enables him to grow up from the internal mixture of the mental presentations into an authentic, independent person, dedicated to the patient. The therapist is expected to tolerate the patient's alienation due to the fears from fusion or disintegration. A constant activity of reestablishing of contact and respect of a specific cognitive style are needed. Communication with the schizophrenics implies an explicit calling to a verbal communication that has to be understandable, and searching for the conceptual framework, which provides understanding. Basic characteristics of the adequate communication are persistence, consequence and simplicity of instructions with the norm of behavior control, as well as the clarity of the "here-and-now" situation. The therapist's understanding of the schizophrenics justifies his actions and allows taking the psychotherapeutic attitude.

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EV1170

Psychogenic polydipsia and schizophrenia

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Introduction Psychogenic Polydipsia is defined as the desire to drink liquid in big quantities with an inappropriate activation of the mechanisms of thirst without loss of liquid for urine. This disorder is frequent enough and can derive in a water poisoning, a clinical presentation of high mortality.

Objective Review of the Psychogenic Polydipsia in patients with schizophrenia and theoretical discussion of a case report.

Methods A case report of a 58-year-old male, admitted in hospital with a clinical presentation of hyponatremia with severe low serum osmolarity secondary to Psychogenic Polydipsia. As psychiatric history he has a diagnosis of Paranoid Schizophrenia for forty years in treatment with Paliperidone 6 mg: 1-0-0, Haloperidol 10 mg: 0-0-0.5, Quetiapina 300 mg: 0-0-1, Trazodona 100 mg: 0-0-1, Ketazolam 30 mg: 0-0-1, Diazepam 10 mg: 0-0-1.

Discussion Psychogenic Polydipsia is not included in any section of current psychiatric classifications as specific diagnosis. There are several psychiatric disorders that may present with psychogenic polydipsia; however, the most common cause appears to be schizophrenia.

Conclusions Mechanisms of hyponatremia in patients with schizophrenia are not well clarified; nevertheless, dopamine seems to be the common link between psychogenic polydipsia and schizophrenia.

Keywords Psychogenic Polydipsia; Hyponatremia; Schizophrenia

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

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EV1171

Treatment with intramuscular paliperidone palmitate in schizoaffective disorder

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Introduction Injectable formulations of long acting antipsychotic are a valuable treatment option for patients with psychotic disorders. Schizoaffective Disorder (SAD) is a complex disease; the optimal treatment is not well established yet.

Objective Answer the question about the effectiveness offered by intramuscular Paliperidone Palmitate in SAD versus other injectable antipsychotics. Keywords: schizoaffective disorder; paliperidone palmitate injection.

Methods A case report of a 35-year-old male diagnosed with Schizoaffective Disorder six years ago and with personal history of multiple manic decompensation after treatment discontinuation. Throughout his life he has been treated with intramuscular Risperidone 87.5 mg (50 + 37.5) every 14 days, Olanzapine flas 20 mg/day, Risperidone flas 3 mg, Amisulpride 600 mg/day, Valproic acid 1500 mg/day Clonazepam 2 mg/day and Lormetazepam 1 mg. In the last admission one year ago, he started treatment with intramuscular paliperidone palmitate up to 200 mg a month. Currently he receives a monthly dose of 100 mg and concomitant lithium 800 mg/day.

Discussion The use of intramuscular paliperidone palmitate in SAD and its effectiveness against other injectable antipsychotic is discussed.

Conclusions The use of intramuscular paliperidone palmitate appears to constitute an employment opportunity in the treatment of intramuscular maintenance in SAD. It could be effective in stabilizing episodes of acute exacerbation and remissions of psychotic, manic and depressive symptoms.

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EV1173

Battery of scales for comprehensive assessment of social cognition, neurocognition and motivation in patients with schizophrenia

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Introduction There has been a special interest in roles of neurocognition, social cognition and motivation impairments in patients with schizophrenia and possible approaches to remediating these deficits. Clinical practice lacks a comprehensive tool to measure those deficits.

Objective To build a comprehensive assessment battery to measure neurocognitive, social cognitive and motivational deficits in order to form targets for remediation programs and assess their efficiency.

Aims Translation and adaptation for Russian speaking subjects (if needed) of identified assessments upon authors' agreement.

Methods By consensus decision of 5 professionals in the field of clinical psychiatry, psychology and neuroscience a number of assessments were selected with the following criteria: 1. Relevance to domain assessed, 2. Appropriateness for Russian social context, 3. Reference rates in scientific papers, 4. Time consumed by each assessment.

Results Six measures reflecting main domains (neurocognition, Theory of Mind, attributional style, social perception, emotion processing, motivation) were selected: 1. BACS (Brief Assessment of Cognition in Schizophrenia) (R.S. Keefe et al., 2008), 2. Hinting Task (R. Corcoran 1995), 3. AIHQ (Ambiguous Intentions Hostility Questionnaire) (D.R. Combs et al., 2007), 4. RAD–15 (Relationships Across Domains) (M. Sergi et al., 2004), 5. Ekman–60 (P. Ekman et al., 1976), 6. AES (Apathy Evaluation Scale) (R.S. Marin et al., 1991).

Conclusions The battery built encompasses all targeted domains of neurocognition, social cognition and motivation. Time consumed by the battery estimates 130 ± 15 minutes, which is appropriate for clinical practice in a rehabilitation centre. Future research will