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CLINICAL ASSESSMENT OF COGNITIVE IMPAIRMENT IN SCHIZOPHRENIA THROUGH THE SCHIZOPHRENIA COGNITION RATING SCALE: A VALIDATION STUDY IN THE ITALIAN POPULATION

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Cognitive deficits are a core feature of schizophrenia and the need for a simple and reliable method for assessment of cognitive functions in schizophrenia is well recognized. The Schizophrenia Cognition Rating Scale (SCoRS) has proved to be a valid measure of neurocognitive performance and to correlate with the psychosocial functioning of schizophrenic patients. Aim of the present study was to investigate the correlations among global ratings of the Italian version of the SCoRS and measures of cognitive performance, symptoms severity and psychosocial functioning in schizophrenic subjects. We intended also to test the SCoRS sensitivity to change over time, in relation also to changes of the above mentioned clinical, neurocognitive and outcome parameters. Forty-eight patients with schizophrenia (29 males, 19 female; mean age 39.1 years) were assessed at baseline and after three months of usual outpatient treatment according to the Italian community assertive treatment program, with the following instruments:

- 1) SCoRS;
- 2) comprehensive neuropsychological battery;
- 3) the Positive And Negative Syndrome Scale and the Clinical Global Impression;
- 4) the Global Assessment of Functioning, the Health of the Nation Outcome Scale, the Camberwell Assessment of Needs scale.

At baseline, SCoRS global ratings significantly correlated with the composite scores of cognitive performance, with positive, negative and total PANSS scores and with all measures of psychosocial functioning. Conversely, SCoRS global ratings did not change significantly over the 3-month follow up and the changes from baseline did not significantly correlate with the changes of neurocognitive, clinical and functional assessments over the same time period.