition and social cognition deficits) and a similar impact of these domains on different clinical features such as onset, course and prognostic relevance. However, this relationship is still today subject of scientific debate.

**Objectives:** The aim of the present study is to conduct a systematic review of the literature on data concerning the relationships between neurocognition and social cognition deficits and the two different domains of negative symptoms— avolition-apathy and expressive deficit.

**Methods:** A systematic review of the literature was carried out following PRISMA guidelines and examining articles in English published in the last fifteen years (2007 - March 2022) using three different databases (Pubmed, Scopus and PsychINFO). The included studies involved subjects with one of the following diagnoses: high risk of psychosis, first episode of psychosis, or chronic schizophrenia. Other inclusion criteria of the reviewed studies included: evaluation of at least one neurocognitive or social cognition domain and at least one negative symptom using standardized scales; analysis of the relationship between at least one neurocognitive or social cognition domain and a negative symptom.

**Results:** Databases search produced 8497 results. After title and abstract screening, 395 articles were selected, of which 103 met inclusion criteria. The analysis of retrieved data is still ongoing. Preliminary evidence highlighted: a correlation between social cognition and negative symptoms, in particular with the "expressive deficit" domain; a positive correlation between the severity of negative symptoms and that of neurocognitive deficits (in particular with the "processing speed" domain); an association of verbal working memory deficits with avolition and anhedonia.

**Conclusions:** The study of the relationship between negative symptoms, neurocognitive deficits and social cognition could contribute to the understanding of the aetiology of psychotic disorders and therefore to the identification of therapies for the improvement of overall functioning and quality of life. The studies analysed so far show some interesting associations between cognition and negative symptoms, but the presence of often inconsistent results, partially attributable to the different conceptualizations of the various