

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

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

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