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COGNITIVE COMPLAINTS IN SCHIZOPHRENIA ARE ASSOCIATED WITH CLINICAL SYMPTOMS AND GLOBAL FUNCTIONING BUT NOT ACTUAL COGNITIVE PERFORMANCE

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Introduction: Although it is well established that patients with schizophrenia demonstrate cognitive impairments, little is known about their complaints concerning their cognition. We investigate the association of these complaints with clinical symptoms, global functioning and cognitive performance.

Method: 93 patients with chronic schizophrenia (mean age=42,59 years, SD=9,83; mean illness duration=18,43 years, SD=11,84) were recruited from one psychiatric department. Their cognitive complaints (Subjective Scale to Investigate Cognition in Schizophrenia-SSTICS), clinical symptoms (Calgary depression scale-CDS, PANSS, GAF), and neuropsychological performance (7 non-verbal CANTAB tests involving psychomotor speed, attention, memory, and executive function and WAIS-III) were assessed at a time that they were able to cooperate with neuropsychological testing. Correlation analyses were performed between SSTICS scores and measures of symptoms, functioning or cognition, using the SPSS.

Results: SSTICS total score positively correlated with CDS total score (Spearman's rho=0.311, p=0.03). Positive correlations were also found between the SSTICS items and CDS total score. Similarly, SSTICS total score positively correlated with PANSS total score (Pearson r=0,294, p=0.04). PANSS negative and general psychopathology scores (r=0,219, p=0.035 and r=0.333, p=0.01, respectively), but not PANSS positive scores accounted for this relationship. SSTICS total score negatively correlated with GAF (rho=-0.251, p=0.017). No significant associations were revealed between SSTICS total scores and PANSS insight item. PANSS cognitive score, CANTAB or WAIS scores.

Conclusions: The complaints of patients with schizophrenia about their cognitive impairments are mostly related to their depressive, negative, general psychopathological symptoms and global functioning, rather than their actual cognitive deficits.