

## W0018

### Recognition and Assessment of Cognitive Impairment in Schizophrenia.

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A renewal of interest in the cognitive assessment of people with schizophrenia was related to the increasing acknowledgement of the strong relationships of cognitive deficits with functional outcome. In the early 2000's, research focused on those aspects of cognition that demonstrated a strong correlation with a variety of functional outcome measures (community functioning, functional capacity, social skills acquisition). Later on, social cognition, which was not included in neuropsychological batteries, became also a focus as it represents a mediator of the impact of neurocognition on functioning. The renewed interest and the association with functional outcome stimulated the development of batteries specifically devoted to the cognitive assessment of subjects with schizophrenia. The MATRICS Consensus Cognitive Battery (MCCB) is the instruments with the largest evidence of good psychometric properties and strong relationship with functional outcome. The MCCB has been proposed as the gold standard in assessing cognitive impairment in subjects with schizophrenia and has been translated into 24 languages and validated in many different countries. Different instruments are also available to assess emotional processing and theory of mind which should complement MCCB and similar batteries. The long administration time limits the use of batteries in everyday clinical routine and short-administered instruments were developed as screening tools. A brief, interview-based assessment of cognitive functioning, the Cognitive Assessment Interview, has also been developed and validated for use in clinical settings or as a co-primary measure in clinical trials. The development of a guidance paper might promote the routine assessment of cognition in subjects with schizophrenia.

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**Keywords:** Social cognition deficits; MATRICS Consensus Cognitive Battery; Cognitive Assessment Interview; Neurocognitive impairment

## W0017

### Assessment of Cognitive Impairment in Early Intervention Settings.

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Background. Cognitive impairment in schizophrenia is highly prevalent, the level of impairment range from moderate to severe. It has previously been stated that cognitive impairment was stable through the course of illness, but newer findings from long-term studies indicate that some patients have improved cognitive function. Cognitive function is marginally reactive to antipsychotic medication, and it is highly predictive of poor social and vocational outcome. Also, it constitutes a 'glass ceiling' for psychosocial and vocational rehabilitation. Several large batteries have been developed, and internationally, there is an attempt to agree on common measurements of core areas. There is a strong rationale for cognitive remediation, namely that it might improve the ability of patients to function in everyday life and that it has no side effects. Individuals at ultra-high risk (UHR) for psychosis have significant cognitive deficits that can impede functional recovery. Methods. In this randomised, clinical trial 146 individuals at UHR for psychosis were randomly assigned to treatment as usual (TAU) or TAU plus cognitive remediation. The CR targeted neurocognitive and social cognitive remediation. Results. A total of 73 UHR individuals were assigned to TAU and 73 assigned to TAU + cognitive remediation. Cognitive remediation did not result in significant improvement on the primary outcome; the Brief Assessment of Cognition in Schizophrenia composite score at 6-month follow-up ( $b=-0.125$ , 95%CI: -0.23 to 0.172,  $p=0.41$ ). Conclusion. The 20-session treatment protocol was not well received in the UHR group. Possibly situations close to everyday life could be better received and be more motivating

**Disclosure:** No significant relationships.

**Keywords:** cognition; RCT; Psychosis; Assessment

## W0018

### Treatment of Cognitive Impairment in Schizophrenia.

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Cognitive function in schizophrenia is one of the main elements significantly related to functional outcomes, accounting for approximately 25–50% of the variance in real-world functioning. Treatment approaches to cognitive dysfunctions include both pharmacological and psychosocial interventions. Second Generation Antipsychotics (SGAs) may partially improve cognitive dysfunction, due to their relatively high affinity for serotonin 5HT<sub>2A</sub> receptors. The effects of glutamatergic agents indicated benefits on cognition of a group of amino acids that act as glutamate agonists by binding to the glycine site on NMDA receptors. The administration of muscarinic antagonists potentiates cognitive impairments, while the  $\alpha 7$  nicotinic acetylcholine receptors have been shown to play an important role in cognition with potential therapeutic applications in schizophrenia. Studies on drugs targeting neuroinflammation and oxidative stress emerged. Cognitive remediation has proved to be effective in improving cognitive dysfunctions and psychosocial functioning in people with schizophrenia, however there is still a limited understanding of how the putative active therapy ingredients contribute to changes in the brain and translate into improved real-world functioning. Cogrem exerts its maximal benefit when delivered in the context of other psychiatric rehabilitative inter-

