

advances in neuroscience, it would be interesting to deepen its pathophysiology in order to place it in a more modern nosological framework.

Disclosure: No significant relationships.

Keywords: Capgras syndrome; face emotion recognition

EPV1341

Folie à deux, about a case

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Introduction: First described in France by Lasègue and Falret as the presence of the same psychiatric symptom in 2 individuals. It involves the transference of delusional ideas from a “primary” affected individual to one or more “secondaries,” in close association.

Objectives: We present the case of a patient, diagnosed with schizophrenia, who, after several years of evolution, and after a relapse, comes accompanied by his mother, who recently began to present the same delusional symptoms that the patient reported previously.

Methods: After several pharmacological adjustments, control of the patient’s symptoms is achieved and it is he himself who is able to identify the symptoms that his mother presents, allowing her to also attend and be treated.

Results: Induced delusional disorder F.24

Conclusions: Among the variants that the folie à deux encompasses (folie imposée, folie communiquée, folie simultanée, folie induite) in this case we are probably talking about a folie communiquée, given the resistance over time of the patient’s mother until the symptoms develop. It is important to know these syndromes to be able to make a clear diagnosis, and depending on the way of onset and evolution, to be able to distinguish between the different subtypes, in order to avoid future complications and guide the corresponding treatment.

Disclosure: No significant relationships.

Keywords: folie à deux; schizophrenia; psychotic; shared psychotic disorder

EPV1342

Gender differences in patients attending Early Psychosis Intervention Programme

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Introduction: Studying the scope of differences found in terms of gender in First Psychotic Episodes patients, should enhance our understanding of such disorders and improve the therapeutic approaches.

Objectives: Our main objective was to compare the sociodemographic variables between men and women included in the Early Intervention Program in Psychosis of the Regional University Hospital of Malaga between the years 2016-2020.

Methods: Retrospective study in which the characteristics of 135 patients who started the Early Intervention Program in Psychosis of the Regional University Hospital of Malaga between the years 2016-2020 were analyzed. Statistical analysis was performed using SPSS 25.0. For the comparison of variables, Student’s t was used for quantitative variables and Chi square for dichotomous variables.

Results: Patients included in the Program; 32% were women and 68% were men. The average of age at the beginning was 35.56 for women and 28.47 for men. Most of the women were married and most of the men were single. The majority of men lived with their original family and for women with their own family. In relation with the consumption of toxins, alcohol and to smoke, were more frequent in men. More results in poster.

Conclusions: Despite the limitations due to our study design, the results obtained are in agreement with some of the discussions that are currently in force. Given that, female gender is associated with lower risk of psychosis, better premorbid adjustment, lower drug consumption and a later onset of the disease in the first-episode psychosis.

Disclosure: No significant relationships.

Keywords: Gender differences; Early Psychosis Intervention Programme; Psychosis; female gender

EPV1343

Results of the Employment-Activity Program (EAP) of the PEPsNA in patients with first-episode psychosis

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Introduction: The Employment-Activity Program (EAP) of the PEPsNA aims that people develop or regain the occupational roles to which they aspire in their life after a first episode, due to the early ages affected by psychosis. Social-labor integration strategies (vocational rehabilitation and supported employment) are effective tools to improve the evolution of people with serious mental illness.

Objectives: Check the objectives achieved by the PEA, which in turn serves as a self-assessment, in order to improve our daily work.

Methods: Data related to employment/occupation are analyzed, (number of people who are active in employment or carrying out standardized studies, people with temporary labor disability or who repeat a year, sheltered employment, occupational center, long-term unemployment and others), instrumental functional capacity and neurocognitive status (CGI COG scale), occupational disability (WHODAS scale), social and occupational functioning (SOFAS scale) and quality of life (QLS scale)

Results: The rate of active persons with employment or standardized studies increases by 7.2% at 24 months, and the long-term unemployment rate decreases by 4.9%, the timing of the highest occupation being at 12-18 months of treatment, reaching 55% and the one with the lowest unemployment at 12 months, with 17.3%.

The percentage of people with ILT falls by 13.4%. The functioning scales also detect an improvement after 2 years of treatment.

Conclusions: The PEA contributes to the improvement in the global functioning of people and their quality of life.

Disclosure: No significant relationships.

