

of perception, concentration, memory retention and long-term memory. A recent short screen for cognitive impairment in psychiatry (SCIP) has addressed five domains of cognitive function: verbal learning–immediate, working memory, verbal fluency, verbal learning–delayed and processing speed [2].

Using the SCIP in admissions from a defined catchment area in the southwest of Vienna we confirm the presence of cognitive deficits in schizophrenic patients and to a lesser degree in bipolar patients. The deficits were present in all five domains and no discriminatory pathognomonic signs could be found between schizophrenia and bipolar disorder.

Recently, possibly selective deficits in social cognition have been described in schizophrenic patients [3]. We review the evidence on the specificity of social impairment to schizophrenia.

Disclosure of interest The authors declare that they have no competing interest.

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From (Psycho) pathology to diagnosis: psychiatry nosology beyond dichotomy

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As in all medical disciplines, diagnosis in clinical psychiatry should be reached in a step-wise approach: after assessing the chief complaint of the patient, a careful examination of the psychopathology follows e.g. by using the AMDP system [1] to preliminarily conclude the process with a syndromal classification [2]. This syndromal classification is of great importance as it guides the initiation of therapy in daily life practice. After gaining additional information (e.g. investigation in the course of the disease, brain imaging, thorough assessment of cognitive function, exclusion of organic causes) a final diagnosis is possible. Unfortunately, a premature jumping to diagnosis is not uncommon (with the potential consequence of incorrect therapies).

In addition to these difficulties, recent neurobiological research has shown that nosologic assignments through conventional diagnostic classifications are far less specific than assumed, revealing a large overlap between diagnostic categories [3,4], e.g. between Schizophrenia and affective disorders. Consequences of this finding are discussed both for the construction of future classification systems and for therapy.

Disclosure of interest The authors declare that they have no competing interest.

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Symposium: Autism spectrum disorders: From the neurobiology to interventions

S124

Psychosis and autism spectrum disorders

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Autism spectrum disorders (ASD) and schizophrenia were separated into different diagnostic categories in the late 1970's (DSM-III) having previously been considered as related diagnostic entities. Since then, several lines of evidence have indicated that these disorders show clinical and cognitive overlaps as well as some common neurobiological characteristics. Furthermore, there is a group of patients presenting with ASD and psychotic experiences who pose particular diagnostic and management challenges and may represent a subgroup of ASD more closely linked to psychosis. Evidence from a study of the first empirically derived classification of children with ASD in relation to psychosis based on three underlying symptom dimensions, anxiety, social deficits and thought disorder, will be presented. Further phenomenological, genetic and neuroimaging research on the clinical boundaries and overlapping pathophysiology of ASD and psychosis may help better define their relationship and lead to more effective interventions. Understanding this relationship will also provide a framework of working with patients with mixed clinical presentations.

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Neurobiology of autism spectrum disorders

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Autism Spectrum Disorders (ASD) is a group of neurodevelopmental disorders with heterogeneous etiology characterized by deficits in social cognition, communication, and behavioral flexibility. Disturbances on molecular and cellular level in early brain development incl. intercellular communication, an unbalanced ratio between certain neuronal populations and maturation/differentiation process, oxidative stress, happening in embryonal stages, might be promising candidates to explain the development of autistic symptoms.