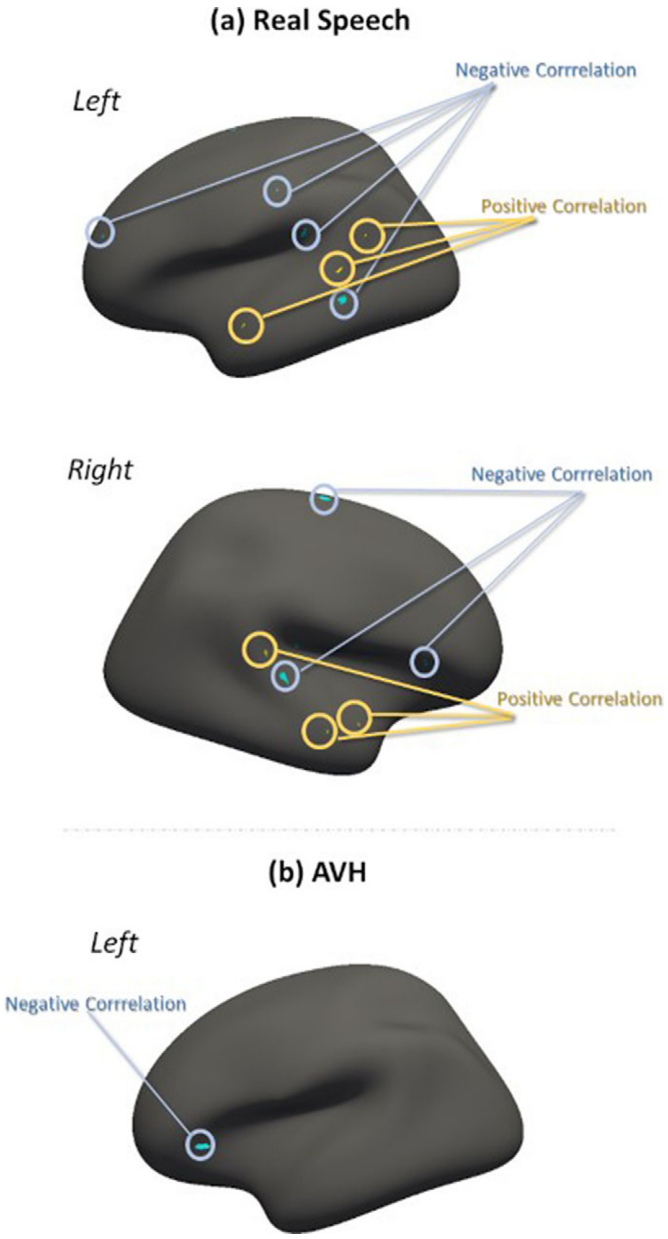
their AVH. Standard fMRI analysis was conducted with FSL, while sMRI images were processed using Freesurfer's recon-all pipeline to measure sulcal depth. Cross-modal registration aligned whole-brain fMRI activation maps to corresponding structural data and correlations between sulcal depth and brain activity were calculated for each vertex; age, sex and estimated premorbid IQ were covaried for. Cluster-based correction was applied for multiple comparisons.
Results: During real speech, a positive correlation was found between brain activations and sulcal depth in the left superior temporal sulcus (STS, BA 22), and negative correlations in the middle temporal (BA 21), frontal (BA 46), and parietal cortex. On the right, positive correlations were seen in the superior and middle temporal cortex (BA 38, 20, 42), while negative correlations were found in the STS (BA 22), pars triangularis (BA45), and precentral (figure a). During AVH, there was a negative correlation in the left pars triangularis (BA 45) only, including Broca's area, with no significant correlations in the right hemisphere (figure b).
Image 1:



Conclusions: The left STS, along with frontal and temporoparietal areas, appear structurally and functionally linked to perception of real speech. In contrast, AVH primarily engages Broca's area and adjacent left inferior frontal regions.