ventions, but it is not yet clear what are the mechanisms of effectiveness of integrated treatment. It is important that future research shift from studies of group efficacy to individual efficacy of treatments, in the perspective of precision medicine. Issues related to individual predictors of effectiveness and of interactions between specific pharmacologic, specific cognitive remediation technique and individual patients' characteristics should be furtherly addressed.

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**Keywords:** schizophrénia; pharmacological treatment; Cognitive dysfunctions; Cognitive remediation

## W0019

### Discussion on Assessment and Treatment of Cognitive Impairment and New Developments of Cognitive Remediation in Schizophrenia.

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Cognitive impairment is conceptualised in different ways and the discussion will highlight differences and similarities. The importance of these cognitive impairments for choosing specific or generic cognitive remediation therapies will be highlighted as well as the need to consider social cognition and metacognition as potentially more important ingredients for improving recovery.

**Disclosure:** No significant relationships.

**Keywords:** schizophrenia; cognitive remediation; psychological therapy

### How can we Improve Psychiatric Training in Women's Mental Health?

## W0020

### What are the Training Needs of Mental Health and other Healthcare Professionals in Women's Mental Health?

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Women's mental health deals with, but not limited to, various aspects of psychiatric disorders in women, across the lifespan. The differential influence of gender and gender related indirect factors on mental ill-health has been researched and established for at least three decades. However, this topic is seldomly considered to be included in the structured curricula of psychiatric training. Several institutions provide temporary, CME-linked courses and

other training opportunities. Yet, in many countries it is not part of a core program, whereas in common mental disorders, it is women who predominate. In this talk, a special focus will put on the training needs of psychiatrists and other mental health professionals regarding women's mental health, especially perinatal mental health and psychopharmacology during pregnancy and lactation. Another important aspect is the impact of intimate partner violence on the mental (and general) wellbeing of women, which despite being encountered by around 1 out of 3 women worldwide, is still poorly addressed and treated. Some other contemporary aspects such as the mental health of immigrant women, will also be discussed.

**Disclosure:** No significant relationships.

**Keywords:** women's mental health; training in psychiatry; perinatal mental health

## W0021

### Recent Trends in Russian Psychiatry with Particular Emphasis on Training in Women's Mental Health

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There will be two main foci to this presentation. Firstly, Designing and implementing a new educational program entitled "Women victims of domestic violence: Detection, clinic, help" – that is mainly based on the teaching of several modules, WPA International Curriculum for Mental Healthcare Providers on Violence Against Women. Our program is a follow-on to the one held during the COVID-19 pandemic restrictions, at which interest was expressed in sharing ideas and resources. Secondly, Informing on the recent trends in Russian perinatal psychiatry. This covers the psychiatric training in the assessment domain, case management, and service evaluation. We will introduce and review some resources for use in women's mental health practicals, propose innovative pedagogical structures for practical teachings, such as Problem Based Learning, 'Vicarious Learning,' and encourage discussion of how the practical aspects of women's mental health teaching can be supported and enhanced. Teaching modules and training pathways will be delivered ("not too much; not too little and in the right order"), and dimensions of quality in continuing professional development in women's mental health (i.e., Sophistication, Credibility, Timeliness, and Utility) will be outlined. This will be followed by a discussion exploring the different prioritization of the teaching modules across various organizations. We urge our audience to consider it is time for psychiatric training in women's mental health to move from the margins to the center.

**Disclosure:** No significant relationships.

**Keywords:** training pathways; psychiatric training; women's mental health; Russian psychiatry