

of interests, reduced incentives and motivation, decreased mental and physical activity). Apathy becomes the cause of pronounced social maladaptation and untimely seeking medical help. Different depressions vary in psychopathological features of apathy, in addition, there are also different dimensions of the general dynamics of endogenous disease.

Objectives: Study of the features of the course of schizophrenia, in which apathetic depressions develop with episodic and persistent type of dynamics

Methods: The study included 36 patients (15 men, 21 women, average age 34.9 years) with schizophrenia. In 17 cases, apathetic depressions occurred as short-term episodes, in 19 cases, depression took a persistent (close to chronic) course.

Results: Schizophrenia with an **episodic type of dynamics of apathetic depressions** was characterized by: the predominance of cases with early onset of the disease; alternation of apathetic and other type depressions; equal occurrence of mono- and bipolar types of disease; low severity of negative symptoms and slight changes in social and labor functioning. Apathy has always been present during the whole length of depression, its picture was dominated by a motivational decline. The studied cases were prognostically favorable. The features of the course of schizophrenia with **chronic apathetic depression** were: hyperthymic (10 out of 19 observations) and sensitive schizoid (6 out of 19 observations) premorbid personality; bipolar forms of the disease (94.7%, $p < 0.05$); the predominance of apathetic depression over other depression types, atypical form of depression; short duration of remissions; frequent course of the disease with the presence of only apathetic depressions (12 out of 19, 63.1%, $p < 0.05$); significant severity of negative symptoms. Apathy occupied only as a part of the duration of the state, as a rule, after anxiety depression. The picture of apathy was dominated by a decrease in initiative or motivation. This clinical group is the most prognostically unfavorable.

Conclusions: Schizophrenia, occurring with the presence of persistent forms of apathetic depression, has a greater impact on the functioning of patients and has a less favorable prognosis.

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EPV0979

Management of cognitive symptoms in schizophrenia.

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Introduction: Cognitive impairment is the frequent symptom occurring in nonelderly patients with schizophrenia or other neurodegenerative disorders. Cognitive dysfunction in patients with schizophrenia was described by Kraepelin more than a century ago. Increased awareness and advancements in the area of neuropsychological assessment and neuroimaging techniques have now rendered cognitive impairment an important focus of theories on the etiology and treatment of schizophrenia. Cognitive enhancement still remains a clinically unresolved challenge. Till date, there is no effective treatment available for enhancing cognitive function in patients with schizophrenia

Objectives: This e-poster aimed to summarize evidence regarding clinical data on the nonpharmacologic and pharmacologic management of cognitive symptoms of schizophrenia, also known as cognitive impairment associated with schizophrenia (CIAS), and highlight the selection of appropriate treatment options.

Methods: A bibliographical review was performed using PubMed platform. All relevant articles were found using the keywords: schizophrenia, cognitive symptoms, management.

Results: Many different drug targets and strategies for drug development have been employed for enhancement of cognition in schizophrenia. Receptor targets have been identified on the basis of pharmacologic challenges that mimic schizophrenia (e.g., dopamine agonists and NMDA receptor antagonists), receptor abnormalities found on postmortem analysis of schizophrenia brain, and genetic linkage studies. Treatment with a D₁ agonist was shown to “sensitize” D₁ receptors and improve memory in both aged and antipsychotic-treated monkeys. Clinical trials of D₁ agonists in schizophrenia have been delayed due to poor tolerability related to orthostatic hypotension and nausea. The glycine-site agonists, glycine, D-serine, and D-alanine, produced improvement in negative symptoms in small trials and some improvement in measures of cognition, although formal cognitive testing was not performed.

Conclusions: Although the evidence supporting cognitive remediation has not yet achieved the level necessary to merit inclusion in evidence-based treatment guidelines, this approach, combined with other psychosocial interventions, is promising. Several pharmacologic approaches are currently under study to facilitate neuroplasticity.

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Cariprazine efficacy in a 40-year untreated case of a woman with predominantly negative symptoms of psychosis: A case report

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Introduction: Several studies have demonstrated the unfavorable and neurotoxic effects of untreated psychosis (UP) on the brain. An estimated 10 to 12 cc of brain tissue could be potentially damaged due to neuroinflammation and oxidative stress when a first episode of psychosis goes untreated. Other studies have found a correlation between the duration of untreated psychosis (DUP) and treatment resistance or nonresponse. Evidence-based schizophrenia treatment mainly relies upon the use of first and second-generation antipsychotics, without solid evidence that the former is superior to the latter regarding the treatment of negative symptoms. Both groups, however, can come with a risk of side effects. Cariprazine, a third-generation antipsychotic, represents a safe and effective treatment, targeting both the positive and negative symptoms of schizophrenia.

Objectives: To report a clinical case of a woman with an extreme DUP with predominantly negative symptoms of schizophrenia and highlight the favorable outcome cariprazine monotherapy had on her global functioning.