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Introduction It has been suggested that psychotic bipolar patients have more severe cognitive deficits and lower functioning that non-psychotic bipolar patients.
Objectives To evaluate neurocognitive and functional performance in stabilized psychotic bipolar patients (BP+), non-psychotic bipolar patients (BP−) and schizophrenia patients (SZ).
Aims To examine whether BP+ might be defined as a more homogenous subtype of bipolar disorder with more severe cognitive deficit and more severe functional impairment.
Methods Fifty TB+, 50 TB−, 50 SZ and 51 controls were evaluated with a comprehensive neurocognitive battery (WCST, FAS, TMT-A and B, Stroop Test, Digits span, letters and numbers – WMS-III−, CVLT, ROCFT, CPT-DS). Moreover, patients were evaluated with clinical scales (PANSS, MADRS, YMRS) and functionality scales (WHOs Disability Assessment Scales, QLS and GAF). IBM SPSS Statistics (version 19.0) was used to the data analysis.
Results No significant differences were found between three patients' samples ($P < 0.0001$). No significant differences in neurocognitive measures were found between BP+ and BP−. Significant differences were found between both groups of bipolar patients and schizophrenia in working memory measures ($P < 0.0001$). BP+ and BP− showed significant higher functionality than SZ ($P < 0.0001$), without significant differences in functionality between BP+ and BP−.
Conclusions The pattern of neurocognitive and functional deficit is similar in BP+ and BP−. The neurocognitive deficit is very similar in both groups of bipolar patients groups in comparison to SZ; functionality is better in both bipolar groups than in schizophrenia patients.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW118

Is empathy correlated to patients' level of cognitive impairment in schizophrenia?

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Introduction Empathy, which refers to the ability to understand and share the thoughts and feelings of others, may be compromised in schizophrenia (SCZ). Yet the relationship between empathy and neurocognitive functioning remains unclear.
Objectives To explore whether cognitive and affective empathy are associated with the neurocognitive functioning in SCZ.
Methods Fifty-eight outpatients with stable SCZ completed the Questionnaire of Cognitive and Affective Empathy (QCAE) comprising five subscales intended to assess cognitive and affective components of empathy. 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 Better affective and cognitive empathy correlated with better performance in the ST (less hesitations and less errors). Patients with better cognitive empathy performed better in the MCST (more categories achieved; $P = 0.029$) and in the LDST (more substitutions per minute; $P = 0.031$).
Conclusions Our results bolster support for the presence of an association between NF and the decreased cognitive and affective empathy in schizophrenia.
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EW119

Clinical symptomatology and empathy in schizophrenia: Which relationship?

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Introduction The impairment of cognitive and affective empathy among patients with schizophrenia (SCZ) may represent a significant feature of the illness. However, the relationship between those impairment and dimensions of psychosis remains unclear.
Objectives To explore whether cognitive and affective empathy are associated with severety of different psychotic symptoms.
Methods Cognitive and affective empathy were evaluated in 58 patients with stable schizophrenia with the Questionnaire of Cognitive and Affective Empathy (QCAE) comprising five subscales intended to assess cognitive and affective components of empathy. Symptomatology evaluation comprised the Positive and Negative Syndrome Scale (PANSS), the Calgary Depression Scale for Schizophrenia (CDSS) and the Clinical Global Impressions Scale Improvement and severity (CGI).
Results Patients with better cognitive empathy had less total CDSS scores ($P = 0.036$, $r = -0.449$) and lower CGI-severity scale scores ($P = 0.01$, $r = -0.536$). Patients with better affective empathy had lower scores (which means a better improvement) at the CGI-improvement scale ($P = 0.03$, $r = -0.461$).
Conclusions Our results suggest that empathy with its different component is not totally independent of the clinical state of the patient. Further studies are required to confirm whether empathy deficits are state or trait aspects of SCZ.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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Comorbidity/Dual pathologies

EW120

Depressive symptoms in patients with schizophrenia

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Introduction Depression is common among patients with schizophrenia and is associated with a wide range of poor outcomes, including psychotic relapse and suicide. The aim of the study is to evaluate the presence of depressive symptoms in patients with schizophrenia and to compare depression intensity in schizophrenic patients and patients with depressive disorder.
Methods In this cross sectional study were included 40 patients from both genders. Patients were divided in 2 groups: (1) examined group: 20 schizophrenic patients who presented depressive symptomatology. Depressive symptoms-evaluated with the 17-item Hamilton Rating Scale for Depression. Inclusion criteria: schizophrenic disorder by ICD-10 (F20.0-F20.9), total score higher than 7 on the HRSD-17 and age between 25 and 65; (2) control group: 20 patients with depressive disorder. Inclusion criteria: recurrent depressive disorder by ICD-10 (F33.0-F33.9), total score

