

## O-53 - PREDICTORS OF FUNCTIONAL RECOVERY IN COGNITIVE REMEDIATION THERAPY FOR SCHIZOPHRENIA PATIENTS

S.J.Schmidt, D.R.Mueller, V.Roder

University Hospital of Psychiatry Bern, University of Bern, Bern, Switzerland

**Objectives:** Functional impairments are an essential diagnostic feature of schizophrenia. Empirical evidence supports the relevance of social cognition, negative symptoms and functional capacity as mediators between neurocognition and functional recovery in schizophrenia. However, no study has assessed these variables at different measurement points in order to infer the temporal order postulated by the mediator model. Moreover, comparing resulting models of the treatment and control group could shed light on potential change mechanisms.

**Methods:** Data were collected in the context of an international RCT evaluating the Integrated Neurocognitive Therapy (INT). 169 outpatients with a diagnosis of schizophrenia according to DSM-IV-TR participated in the study. The sample was analyzed separately for INT (n=86) and TAU group (n=83). We adopted a longitudinal design with three measurement points (baseline: neurocognition; after 3 months/after therapy: social cognition, negative symptoms and functional capacity; and after 1 year: functional recovery). Path analysis was first performed linking all variables in the model. Post hoc modifications were based on theory, model fit statistics and the statistical significance of each path.

**Results:** Social cognition, negative symptoms and functional capacity served as mediators between neurocognition and functional outcome in the INT group. All indirect paths were significant and resulted in a good model fit. This result could not be confirmed in the TAU group.

**Conclusions:** The results of this study provide further evidence for integrated treatments. Social cognition, negative symptoms as well as functional capacity seem to be viable targets to optimize current cognitive remediation therapy approaches.