Disclosure of Interest: None Declared

EPV1834

Cognitive function in long term psychosis patients in a tertiary care hospital

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Introduction: Psychosis refers to symptoms that are positive, disorganised,or negative and affects 3% of the population yet little information on long-term cognition is available.
Objectives: To determine association between symptom severity,duration of disease and cognitive impairment.
Methods: 50 adult patients suffering from psychosis(DSM-5) for minimum 1 year and currently on at least 1 antipsychotic drug whose cognition and severity of symptoms were assessed by Montreal Cognitive Assessment test(MoCA) and Positive and Negative Syndrome Scale (PANSS) respectively were included in this cross sectional,cohort study.
Results: Mean age of population was 41.5±12.33 years.Disorganised behaviour and speech were the prevalent core symptoms and risperidone was the choice of drug.

Table 1	MALE	FEMALE	P value T-test	Overall mean
Total PANSS Score	68.2 ± 27.5	75.2 ± 34.9	0.430	71.1 ± 30.7
Positive PANSS	15.3 ± 7.67	17.4 ± 7.59	0.357	16.2 ± 7.63
Negative PANSS	17.2 ± 7.06	18.3 ± 8.92	0.646	17.7 ± 7.83
Generalised PANSS	35.6 ± 14.7	39.5 ± 20.6	0.434	37.2 ± 17.3

Table 2	MALE (58%,n=29)	FEMALE (42%,n=21)	OVERALL (n=50)
Mild cognitive impairment(CI)	34%(17)	14%(7)	48%(24)
Moderate CI	24%(12)	20%(10)	44%(22)
Severe CI	0%	8%(4)	8%(4)

Symptom severity was mild and more negative symptoms were prominent (composite score: -1.48±6.47) (Table 1 PANSS Score) and an overall moderate cognitive impairment(16.5 ±4.46, table 2) was seen in population. Females showed a significantly lower MoCA score as compared to males (14.9±4.8 vs 17.65 ± 3.78, p=0.03) implying more cognitive decline (image 3).There is a strong, negative, linear correlation between MoCA and PANSS scores (r= -0.688, p<0.001) wherein all domains(image 1)except memory were negatively correlated to PANSS. Duration of illness showed a moderate, positive,

linear and weak, negative, linear correlation with PANSS(r= 0.417, p =0.003) and MoCA(r = -0.314, p= 0.026) respectively. PANSS items were negatively correlated to MoCA in positive, negative and generalised items except delusions, blunted effect and tension(image 2).

Image 1:

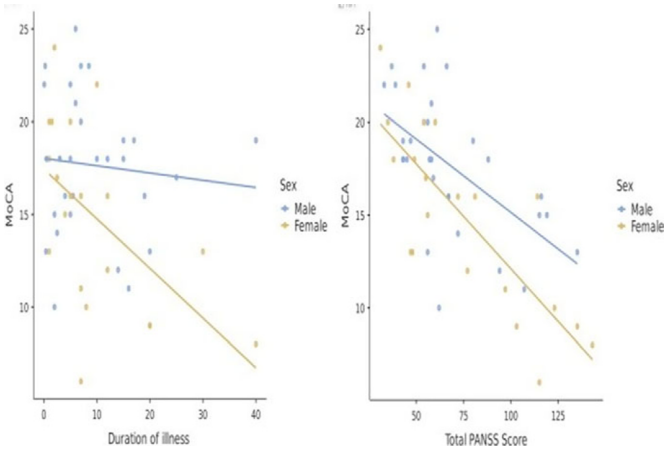
		Total score (PANSS)	Positive score PANSS	NEGATIVE PANSS	GENERAL PANSS	Age	Duration of illness
Age	Pearson's r	0.009	-0.095	-0.011	0.063	—	
	df	48	48	48	48	—	
	p-value	0.948	0.512	0.94	0.662	—	
Duration of illness	Pearson's r	0.417	0.259	0.42	0.434	—	—
	df	48	48	48	48	—	—
	p-value	0.003	0.069	0.002	0.002	—	—
MoCA	Pearson's r	-0.688	-0.505	-0.689	-0.684	-0.108	-0.314
	df	48	48	48	48	48	48
	p-value	<.001	<.001	<.001	<.001	0.457	0.026
Executive Function	Pearson's r	-0.597	-0.423	-0.654	-0.575	-0.201	-0.443
	df	48	48	48	48	48	48
	p-value	<.001	0.002	<.001	<.001	0.161	0.001
Visuospatial	Pearson's r	-0.37	-0.236	-0.375	-0.382	-0.032	-0.219
	df	48	48	48	48	48	48
	p-value	0.008	0.098	0.007	0.006	0.823	0.126
Orientation	Pearson's r	-0.568	-0.469	-0.478	-0.583	0.02	-0.197
	df	48	48	48	48	48	48
	p-value	<.001	<.001	<.001	<.001	0.888	0.17
Attention	Pearson's r	-0.475	-0.323	-0.466	-0.488	-0.098	-0.18
	df	48	48	48	48	48	48
	p-value	<.001	0.022	<.001	<.001	0.498	0.21
Language domain	Pearson's r	-0.549	-0.463	-0.497	-0.544	-0.021	0.049
	df	48	48	48	48	48	48
	p-value	<.001	<.001	<.001	<.001	0.888	0.737
Memory domain	Pearson's r	-0.043	0.024	-0.153	-0.017	-0.125	-0.138
	df	48	48	48	48	48	48
	p-value	0.768	0.871	0.288	0.907	0.386	0.339

