

symptoms are an integral link in cognitive pathways, with connections between cognitive processes weakening as disorganized symptoms increase. Thus, it seems that when disorganized symptoms are present, people with schizophrenia are no longer able to effectively utilize the neurocognitive abilities necessary for performing social cognitive or metacognitive tasks. It is also in line with models of disorganization in schizophrenia (Bleuler, 1911) that a “loosening of associations”—similar to current conceptualizations of disorganized symptoms—is at the core of these cognitive disruptions. Previous research has linked disorganization to cognition (neurocognition and SC) and cognition to social functioning, although in separate studies. The present study was conducted to explore a model, where disorganization predicted social functioning both directly both through indirect effects on other determinants (neurocognition, SC and negative symptoms) in a large, and well-characterized sample of patients with schizophrenia recruited in the context of a multi-center study of the Italian Network for Research on Psychoses (NIRP).

Disclosure of interest The author declares that he has no competing interest.

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Neurobiological correlates of the treatment of emotion processing in schizophrenia

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Introduction Mentalizing ability is impaired in patients with schizophrenia. Most studies in schizophrenia report hypoactivation of the core-mentalizing network including the medial prefrontal cortex (mPFC) and bilateral temporoparietal junction (TPJ). In our study, in patients with first episode schizophrenia treatment as usual with atypical antipsychotics (TAU) was compared to the add-on effect of a mentalization-based treatment program (MBT) on the mentalizing network in the brain.

Method 12 patients diagnosed with schizophrenia according to DSM-IV-TR criteria participated in the study (6 males, mean age: 30.43, SD = 9.35 years, years of education 13.23, SD = 2.45). A modified treatment program for psychoses was used based on the mentalization-based therapy developed by Bateman and Fonagy (2009). Before and after the treatment fMRI analyses (fixed effects analyses) were carried out (3 Tesla, 5 blocks on/off, 36s, TR = 3.62, SPM) using the n-back task.

Results Preliminary results show single analyses due to the small sample size. Comparing the fMRI scans before and after treatment, increases in the activation patterns were found in first episode patients treated with MBT. In patients with TAU a reduction in the activation patterns was demonstrated (mean changes in the activation clusters in the MBT group was 5.53, SD 12.79, in the TAU group -5.80, SD 6.91).

Discussion Mentalization-based treatment is a promising approach in the treatment of schizophrenia and can have an impact on social networks in the brain. Further studies are needed for a better understanding of social cognition and the related neural mechanisms in schizophrenia.

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Neurocognitive predictors of social cognition in subjects with schizophrenia and their first-degree relatives

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Introduction Social cognition is a complex construct that refers to the functions required to understand other people's mental states and behavior. In people with schizophrenia, social cognition deficits account for a proportion of variance in functional outcome, independent of symptomatology. However, the relationships among social cognition, neurocognitive functioning and functional outcome are still unclear. Previous investigations had several limitations including small sample size, heterogeneous and limited measures of social cognition and neurocognitive functions.

Aims Within the study of the Italian Network for Research on Psychoses, we investigated factors influencing outcome in patients with schizophrenia and their unaffected relatives. Psychopathology, including depression, neurocognition, social cognition and outcome were assessed using instruments designed to overcome some of the previous limitations.

Methods Structural equation modeling was used to test direct and indirect effects of neurocognition, social cognition and functional capacity on vocational and interpersonal functioning. Tests of facial emotion recognition, emotional intelligence and theory of mind were included to assess social cognition. The MATRICS Consensus Cognitive Battery (MCCB) was used to investigate neurocognition.

Results In both subjects with schizophrenia and their first-degree relatives, social cognition was found to be independent of negative symptoms and to have a direct impact on outcome. Neurocognition was a predictor of functional capacity and social cognition, which both mediated its impact on outcome. Social cognition was independent of functional capacity and negative symptoms.

Conclusions Better understanding of how neurocognitive dysfunction and social cognition deficits relate to one another may guide efforts toward targeted treatment approaches.

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Differential neural correlates of dimensions of negative symptoms in Schizophrenia during social-emotional appraisal and effects of treatment

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