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THE SUBJECTIVE DYSEXECUTIVE SYNDROME IN SCHIZOPHRENIA

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Objectives: The dysexecutive syndrome is present in half of the schizophrenia patients and is highly dependent on the dopamine functioning. We hypothesize that early and mild dysexecutive syndrome in schizophrenia is mainly subjective. The objective is to study the subjective manifestation of the dysexecutive syndrome and its relationship with other symptoms of schizophrenia.

Methods: One cross-sectional study was conducted on 60 schizophrenia out-patients (43 male; average age: 38.9 years, SD 9.4). The diagnosis were: paranoid schizophrenia 26.7%, schizoaffective disorder 25.0%, residual schizophrenia 21.7%, other schizophrenia subtypes 26.6%. The dysexecutive syndrome was assessed by DEX Scale (self-applied and applied by one external observer). Using PANSS and one addiction composite score (ACS) it was defined five symptom dimensions: negative (N1, N2, N3, N4, N6), disorganized (P2, P4, N5, N7), positive and depressive (P1, P3, G6), hostility (P5, P6, P7) and addictive (ACS). Basic symptoms were studied with FCQ-III. All the scores were transformed in to Z values. Correlations between DEX and the clinical dimensions were studied using Spearman's Rho coefficient.

Results: Dysexecutive syndrome is associated with basic symptoms (self-applied: r = 0.83, p< 0.001; external observer: r = 0.54, p < 0.001), disorganization (external observer: r = 0.46, p = 0.001), positive and depressive symptoms (self-applied: r = 0.54, p< 0.001; external observer: r = 0.44, p = 0.001) and addiction (self-applied: r = 0.35, p< 0.01).

Conclusions: Basic, hallucinatory, delusional and depressive symptoms in schizophrenia, as well as the disorganized dimension, could reflect the subjective experience of one dysexecutive dysfunction.