

and improved the development of auditory and visual subcortical cortex and the connectivity of MPFC. This study examined the emotion recognition ability of preschoolers and found that the face features preschoolers used to recognize emotion were consistent with previous study. However, when the presenting stimulus were covered by face mask or hat, it was more difficult for preschoolers to recognizing emotion which would result in difficulty of understanding the social context and development of MPFC for mentalizing. In this study, it was found that preschooler's with better EF could be more efficiently recognizing facial emotion. Also, parents with better EF showed more positive emotion in daily life which lead to their children more sensitive to positive facial emotion.

Categories: Social Cognition

Keyword 1: social cognition

Keyword 2: facial affect

Keyword 3: executive functions

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46 Exploring Social Cognition Deficits Characterised by Impulsive Responding in Children

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Objective: Theory suggests that symptoms of Attention-deficit Hyperactivity Disorder (ADHD; e.g., hyperactivity and impulsivity) may be associated with social cognition deficits characterised by fast but erroneous processing of social cues. Despite this, prior research has provided mixed evidence for (a) deficits in social cognition skills and (b) a link between such deficits and poor social outcomes among children with ADHD. We sought to clarify this ambiguity by (a) exploring variation in social cognition skills across a mixed clinical and normative population and (b) examining the demographic, clinical, and dimensional symptom profiles of children presenting with reduced social cognition skills characterised by fast but erroneous processing.

Participants and Methods: Participants were children and adolescents (N = 1,097) aged 4-18

years (M = 9.02, SD = 2.72) assessed using the Paediatric Evaluation of Emotions Relationships and Socialisation (PEERS), a child-direct, ecologically sensitive measure of social cognition. Latent profile analysis of standardised social cognition scores and response times for incorrect encoding of social cues (error-response times) was used to identify social cognition profiles. Differences between each profile in terms of demographics, clinical profiles, symptom dimensions, and social outcomes were explored.

Results: Four social cognition profiles were identified. Two profiles were identified as being of particular interest: one which captured typically developing children (TDC; n = 727), and another which was characterised by lower social cognition scores and faster error-response times (impulsive responding; n = 201). The remaining profiles captured the response styles of younger participants (n = 152) and children with more pervasive social cognition deficits (n = 17). Comparison of the two profiles of interest revealed a number of statistically significant differences (p < .05). Compared to the TDC group, the impulsive responding group had: higher SDQ scores for hyperactivity, conduct, emotional, and peer problems; lower IQ and prosocial scores, and; greater parent-perceived social function deficits. Children in this group were also more likely to be male and from a lower SES background. Clinically, 18% of children in the impulsive responding group had an ADHD diagnosis, and 14% had at least one mental health diagnosis other than ADHD.

Conclusions: A large minority of children (~18%) demonstrate social cognition deficits characterised by fast but erroneous processing of social cues. Although the explorative nature of this study does not allow conclusions to be made about the causes of such deficits, it is reasonable to conclude that they are not reducible to clinically significant symptoms of hyperactivity-impulsivity — less than 1/5 of the children in this group had an ADHD diagnosis, and 2/3 of children in this group had no mental health diagnosis at all. Child-direct tools designed to detect individual differences in social cognition skills may be beneficial in identifying individuals who will benefit from social support or interventions aimed at reducing social cognition deficits despite being missed by more traditional screening measures (e.g., clinical diagnoses). Future work should focus on understanding the causal relationships between symptoms of hyperactivity-impulsivity, fast but

erroneous processing of social cues, social cognition skills, and social outcomes for this group of children.

Categories: Social Cognition

Keyword 1: social cognition

Keyword 2: attention

Keyword 3: attention deficit hyperactivity disorder

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47 Social Cognition and Moral Decision Making in Korsakoff's Syndrome

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Objective: Korsakoff's syndrome (KS) is a neuropsychiatric disorder, caused by vitamin B1 insufficiency. KS is characterized by severe declarative amnesia. Often, also executive disorders are present. Emotion recognition and theory of mind are gold-standard measures of social cognition. Moral decision making is often assessed by means of moral dilemmas. Surprisingly social cognition and moral decision making has received hardly any attention in research on KS, although the severity of behavioural problems in KS suggest possible problems in both domains. The aim of this study was therefore to broadly assess social cognition and moral decision-making capacities in patients with KS.

Participants and Methods: 20 KS patients and 20 age-, education-, and gender-matched healthy controls were assessed on standardized tests for social cognition, namely the mini-Social Cognition and Emotional Assessment battery (mini-SEA), and a specialized version of the Sally-Anne Test. Moral decision making was assessed by means of the Moral Behaviour Inventory (MBI) for everyday moral dilemmas, and ten cartoons of abstract moral dilemmas. For moral decision making, "yes" and "no" responses were scored, together with a scoring for moral reasoning according to the Kohlberg stages of moral maturity.

Results: KS patients have large impairments in both cognitive and affective aspects of social cognition. Their ability to recognize emotions, take the perspective of others, and understand socially awkward situations is vastly compromised. While KS patients were able to replicate the Sally Anne storyline, their task performance was on chance level. Regarding moral decision making, there was a tendency to more frequently carry out the moral dilemma. Moral maturity, as indexed by means of their reasoning behind the decision was of a lower level. Of interest, moral immaturity could find its origin already before the onset of the KS diagnosis, as suggested by elevated premorbid levels of delinquent behavior.

Conclusions: Both social cognition and moral decision making are compromised in KS patients. Specifically social cognitive disorders are the direct result of KS, and are likely to strongly relate to social and neuropsychiatric issues in KS. Moral decision making was more likely to be already of a lower level of maturity, based on a strong relationship between premorbid delinquency and moral immaturity in KS patients. This study highlights the importance to properly index social cognition in neuropsychological assessments for individuals with a possible KS diagnosis

Categories: Social Cognition

Keyword 1: Korsakoff's syndrome/Wernicke's encephalopathy

Keyword 2: social cognition

Keyword 3: emotional processes

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48 Associations Between Cognitive Function and Social Networks in Older Adults: Quality and not Quantity?

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Objective: Larger social networks are linked to better cognitive function. However, little is known