1

Image 2:

Correlation Matrix	Positive			Negative			
	Pearson's r	df	p-value		Pearson's r	df	p-value
P1: Delusions	-0.255	48	0.074	N1: Blunted affect	-0.243	48	0.089
P2: Conceptual disorganization	-0.561	48	<.001	N2: Emotional withdrawal	-0.351	48	0.012
P3: Hallucinatory behavior	-0.297	48	0.036	N3: Poor rapport	-0.569	48	<.001
P4: Excitement	-0.307	48	0.03	N4: Passive/apathetic social withdrawal	-0.497	48	<.001
P5: Grandiosity	-0.44	48	0.001	N5: difficulty in abstract thinking	-0.625	48	<.001
P6: Suspiciousness /persecution	-0.354	48	0.012	N6: Lack of spontaneity and flow of conversation	-0.625	48	<.001
P7: Hostility	-0.345	48	0.014	N7: Stereotype thinking	-0.37	48	0.008
			General				
G1: Somatic concern	-0.414	48	0.003	G9: Unusual thought content	-0.575	48	<.001
G2: Anxiety	-0.315	48	0.026	G10: Social disorientation	-0.608	48	<.001
G3: Guilt feelings	-0.446	48	0.001	G11: Poor attention	-0.635	48	<.001
G4: Tension	-0.152	48	0.292	G12: Lack of judgment or insight	-0.569	48	<.001
G5: Mannerisms and posturing	-0.316	48	0.025	G13: Disturbance of volition	-0.525	48	<.001
G6: Depression	-0.542	48	<.001	G14: Poor impulse control	-0.483	48	<.001
G7: Motor retardation	-0.473	48	<.001	G15: Preoccupation	-0.368	48	0.008
G8: Uncooperativeness	-0.538	48	<.001	G16: Active social avoidance	-0.516	48	<.001

Image 3:



Conclusions: We conclude that cognitive function significantly declines(executive function was the most and memory was not significantly impacted) with respect to increasing disease severity and duration of illness in long term psychosis.Most positive symptoms, excluding delusions,and negative symptoms (apart from blunted affect) and general symptoms (except tension), were significantly linked to cognitive decline.

Disclosure of Interest: None Declared

EPV1835

How Common did the Chronic Schizophrenic Inpatients Suffer from Constipation, and Why? A Cross-sectional Study in A Psychiatric Hospital in Taiwan

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Introduction: Patients with schizophrenia are at highs risk for constipation and are more likely experienced severe health consequences than the healthy general population. Due to the heterogeneous definition and the health professionals' long-term attitude of taking condition for granted, constipation has been neglected, and the relevant evidence is insufficient.

Objectives: This study aims to investigate the prevalence rate of the chronic schizophrenic inpatients, and to address the relevant factors that may be related with their constipation.

Methods: The study adopted the cross-sectional study design with the approach of purposeful sampling. Hospitalised patients with chronic schizophrenia in a psychiatric hospital in central Taiwan were enrolled through the advertising posters, and a total of 300 persons were finally included after screening with inclusion/exclusion criteria. Both subjective and objective data were collected by questionnaires which were developed and performed by the research