

Discussion: Some clinical and cognitive characteristics facilitated that people improved JTC bias. People with a better insight and better scores in attention, memory and IQ have more probabilities to improve JTC after a psychological intervention. These variables should be controlled in the interventions with the idea of better address these.

S64. EXECUTIVE FUNCTION OF CHRONIC SCHIZOPHRENIA PATIENTS IN A SEVEN-YEAR FOLLOW-UP

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Background: Cognitive deficits in schizophrenia are generalized, but memory and executive dysfunction represent the more robust impairments and are strongly associated with adverse social and occupational outcomes. Those deficits are present in all phases of the disease, but their course, particularly in the chronic phase, is less clear. The aim of this study is to investigate changes in the performance of chronic schizophrenia patients in tests of executive function over a seven-year test-retest period.

Methods: We will contact 85 patients with schizophrenia, considered clinically stable in previous year, who participated in a study about the deficit syndrome of schizophrenia in 2009–2010. Back then, they were recruited in two sites: an outpatient service of a general hospital (49 patients) and a community-based mental health service for patients with severe mental illness (36 patients), both in Campinas, Brazil. Patients will be reassessed with the same instruments adopted in the first study: SAPS; SANS; Calgary Depression Scale (CDS); Quality of Life Scale (QLS) and a battery of tests comprising Verbal Fluency Tasks; Digit Span Forward (DSF) and Backward (DSB) and Trail Making Tests (TMT) A and B. Additionally, we included three instruments: PSP, for social functioning; Wisconsin Card Sorting Test (WCST) and London Tower Test (LTT), for executive functions. The Wilcoxon test was used to compare executive performance at baseline and at follow-up. Linear regression was used to test associations between variables. We started the recruitment by the patients originally treated in the outpatient clinic.

Results: We present in this poster partial results. Among the 20 patients re-interviewed the mean age at baseline was 36.9 ± 8.9 years, mean duration of mental illness was 16 ± 10.1 years, 75% were men. They had in mean, 10.7 ± 3.3 years of education, only 20% had any work activity, and 15% were married. Mean length of test-retest interval was 6.9 years (minimum 6 and maximum 7.7). At follow-up, 4 patients had improved their education, but only 3 (15%) had any work activity. Up to now 19 patients completed the cognitive reassessment. We performed a principal components factor analysis (PCA) including DSB, TMT-B and VFT for both baseline and follow-up assessments. PCA yielded a single factor for the set of tests in both assessments, which we named Executive Factor, accounting for 57% of variance in baseline and 51.38% in the follow-up assessment. Factor scores were calculated and then compared: 7 patients had higher scores on Executive Factor in the follow-up and 10 had worse scores but differences were not significant. In the linear regression analysis, we did not find significant associations between performance in executive functions in the follow-up assessment and clinical and psychopathological variables neither at the baseline nor at the follow-up assessment. In the Wisconsin test, approximately 60% of the patients managed to form only up to 01 category, which is considered a bad performance. The mean score in LTT was 57.3 ± 10.6 for movements and 170.4 ± 125.2 for time.

Discussion: The results presented are partial, obtained with a provisional small sample size but they show some interesting trends. In general, there was a group tendency for a slightly worse performance after 7 years of the baseline assessment, but we could identify two groups of patients who differ from that general tendency: one with marked deterioration and one with improvement of executive performance over time. If those initial findings are to be

confirmed, our next step will be to investigate characteristics associated to improvement or deterioration of executive performance. That sort of information is of great relevance in the pursuit of recovery for schizophrenia patients.

S65. INDEPENDENT COMPUTERISED COGNITIVE REMEDIATION FOR PSYCHOSIS: AN INVESTIGATION OF PATIENT EXPERIENCES

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Background: Cognitive remediation (CR) is an effective therapy, shown to improve cognitive performance and functioning in patients with psychosis. We recently conducted a randomised control trial (RCT) demonstrating the effectiveness of a new computer based therapy, conducted with little therapist support. This study aims to assess the subjective experience of the participants in this trial.

Methods: Twenty people with psychosis conducted a post-RCT questionnaire facilitated interview, which assessed their satisfaction with CR. Thematic analysis was then employed to identify common themes.

Results: Three broad themes were identified, with participants reporting a predominantly positive experience of taking part in the therapy. In particular, participants reported improved cognition, improved positive self-regard, a development of life skills and a transfer of benefits to everyday life. Whilst there were reports of the therapy being difficult and tiring, patients expressed a positive attitude towards their therapist and a reluctance to see the therapy come to a close.

Discussion: It is acceptable and beneficial for patients with psychosis to undertake independent CR therapy with reduced therapist contact.

S66. THEORY OF MIND IN A FIRST-EPISODE PSYCHOSIS POPULATION USING THE HINTING TASK

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Background: Impaired social functioning is one of the most apparent features of psychotic disorders. Deficits in social cognition may explain impaired functioning even more than the other cognitive deficits related to psychosis. Of the areas of social cognition, especially relevant to psychosis appear to be deficiencies in theory of mind (ToM), the ability to perceive and interpret the mental states of others, or “mentalizing”. Currently, it is unclear to what extent general cognitive deficits explain impairment in ToM.

We wanted to explore 1) the possible difference in ToM between first-episode psychosis (FEP) patients and controls, 2) whether diagnosis group (schizophrenia vs. other psychotic disorders) and level of functioning are associated with ToM, and 3) to what extent these differences are explained by general cognitive performance.

Methods: This study examined ToM in young adults with FEP (n=66). Of those, 25 had schizophrenia and the rest were diagnosed with other