Article: 0140
Topic: W04 - Workshop 05: Negative symptoms, cognitive impairment and social cognition in schizophrenia

Modeling Relationships Between Negative Symptoms, Neurocognition and Social Cognition

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Introduction. Negative symptoms have been associated with functional outcome of patients with schizophrenia by a large body of literature. However, in previous studies negative symptoms were regarded as a unitary construct, while recent literature data suggest that they include at least two factors, 'Avolition" and 'Poor Emotional Expression" (EE), that might show different relationships to functional outcome; moreover, the inter-relationships of negative symptoms, neurocognition, social cognition and real-life functioning are poorly understood.

Objectives. A large multicenter study was carried out by the Italian Network for Research on Psychoses to model relationship between the negative symptom domains and real-life functioning, taking into account the role of other psychopathological dimensions including depression, neurocognition, functional capacity and social cognition.

Methods. A structural equation model was used to investigate direct and indirect effects of the 2 negative symptoms domains, other psychopathological dimensions, including depression, and neurocognition on real-life functioning. Social cognition and functional capacity were modeled as mediators.

Results. In 921 patients with schizophrenia we found that the considered variables explained about 50% of real-life functioning variance. Avolition and functional capacity were the strongest independent predictors, followed by positive and disorganization dimensions, neurocognition and social cognition. EE had only a modest indirect effect on functioning. Neurocognition strongly predicted functional capacity and social cognition, which mediated its effects on functioning.

Conclusion. Our results support the heterogeneity of the two negative symptom domains. Only avolition is a strong predictor of functioning in real-life of patients with schizophrenia independent of social cognition, neurocognition and functional capacity.

Acknowledgements:

The study was carried out within the project 'Multicenter study on factors influencing real-life social functioning of people with a diagnosis of schizophrenia" of the Italian Network for Research on Psychoses.

https://doi.org/10.1016/S0924-9338(15)31839-3 Published online by Cambridge University Press