

Article: 0217

Topic: FC05 - Free Communications 05: Emergency Psychiatry, Forensic Psychiatry, Pain and Treatment Options and Psychopathology

Anhedonia in Schizophrenia: the Role of Subjective Experiences in the Emotion Paradox

R. Fortunati¹, P. Ossola¹, A. Camerlengo¹, E. Bettini¹, C. De Panfilis¹, C. Maggini¹, C. Marchesi¹

¹Psychiatry Unit Department of Neuroscience, University of Parma, Parma, Italy

Introduction: An impairment in the ability of experience pleasure has always been associated with schizophrenia. Although literature agrees that the anticipatory facet of pleasure is mainly impaired in Schizophrenia, contrasting results emerged on the discrepancy between pleasure experienced in the moment and the one reported through self-reported questionnaire (i.e. Emotion Paradox). **Objectives:** Comparing Schizophrenic patients (S) and Healthy Controls (HC) on Anhedonia scores, Subjective Experiences and Neurocognitive Deficits. **Aim:** Clarify the role of anhedonia in Schizophrenia and evaluate its relationship with Cognitive deficits and subjective experiences and their emotional reverberations. **Methods:** 53 S and 46 HC completed the Physical Anhedonia Scale, the Revised Social Anhedonia Scale, the Temporary Experience of Pleasure Scale and the Snaith-Hamilton Pleasure Scale. Subjective Experiences (SE) were evaluated with the Frankfurter Beschwerde-Fragebogen (FBF) and psychopathology with the Positive and Negative Syndromes Scale. Deficit in abstraction/representation were assessed with the Hopkins Verbal Learning Test-Revised and the Wisconsin Card Sorting Test. **Results:** S were higher in the anticipatory but not the consummatory subscale of the TEPS. FBF mediate the relationship between S and all the Anhedonia Scales. FBF Memory and Overstimulation subscales were the greatest predictors of all the anhedonia scores in the S group. We suppose that these experiences prevent patients from retaining a positive experience from past pleasant activities and, consequently, the lack of anticipatory pleasure would represent an avoidance of potentially stressing new scenarios. **Conclusion:** Considering the primary nature of BS, anhedonia in schizophrenic patients could be seen as a secondary phenomenon.