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higher than 7 on the HRSD-17 and age between 25 and 65. Psychiatric rating scales for clinical evaluation of prominence of symptomatology: 17-item Hamilton Rating Scale for Depression (HRSD-17) and PANSS (Positive And Negative Syndrome Scale).
Results The prevalence of patients with depressive symptoms among the schizophrenic patients was 45% i.e. out of 20 evaluated patients with schizophrenia, 9 showed depressive symptoms. The total score in the remaining 11 patients on the HRSD-17 was lower than 7 and they were excluded. Difference between the two groups for gender difference was not statistically significant.
Conclusions The percentage of patients with depressive symptoms among the patients with schizophrenic disorder was 45%. Schizophrenic patients more frequently presented mild and moderate depression in comparison to the control group. In the majority of subjects with schizophrenia and depressive symptoms positive schizophrenic symptomatology was predominant.
Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW122

Substance abuse and quality of life in chronic hepatitis C patients receiving antiviral treatment

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Introduction Chronic hepatitis C virus (HCV) is one of world's most important chronic infections. HCV can be treated using interferon-alpha (IFNα) and ribavirin (RBV). HCV, IFNα and RBV are known to impair mental and physical life quality. Many HCV-infected individuals have life-prevalence of substance use disorder (SUD).
Objectives To study life quality (SF-36) in HCV patients with SUD history during antiviral treatment.
Methods SF-36 questionnaire was assessed in 384 HCV patients at baseline, and at 4, 12, 24, and 48 weeks of treatment. ANCOVA models were used to study the association of SF-36 scores and potential risk factors at baseline. Risk factors from baseline scores over time were studied through linear mixed models, adjusting for baseline scores.

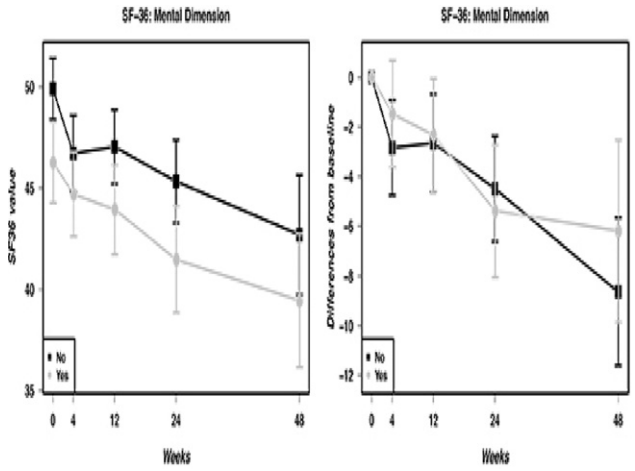

Fig. 1 Mental component scale during treatment.

Results At baseline, SUD men had worse mental ($P = 0.03$) and physical health ($P = 0.022$), and younger patients had worse social functioning ($P = 0.011$), and mental ($P = 0.001$) but better physical health ($P < 0.001$). Figs. 1 and 2 show the results of mental and physical life quality during treatment from baseline.
Conclusions This study emphasizes the decrease in life quality in HCV patients with SUD before and during antiviral treatment.
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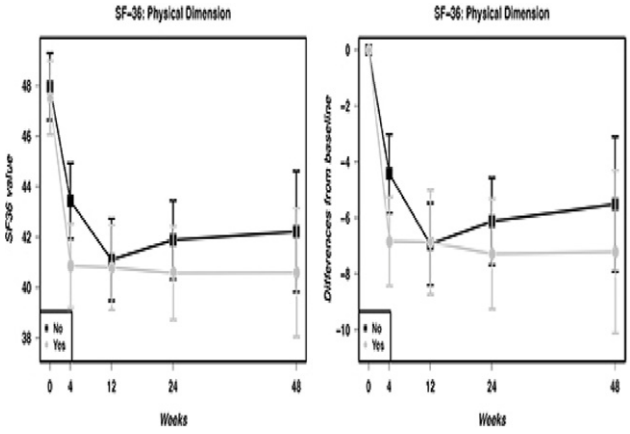

Fig. 2 Physical component scale during treatment. Adjusting for gender, age, HIV co-infection, and history of mood disorders.

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EW123

Challenging patients: Human misery

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Introduction Psychiatry has seen significant progress in recent decades due to scientific advances. However, beyond genes, neurotransmitters and neurocircuits, there is a truly human dimension that escapes all the science. The choices each one makes, even if biologically mediated, and the consequences, even if mediated through individual vulnerabilities, dictate an outcome. That outcome may be a biopsychosocially ill individual. Health professionals trained and up-to-date on the latest research are confronted with challenges that far outweigh what they expected and know what to do with, defying the humanity of even the most humane.
Objective To reflect upon a clinical case of human misery.
Aims To promote growth at a professional and personal level through the process of treating challenging patients.
Methods Presentation of a clinical case.
Results A homeless person with a history of and current drug use, prostitution, untreated HIV-AIDS, hepatitis B and C, untreated *Mycobacterium lentiflavum* pulmonary infection, bleeding rectal prolapse, prolonged psychotic manic episode and a very difficult personality has trouble finding and ultimately rejects help from medical professionals and ends up involuntarily admitted to a psychiatric inpatient unit.
Conclusions Many unsolvable or only partially solvable puzzles end up under psychiatric care. The complexity of human nature escapes all scientific advances. We can put many pieces together