

ence Questionnaire (SMAQ). Controls were defined as HIV-infected patients who accomplishing at least last 95% intakes in the last year (reported by hospital pharmacy), and self-reported adherence by SMAQ. Patients with adherences between 90–95% were not included. Executive functions were evaluated with Wisconsin Sorting Card Test. Linear regression was employed as statistical analysis. Results were adjusted for follow-up years. Wisconsin score was already adjusted for gender, age and education level when data were corrected.

Results Our sample was compound by 63 patients: 37 controls and 26 cases. A statistical signification ($P < 0.05$) was found for total correct, total errors, perseverative responses, perseverative errors, conceptual level responses and trials to complete first category score between adherence and non-adherence treatment patients.

Conclusions In our sample worse executive function score, measured by Wisconsin Card Sorting Test, was linked to poor adherence to antiretroviral treatment in HIV patients.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1321>

EV338

Verbal and visual-spatial working memory performance in Arabic monolingual and English/Arabic bilingual Kuwaiti children

F. Khashawi

Kuwait University, Psychology, Kuwait, Kuwait

Introduction Research in psycholinguistics focusing on cognitive processing in bilinguals and the role played by working memory about cognitive processing indicated that Working Memory (WM) was instrumental in cognitive processing in bilinguals, but that its role was different and generally more complex than it was in monolinguals. However, the specific manner in which the use of WM differed between monolinguals and bilinguals was not always clear.

Objectives This research explored the verbal and visual-spatial WM performance in an Arabic monolingual group and a bilingual English/Arabic group.

Methods The participants were 396 Kuwaiti (198 monolingual aged 7.99 ± 1.97 years and 198 bilingual aged 8.03 ± 1.92) with no significant age differences ($t = 0.23$, $P > 0.05$). The two groups were compared on how they performed in the Automated Working Memory Assessment (AWMA), to measure a verbal and visual-spatial WM tasks. The tasks were Listening Recall, Counting Recall, Mr. X, Backward Digit Recall, Odd-one-out and Spatial Span. All tasks were internally consistent (Alpha = 0.91, 0.93, 0.87, 0.88, 0.87, and 0.91 respectively). The data was analyzed using Independent Sample t Test.

Results The findings showed that there was significant group difference as the monolingual Arabic group (L1) performed better than bilingual English/Arabic group (L2) on both of verbal WM ($t = 3.25$, $P < 0.002$) and visuospatial WM ($t = 3.04$, $P < 0.002$).

Conclusion The monolingual children obtained higher scores on both verbal and visuospatial WM. These findings were explained in terms of the complexity of the Arabic language and cultural context in which the second language is being practiced. This warrants further investigation.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1323>

EV339

Cognitive impairment in patients with epilepsy and effectiveness of overcoming stress behavior

V. Korostiy*, B. Gerasimov

Kharkiv national medical university, Psychiatry, narcology and medical psychology, Kharkov, Ukraine

* Corresponding author.

Introduction Today cognitive impairment study epilepsy in children and in people taking anticonvulsants. Unfortunately, we do not know enough about neuropsychological features of mild cognitive impairment in epilepsy, clinical and pathogenetic patterns of their development, role in the development of social exclusion.

Aim To study the mild cognitive impairment and their relationship with clinical features of epileptic disease forms, socio-psychological characteristics of patients.

Methods Clinical-psychopathological, psychodiagnostic.

Results We first used Addenbrooke's cognitive examination (ACE-R) in patients with epilepsy to quantify cognitive disorders in this group. The specified scale detects violations of cognitive function to mild dementia and allows us to differentiate the prevalence of certain disorders of mental processes. We revealed that the reducing the effectiveness of stress overcoming behavior through cognitive disorders in thinking and attention are one of the pathogenetic psychogenic mechanisms of affective disorders in patients with epilepsy. The complex of individual therapeutic measures for patients with epilepsy and MCI is based on the study features of cognitive disorders results. Psychotherapy and psychological correction measures for patients with epilepsy and MCI have to improve the social functioning and quality of life. We also created recommendations for the prevention of cognitive disorders in patients with epilepsy.

Conclusions The features of cognitive disorders in patients with epilepsy, depending on the clinical form of epilepsy (symptomatic, idiopathic, cryptogenic). It should be used as additional differential diagnostic criteria forms of epilepsy (symptomatic, idiopathic, cryptogenic).

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1324>

EV340

The syndromic approach to the rehabilitation of the higher mental functions (HMF) of patients with progressive cognitive disorders in L.S. Vygotsky–A.R. Luria School

M. Kovyazina^{1,*}, Y. Zinchenko², N. Varako²

¹ Moscow original, Mytishchi, Moscow, Russia

² Moscow State University, Psychological, Moscow, Russia

* Corresponding author.

Background The method of “rehabilitation training”, developed in the Soviet psychology, based on the idea that the human HMF are realized in complex functional systems, developed during cultural and ontogenesis.

Aims To show the importance of the development of approaches to the rehabilitation of HMF in Luria's neuropsychology.

Methods The disturbances in brain activity leads to the neuropsychological syndrome appearance that could be called self-developing system. According to the systemic principles, each neuropsychological syndrome HMF disorders in accordance with brain injury localisation has the common “cause” – destroyed neuropsychological factor. In the case of patients with dementia several neuropsychological factors are usually included. So the rehabilitation processes should be aimed at the maximum preserved and