

## P03-213

### NEUROCOGNITIVE PREDICTORS OF FUNCTIONING IN SCHIZOPHRENIA: FIVE YEARS FOLLOW UP STUDY

M.L. Vargas<sup>1</sup>, J.C. Sanz<sup>2</sup>, N. Jimeno-Bulnes<sup>3</sup>, S. Lopez<sup>4</sup>

<sup>1</sup>Psychiatric Service, Complejo Asistencial de Zamora, Zamora, <sup>2</sup>University of Extremadura, Mérida, <sup>3</sup>University of Valladolid, Valladolid, <sup>4</sup>Addictive Behavior Unit, Complejo Asistencial de Zamora, Zamora, Spain

**Aims:** Verbal memory and processing speed are two of the proposed neurocognitive predictors in schizophrenia. The objective is to determinate neurocognitive predictors of functioning in one five years follow-up period on ambulatory schizophrenia patients.

**Method:** We conduct one cohort study on 30 schizophrenia out-patients (19 male; age mean: 32.8 years; SD:7.2). At the moment of inclusion it was applied one neuropsychological battery sensitive to neuropsychological deficit in schizophrenia: WAIS-III, BADS, WCST, Colour Trails, Trail Making A and B, BVRT, California Verbal Learning Test (Spanish version: TAVEC). Variables was summarized determining Z values and principal components. The cohort was prospectively studied for up to five years. As result variables it were considered: time to the first antipsychotic-drug change, time to the first psychiatric admission, and average five-years annual score in the Strauss-Carpenter Outcome Scale. It was constructed Cox and Linear Regression Models to determinate the better predicting neurocognitive components.

**Results:** The better global outcome was directly related with WAIS-III processing speed index (corrected R square: 0.19;  $p = 0.02$ ; beta constant= 0.469; beta WAIS-III processing speed= 0.125). None predictor was selected for the outcome variable change of antipsychotic. Psychiatric admission was predicted ( $p=0.006$ ) by implicit learning (beta= -2.19), executive functioning (beta= 1.02), WAIS-III Total IQ (beta= 0.45) and WAIS-III Perceptual Organization Index (beta= -0.20).

**Conclusion:** Higher processing speed index predicts one better functioning outcome during five-years follow-up. The risk for psychiatric admission was heterogeneously related with neurocognitive predictors. Verbal memory did not predict functional outcome.