

## W0016

### Recognition and Assessment of Cognitive Impairment in Schizophrenia.

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A renewal of interest in the cognitive assessment of people with schizophrenia was related to the increasing acknowledgement of the strong relationships of cognitive deficits with functional outcome. In the early 2000's, research focused on those aspects of cognition that demonstrated a strong correlation with a variety of functional outcome measures (community functioning, functional capacity, social skills acquisition). Later on, social cognition, which was not included in neuropsychological batteries, became also a focus as it represents a mediator of the impact of neurocognition on functioning. The renewed interest and the association with functional outcome stimulated the development of batteries specifically devoted to the cognitive assessment of subjects with schizophrenia. The MATRICS Consensus Cognitive Battery (MCCB) is the instruments with the largest evidence of good psychometric properties and strong relationship with functional outcome. The MCCB has been proposed as the gold standard in assessing cognitive impairment in subjects with schizophrenia and has been translated into 24 languages and validated in many different countries. Different instruments are also available to assess emotional processing and theory of mind which should complement MCCB and similar batteries. The long administration time limits the use of batteries in everyday clinical routine and short-administered instruments were developed as screening tools. A brief, interview-based assessment of cognitive functioning, the Cognitive Assessment Interview, has also been developed and validated for use in clinical settings or as a co-primary measure in clinical trials. The development of a guidance paper might promote the routine assessment of cognition in subjects with schizophrenia.

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**Keywords:** Social cognition deficits; MATRICS Consensus Cognitive Battery; Cognitive Assessment Interview; Neurocognitive impairment

## W0017

### Assessment of Cognitive Impairment in Early Intervention Settings.

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Background. Cognitive impairment in schizophrenia is highly prevalent, the level of impairment range from moderate to severe. It has previously been stated that cognitive impairment was stable through the course of illness, but newer findings from long-term studies indicate that some patients have improved cognitive function. Cognitive function is marginally reactive to antipsychotic medication, and it is highly predictive of poor social and vocational outcome. Also, it constitutes a 'glass ceiling' for psychosocial and vocational rehabilitation. Several large batteries have been developed, and internationally, there is an attempt to agree on common measurements of core areas. There is a strong rationale for cognitive remediation, namely that it might improve the ability of patients to function in everyday life and that it has no side effects. Individuals at ultra-high risk (UHR) for psychosis have significant cognitive deficits that can impede functional recovery. Methods. In this randomised, clinical trial 146 individuals at UHR for psychosis were randomly assigned to treatment as usual (TAU) or TAU plus cognitive remediation. The CR targeted neurocognitive and social cognitive remediation. Results. A total of 73 UHR individuals were assigned to TAU and 73 assigned to TAU + cognitive remediation. Cognitive remediation did not result in significant improvement on the primary outcome; the Brief Assessment of Cognition in Schizophrenia composite score at 6-month follow-up ( $b=-0.125$ , 95%CI: -0.23 to 0.172,  $p=0.41$ ). Conclusion. The 20-session treatment protocol was not well received in the UHR group. Possibly situations close to everyday life could be better received and be more motivating

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## W0018

### Treatment of Cognitive Impairment in Schizophrenia.

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Cognitive function in schizophrenia is one of the main elements significantly related to functional outcomes, accounting for approximately 25–50% of the variance in real-world functioning. Treatment approaches to cognitive dysfunctions include both pharmacological and psychosocial interventions. Second Generation Antipsychotics (SGAs) may partially improve cognitive dysfunction, due to their relatively high affinity for serotonin 5HT<sub>2A</sub> receptors. The effects of glutamatergic agents indicated benefits on cognition of a group of amino acids that act as glutamate agonists by binding to the glycine site on NMDA receptors. The administration of muscarinic antagonists potentiates cognitive impairments, while the  $\alpha 7$  nicotinic acetylcholine receptors have been shown to play an important role in cognition with potential therapeutic applications in schizophrenia. Studies on drugs targeting neuroinflammation and oxidative stress emerged. Cognitive remediation has proved to be effective in improving cognitive dysfunctions and psychosocial functioning in people with schizophrenia, however there is still a limited understanding of how the putative active therapy ingredients contribute to changes in the brain and translate into improved real-world functioning. Cogrem exerts its maximal benefit when delivered in the context of other psychiatric rehabilitative inter-