Keywords: First-episode psychosis; Employment-Activity Program; Results

EPV1344

Convergent validity and ecological validity of the Test of Visual Perceptual Skills-4th Edition in people with schizophrenia

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Introduction: Visual perceptual deficit commonly occurs in people with schizophrenia. The Test of Visual Perceptual Skills-4th Edition (TVPS-4) is a motor-free visual perceptual measure, which includes seven subtests: visual discrimination, visual memory, spatial relationships, form constancy, sequential memory, visual figure-ground, and visual closure. However, convergent validity and ecological validity of the TVPS-4 is largely unknown, which limits its use in clinical and research settings.

Objectives: The purpose of this study was to examine convergent validity and ecological validity in people with schizophrenia.

Methods: Ninety-nine people with schizophrenia were assessed the TVPS-4, the Mini Mental State Examination (MMSE), the Behavioral Assessment of the Dysexecutive Syndrome (BADs), and the Activities of Daily Living Rating Scale III (ADLRS-III). To evaluate convergent validity, Pearson's *r* were calculated among the TVPS-4 and two cognitive measures (the MMSE and the BADs). To evaluate ecological validity, we computed correlation (*r*) between the TVPS-4 and the ADLRS-III.

Results: The TVPS-4 total score showed moderate correlations with two cognitive measures ($r=0.65-0.70$). The seven TVPS-4 domains revealed moderate correlations with two cognitive measures ($r=0.42-0.69$). Moderate correlation ($r=0.56$) was found between the TVPS-4 total score and the ADLRS-III. Moderate to high correlations ($r=0.33-0.61$) were noticed among the seven TVPS-4 domains and the ADLRS-III.

Conclusions: The TVPS-4 has good convergent validity and ecological validity in people with schizophrenia. The multiple domains of the TVPS-4 are useful to comprehensively identify visual perception deficits in people with schizophrenia. The TVPS-4 can adequately exhibit the degree of living independently in people with schizophrenia.

Disclosure: No significant relationships.

Keywords: ecological validity; visual perception; schizophrenia; Convergent validity

EPV1347

On the problem of the catatonic disorders taxonomy

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Introduction: In accordance with the systematics of modern international clinical guidelines (DSM-V, ICD-11), catatonia is qualified as a transnosological formation, which boundaries expands by including non-psychotic movement disorders (hysterical, affective, negative, etc.). This study presents the psychopathological systematics of movement disorders, based on a new dimensional model of catatonia.

Objectives: 60 patients with an established diagnosis of schizophrenia or SSD (F20, F21, F25.01, F25.11, F25.21, F25.22), catatonic disorders in the structure of which persist throughout the course of the disease or determine the clinical picture of phases.

Methods: Clinical, psychometric (BFCRS, SANS, SAPS, HADS), statistic.

Results: Three catatonic syndromes (S.) have been identified. 1. S. of stereotypical catatonia - presented by the mechanism of affiliation with negative symptoms (R between BFCRS Total Score (TS) and Avolition-Apathy SANS - 0,875): tendency to stereotypical activity; general, increasing slowness (SANS avolition-apathy - $2,9\pm0,5$; BFCRS TS - $11,1\pm0,2$). 2. S. of parakinetic catatonia - includes paroxysms forms by the mechanism of mental automatism (with the loss of motor acts voluntary effect) (R BFCRS TS/Persecutory Delusions SAPS - 0,764): irregular polymorphic movement disorders of hyperkinetic and akinetic types, impulsive actions, akinesias (Persecutory Delusions - $2,3\pm0,4$; BFCRS - $19,5\pm2,3$). 3. Affective - catatonic S. - including both the lightest (at the level of recurrent depression) variants of affective-catatonic phases (R BFCRS TS/HADS - 0,732; BFCRS - $5,1\pm0,4$; HADS - $15,1\pm2,4$), and more severe affective-catatonic states based on schizoaffective psychoses (R BFCRS TS/SAPS TS - 0,783; BFCRS - $15,3\pm2,1$; SAPS - $3,1\pm0,2$).

Conclusions: Catatonia is not a single dimension, represented by heterogeneous movement disorders, differing both in the mechanism of formation and in the psychopathological structure.

Disclosure: No significant relationships.

Keywords: Catatonia; schizophrenia mental disorders; schizophrenia; movement disorders

EPV1348

Modified Completion Test (MCT) in Psychological Diagnostics of Patients with Paranoid Schizophrenia — Stage of Retelling the Story

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