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The Impact of Autistic Traits on Social Cognitive Performance in Schizophrenia Spectrum Disorders

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Introduction: Social cognition impairments are well-recognized in both Schizophrenia Spectrum Disorders (SSDs) and Autism Spectrum Disorder (ASD), significantly impacting interpersonal relationships and overall quality of life. While some studies have suggested differences in social cognition between these two disorders, recent research has shown that these differences may be non-significant when controlling for factors such as age and symptom severity(Pinkham et al. Psychol Med 2019; 1-9). Given the overlap in symptoms and the potential for autistic traits to influence social cognitive functioning in SSD, it's crucial to investigate how these traits can impact social cognition in individuals with SSD.
Objectives: The aim of this study is to evaluate autistic traits in SSD and its relation with social cognition and clinical variables.
Methods: 73 participants with SSD (56 patients (mean age 37.80 ± 11.519) with schizophrenia and 17 patients (mean age 36.47± 10.909) with schizoaffective disorder) participated in the study. All participants were interviewed using the Structured Clinical Interview for DSM-IV. Current psychotic, negative and positive symptoms of all patients were evaluated using the Scale for the Assessment of Positive Symptoms and the Brief Negative Symptom Scale (BNSS). The Screen for Cognitive Impairment in Psychiatry(SCIP) was used for measuring cognitive function. Autistic traits are evaluated with the Comprehensive Autism Trait Inventory (CATI). In the assessment of social cognition, facial emotion recognition was evaluated with Penn Emotion Recognition Test (PERT), theory of mind was assessed Reading Mind in The Eyes (RMET) task.
Results: Total CATI scores weren't correlated with RMET and PERT scores. Communication and social camouflage subscores of CATI were negatively correlated with total RMET score (r=-0.289, p=0.013; r=-0.265, p=0.024). CATI total/subscale scores didn't have a relationship with age, education years, BNSS and SCIP scores. SCIP score was correlated with RMET(r=0.358, p<0.01) and PERT (r=0.259, p=0.027). Age had a negative relationship with RMET(r=-0.27, p=021) and PERT (r=-0.397, p<0.01) scores while education was positively correlated with RMET even though the the strength was low (r=0.246, p=0.036).
Conclusions: Contrary to expectations, the results did not show a relationship between higher autistic traits in SSD and social cognitive performance. The social subscales of CATI revealed a negative correlation between higher autistic traits and theory of mind performance, but no correlation with emotion recognition. In accordance with literature, aging shows a relationship with lower social cognition scores. Future research should further investigate how autistic traits impact theory of mind deficits in SSD. Interventions regarding social cognitive deficits with age should be evaluated.

Disclosure of Interest: None Declared

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Diagnostic Stability and Predictive Factors of Acute and Transient Psychotic Disorders: A Retrospective Study from Turkey

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Introduction: The 10th edition of the International Classification of Diseases (ICD-10) categorizes acute and transient psychotic disorders (ATPD) as a composite group that merges traditional acute psychosis definitions, characterized by acute onset (≤15 days) and rapid resolution (1-3 months), often linked to stress (WHO, 1992). The incidence of ATPD ranges from 4-10 per 100,000, with a prevalence between 5.8% and 19% (Marneros *et al.* Cambridge University Press 2004; Queirazza *et al.* BJPsych 2014; 204:299-305), predominantly affecting middle-aged to older individuals and females. Diagnostic stability for ATPD varies, with reported values between 35.9% and 56% (Aadamsoo *et al.* Nord. J. Psychiatry 2011; 65:381-8; Poon *et al.* Nord. J. Psychiatry; 2017; 71:139-44), influenced by factors such as age of onset, gender, comorbid substance use and symptom overlap (Taş *et al.* Noro Psikiyatr Ars 2019; 56:47-51). Studies indicate that the highest diagnostic consistency is linked to schizophrenia diagnoses (Queirazza *et al.* BJPsych 2014; 204:299-305).
Objectives: This study retrospectively investigates the temporal stability of first-episode ATPD over a three-year follow-up period. Furthermore, it aims to explore whether initial clinical presentations and sociodemographic factors may serve as prognostic indicators for diagnostic transitions to schizophrenia or other psychotic disorders.
Methods: Patients diagnosed with ATPD and followed over 3 years were evaluated retrospectively. Socio-demographic and clinical variables potentially associated with diagnostic transitions were investigated. The study was approved by the Gazi University School of Medicine Ethics Committee (2023-889).
Results: 106 patients (57 males, 49 females) with a mean age of 29.90 ± 10.33 years were included. The diagnostic stability of ATPD was found to be 17.8%. Additionally, 62.3% of the subjects received a diagnosis of schizophrenia or other psychotic disorders. Significant differences were observed between diagnostic groups with regard to education level ($\chi^2 = 9.776$, $p = 0.008$) and hospitalization rates ($\chi^2 = 8.083$, $p = 0.018$). Multivariate logistic regression analysis indicated that younger age at onset (OR = 0.951, 95% CI 0.90−0.96; p = 0.032) and lower educational attainment (OR = 0.219, 95% CI 0.08−0.54; p = 0.001) were significantly associated with a diagnostic shift to schizophrenia or other psychotic disorders.
Conclusions: In Turkey, the diagnostic stability of ATPD is notably low, with the most common diagnostic shift being towards schizophrenia-related disorders. To our knowledge, no comprehensive studies have been conducted in Turkey that evaluate patients diagnosed with ATPD. Therefore, our study aims to contribute to the existing literature. Further research involving larger sample sizes is needed to assess the influence of clinician attitudes and stigma on diagnostic changes.

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