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## CLINICAL REMISSION, COGNITIVE FUNCTIONS AND FUNCTIONAL OUTCOME IN SCHIZOPHRENIA

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**Objectives:** An impairment of several cognitive domains has been largely documented in patients with schizophrenia. The present study aimed to investigate the relationships between cognitive functioning, symptomatic remission and functional outcome in schizophrenia.

**Methods:** The performance on the neuropsychological battery “Brief Assessment of Cognition in Schizophrenia (BACS)” has been investigated in clinically remitted (R) and non-remitted (NR) schizophrenic patients. The associations of neuropsychological performance with psychopathological dimensions derived from PANSS and indices of social functioning (as assessed by the Global Assessment of Functioning scale, the Personal and Social Performance scale, the Quality of Life Scale, the UCSD Performance-Based Skills Assessment-Brief Version and the Psychosocial Remission in Schizophrenia scale) were also explored by means of multiple regression (MR) analyses.

**Results:** Compared with NR, R patients showed a better performance on tests exploring executive functions, processing speed and verbal fluency. Residual negative symptoms and processing speed were independent predictors of functional outcome, while remission status did not enter the MR function.

**Conclusions:** Our findings suggest that cognitive abilities, in particular processing speed and executive functions, are preserved in patients who are able to reach clinical remission. Independently from the remission state or residual negative symptomatology, processing speed also predicts functional outcome in schizophrenia. Our findings support the view that cognitive dysfunctions in schizophrenia should be targeted by specific treatment intervention, such as neurocognitive rehabilitation.