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Maternal obstetric complications and intellectual functioning in patients with schizophrenia and their healthy siblings

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Objectives Intellectual functioning in schizophrenia has been associated with genetic vulnerability and obstetric complications.
Aims The aim of this study was to assess:
– the incidence of complications during pregnancy, labor and delivery;
– the association of OCs with general intellectual ability in two groups: patients with schizophrenia and their healthy siblings.
Methods Forty-two patients with schizophrenia according to DSM-IV and 43 their healthy siblings were included in the study and examined using MINI and WAIS-R. Their mothers were interviewed to gather data on OCs. The 'midwife protocol' of Parnas et al. was used to quantify the presence and entity of OCs.
Results Asphyxia, mother's serious illness during pregnancy, premature delivery with weight < 2500 g, labor time > 48 h, infarcts in the placenta and eclampsia were statistically more frequent in schizophrenic group. OCs were more common in individuals with a family history. The two investigated groups were different in the following WAIS-R subtests: comprehension ($P = 0.018$), block design ($P = 0.0001$), digit symbol ($P = 0.001$), as well as in performance IQ and total IQ. In the patient group, correlations between OCs indexes and WAIS-R results include all intelligence quotients (verbal, performance, total IQ) and 5 WAIS-R subtests, while in the sibling group: verbal and total IQ and 2 subtests. The correlation between Vocabulary subtest and OCs was the strongest in both groups.
Conclusion OCs may interact with genetic vulnerability to increase the risk of schizophrenia and have been associated with cognitive deficits in the patient group.
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Premorbid social adjustment is better in cannabis-using than non-using psychotic patients across Europe

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Introduction A number of authors have hypothesized that psychotic patients who consume cannabis constitute a differentiated subgroup of patients that have better cognitive and social skills, necessary to engage in illegal drug consumption, than non-using patients.
Objectives Given that the prevalence, and patterns, of cannabis use are culturally driven, we wanted to study first-episode psychosis (FEP) cannabis-using and non-using patients coming from different European countries as part of the EUGEI-STUDY.
Aims We tested the hypothesis of better premorbid social adjustment in cannabis-using FEP patients, by comparing them to FEP non cannabis users and to their respective healthy controls.
Methods A total of 1745 people (746 cases; 999 controls) completed the assessment for premorbid adjustment [Premorbid Adjustment Scale (PAS)] and cannabis use (CEQ-Revised). We first extracted the Premorbid Social Adjustment Factor (PSA) from PAS and then performed linear mixed models with PSA as dependent variable and cannabis lifetime (Yes/No) and subject status (Cases/Controls) as independent variables. We then considered "Country" as random intercept.
Results Across all countries, PSA scores were better in patients who had smoked cannabis in their lifetime than patients who had not ($P = 0.009$). The difference in PSA score between cannabis users and non-users was significantly greater in cases than controls ($P = 0.038$). The relationship between PSA, cannabis lifetime (Yes/No) and subject status among nations (random intercept) is shown on Fig. 1.
Conclusions Cannabis-using psychotic patients show better premorbid social adjustment than non-using patients, across 5 European countries.
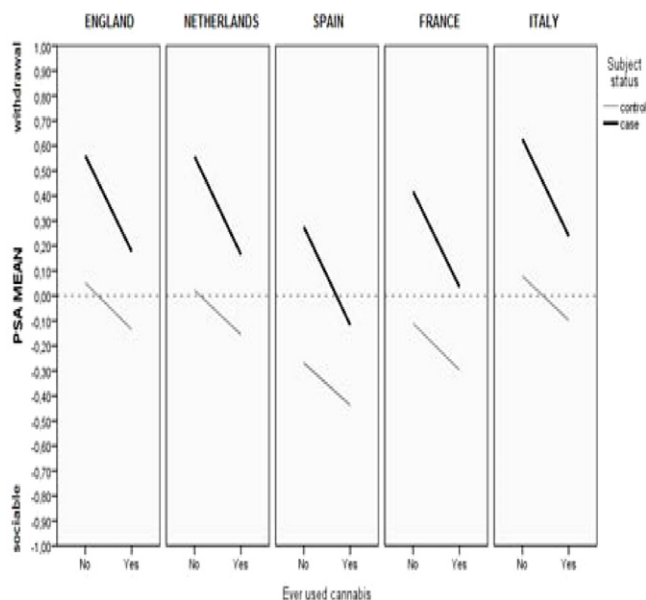

Fig. 1 PSA scores by subject status (cases/controls) and cannabis use (yes/no) across different countries.

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