P-1204 - COGNITIVE BIASES AS PREDICTORS OF SYMPTOMATIC OUTCOME IN SCHIZOPHRENIA

C.Andreou[1], D.Roesch-Ely[2], R.Veckenstedt[1], F.Vitzthum[1], S.Moritz[1]
[1]Department of Psychiatry and Psychotherapy, University of Hamburg, Hamburg, [2]Department of Psychiatry, University of Heidelberg, Heidelberg, [3]Department of Psychiatry and Psychotherapy, Neuropsychology Unit, University of Hamburg, Hamburg, Germany

Introduction: Neuropsychological deficits represent a core feature of schizophrenia that has been repeatedly associated with poor symptomatic outcomes. In recent years, there has been increased interest in higher-order cognitive biases (e.g. jumping-to-conclusions, liberal acceptance) as mediators of clinical symptoms, especially delusions, in patients with schizophrenia. So far, the impact of such cognitive biases on the symptomatic outcomes of the disorder has not been investigated.
Aims: The present study aimed to assess the contribution of cognitive biases and other well established factors, including severity of psychopathology and neuropsychological deficits, on symptomatic outcomes after an index hospitalization in patients with schizophrenia.
Method: Participants were 160 inpatients with a DSM-IV diagnosis of schizophrenia or schizoaffective disorder, recruited from the inpatient units of two University hospitals (Hamburg and Heidelberg). Key exclusion criteria were current substance dependence, severe brain damage, and IQ< 70. Patients were assessed at baseline on measures of psychopathology and severity of illness (PANSS, duration of illness, number of hospitalizations prior to the index admission), cognitive biases (e.g., jumping-to-conclusions, overconfidence for memory errors), as well as attention and verbal memory. At six months after admission, patients were divided into a good- and a poor-outcome group based on their PANSS scores.
Results and conclusions: Good- and poor-outcome patients were compared on severity of psychopathology at admission, cognitive biases, and neuropsychological performance, by means of a multiple analysis of covariance, with age, gender, and premorbid IQ serving as covariates. Results will be discussed.

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