Psychosis, etc.); nevertheless, in the current date, ATPD encompasses a broad spectrum of heterogenous clinical presentations with low diagnostic stability over time.
Objectives: To describe a case of ATPD, highlighting the variability of its' psychopathological phenomena and establishing a comparison with historical descriptions of this nosological entity.
Methods: Clinical case report and brief review of literature.
Results: V, 20-year old male without psychiatric history, presents in the emergency room exhibiting fluctuant psychopathology over the preceding two weeks – initially with depressive mood, anhedonia, apathy, bizarre behaviors and soliloquies; afterwards, showing paranoid delusional ideation; total insomnia in the previous 2-3 days; finally, showing grandiose delusional ideation; and throughout the episode, revealing pseudohallucinatory verbal activity assuming multiple identities. Several stress factors were identified in close time-relation with the onset of these symptoms. V. started risperidone 2mg 2id and quetiapine 100mg id and was discharged 2 weeks later, fully recovering from these psychopathological phenomena. V. remains asymptomatic at 6 months of follow-up.
Conclusions: Historically, some classifications of this disorder focus on etiological factors, others on clinical evolution and course, and yet another group on separation from the Kraepelinian duality (schizophrenia and bipolar disorder). ATPD is a diagnosis with high clinical heterogeneity and low stability over time, which can have implications in follow-up and long-term outcome.

Keywords: Acute Transient Psychotic Disorder; Bouffee Delirante; historical review; Cycloid psychosis

EPP1182

Reality–fantasy collapse in schizophrenia vs. neurocognitive impairment during Rorschach's III card responding

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doi: 10.1192/j.eurpsy.2021.1393

Introduction: Adaptive thinking demands a balance between manifestations of intrapsychic activity and reliance on requirements of the outer reality. Features of responses to Rorschach's III card could provide information about subject's ability to preserve the dialectical tension between the two poles of external and internal realities during solving tasks related to interpersonal relationships.
Objectives: To compare reality-fantasy relations during Rorschach's III card responding in patients with schizophrenia, neurocognitive impairment and normal subjects.
Methods: Participants were 12 young adult inpatients with schizophrenia, 14 students without mental disorders and 12 inpatients with neurodegenerative diseases of old age. Reality-Fantasy Scale (RFS) was applied to assess responses to Rorschach's III card. RFS scale ranges from –5 (reality collapse into fantasy) to 5 (fantasy collapse into reality) (Tibon-Czopp et al., 2015).
Results: Patients with schizophrenia (M= –3,38, SD= 1,9) demonstrated tendency to fantasy domination (and reality collapse) if compared with the students (M= –1,47, SD= 2,0, p<0,05). Patients with neurodegenerative diseases (M= 0,75, SD= 2,1), conversely, had difficulties to apply fantasy during solving Rorschach task (p<0,01).
Conclusions: Express Rorschach testing using III card could be useful to provide screening data of thinking tendencies related to situations of social interaction. Also it provides a mental pabulum regarding role of cognitive impairment in schizophrenia in relation to significance of affective dependence of their thinking process.

Conflict of interest: The reported study was funded by RFBR, project number 20-013-00772
Keywords: Reality-Fantasy Scale; Rorschach; schizophrénia; Neurodegenerative diseases

EPP1183

Storytelling in schizophrenia: Neuropsychological basis of pragmatic language dysfunction (preliminary study)

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doi: 10.1192/j.eurpsy.2021.1394

Introduction: Storytelling could be considered as one of the ecological way to study the pragmatic function of speech in schizophrenia. It demands the ability to create narrative (text) that would be appropriate to particular context. Neuropsychological basis of text-context relation impairment in schizophrenia needs clarification.
Objectives: To study neuropsychological correlates of pragmatic text-context impairment revealed during storytelling in patients with schizophrenia.
Methods: Participants were 14 inpatients with schizophrenia and 18 students without mental disorders. Neuropsychological functioning was measured in both groups according to Luria's method. Pragmatics assessed by storytelling on images which simultaneously depicts some narrative that should be correctly decoded and after expressed to investigator. The images were taken from Luria's neuropsychological album and Bidstrup's drawings.
Results: Stories of patients with schizophrenia were different from control stories in two ways. Some patients produced stories which predominantly characterized by incompleteness that don't give an opportunity to understand their narratives as connected whole because of its lacunarity. In other cases, stories predominantly characterized by distortion of the storyline which became not realistic and don't match with the original picture. Incompleteness errors primarily correlates with neuropsychological dysfunction of left frontal lobe (p<0,001). Distortion errors also mainly correlates with dysfunction of frontal lobes (p<0,01), but qualitative analysis reveals right hemisphere involvement.