delusions. In this study, we examined the association between subclinical persecutory delusions (PD) and social inference, testing the prediction that proneness to PD is related to altered social inference and beliefs.
Methods: We included 148 participants who scored on opposite ends of Freeman's Paranoia Checklist (PCL). High scorers and low scorers were thus assigned to two respective participant groups, which were matched according to age, education in years, and gender. Participants performed a probabilistic advice-taking task with a dynamically changing social context (volatility) under one of two experimental frames. Our design was thus 2x2 factorial (high vs. low delusional tendencies, dispositional vs. situational frame). In the task, participants had to integrate two types of cues simultaneously in order to make informed predictions, namely a social cue (advice provided by an adviser) and a non-social cue (probabilities given via pie-chart). In addition, the experimental frames differentially emphasized possible reasons behind unhelpful advice and either highlighted (i) the adviser's possible intentions (dispositional frame) or (ii) the rules of the game (situational frame). Task structure was identical across frames. When integrating the framing information, participants were expected to take advice into account more in the situational frame than in the dispositional frame, since the latter induces some mistrust due to highlighting the adviser's intentions.
Results: The behavioral data showed significant group-by-frame interactions ($F=5.7381$, $p<0.05$), indicating that in the situational frame high PCL scorers took advice less into account than low scorers. This reduced adaptation to the frame was particularly visible after the experience of volatility. Additionally, high PCL scorers believed significantly more frequently that incorrect advice was delivered intentionally ($F=16.369$, $p<0.001$) and that such malevolent behavior was directed towards them personally ($p<0.05$). High scorers also reported attributing unhelpful advice more to the adviser ($F=8.047$, $p<0.01$) instead of the rules of the game, compared to low scorers. The high scorers in the PCL reported higher negative, positive, and depressive symptoms on the CAPE compared to low scorers ($p<0.001$) but did not differ regarding cognitive performance in the Brief Neurocognitive Assessment (BNA).
Discussion: Overall, our results suggest that social inference in individuals with subclinical PD tendencies is less sensitive to differences in social context and shaped by negative beliefs about the intentions of others. These findings may help future attempts of identifying at risk mental state individuals and understanding maladaptive behavior in schizophrenia.

F91. ASSOCIATION BETWEEN SYMPTOM DIMENSIONS AND EXECUTIVE FUNCTION IN SCHIZOPHRENIA

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Background: Impaired executive function is a core cognitive deficit in schizophrenia and strongly associated with functional outcomes. Understand the relationship between clinical symptoms and executive function may help the clinician to better manage the cognitive impairment and inform prognosis. The main objective of the present study was to investigate the association between symptom dimensions and executive function in schizophrenia.
Methods: One-hundred and two patients with schizophrenia were recruited from the schizophrenia outpatient clinic from Universidade Federal de São Paulo (PROESQ/UNIFESP). Diagnosis was confirmed through the Structured Clinical Interview for DSM-IV (SCID-I) and dimensional psychopathology was assessed by the Positive and Negative Syndrome Scale (PANSS). The PANSS items were grouped in five factors: positive, negative, disorganized/cognitive, mood/depression and excitement/hostility factors. The cognitive battery included the following tests: Plus–Minus Task, Number–Letter Task, Trail Making Test - Part B, Keep Track Task, Letter Memory Task, Visual Working Memory Test – MTV, Stroop Test, Semantic Generation Task and The Tower of London Test – TOL. All tasks were computerized and assessed by the software Cronos. A single latent variable for executive function was derived through Confirmatory factor analysis and yield good model fits (CFI: 0.997; TLI: 0.996; RMSEA: 0.017; SRMR: 0.041).
Results: When the factors were entered individually, negative ($df=121$, $r=0,35$, $p <0.001$) and disorganized ($df= 121$; $r=-0.48$, $p <0.001$) factors were significant predictors of EF. In a multivariate regression analysis, including all the factors and correcting for age, gender and duration of illness, only the disorganized factor remained significant ($r^2=0,21$, $p<0.001$).
Discussion: The disorganized factor was the symptomatic dimension more strongly associated with EF. The potential use of disorganized dimension as indicator of poor executive function and related outcomes, i.e., treatment resistant schizophrenia, should be further investigated.

F92. COMPARISONS BETWEEN CANNABIS USERS AND NON-USERS PATIENTS WITH FIRST-EPISODE PSYCHOSIS IN NEUROCOGNITIVE FUNCTIONING: A META-ANALYSIS

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Background: Patients with first episode psychosis (FEP) frequently report cannabis use although its effects on cognitive functioning are still unclear. Several studies suggest a decrease in the executive function, verbal memory and working memory of FEP cannabis users (González-Pinto et al., 2016; Mata et al. 2008) while other studies show improvements in the neurocognitive function of this group (Setién-Suero et al., 2017, Cuhna et al., 2013, Leeson et al., 2012, Yücel et al., 2012; Rodríguez-Sánchez et al., 2010) or even absence of neurocognitive differences between FEP cannabis users and non-users (Burgra et al., 2013). This meta-analysis aims to explore the magnitude of effect of cannabis use on neurocognition in patients with FEP.
Methods: Articles for consideration were identified through extensive literature searches using online databases, which included PubMed, Medline and PsychInfo. The search was limited to English language articles. The used keywords were: "first episode psychosis" OR, "neurocognition and cannabis", in combination with a number of neuropsychology-related terms including "neurocog*" and "neuropsycholog*". Given that other substances including alcohol, cocaine, and stimulants are associated with altered cognitive performance, studies in which participants met for poly-substance use disorders, even if there was preferential use towards cannabis, were excluded. Eight studies from 2008 to 2017 met inclusion criteria from a total sample of 16 initial studies. Five hundred and eighteen of these participants were cannabis users with FEP, and 639 were patients with no cannabis use. A total of 58 effect sizes of neuropsychological test variables were categorized into 4 cognitive domains (premorbid IQ, executive functioning, working memory and verbal memory and learning). Age of first cannabis use, duration of cannabis use, percentage of males and age were abstracted and assembled as moderator variables. Standardized mean differences were computed for each cognitive domain between cannabis-using patients and patients with no history of cannabis use. Negative effect sizes would display better cognitive functioning of non-cannabis users. We employed a meta-analytic three level model to combine effect sizes across studies.
Results: Effect sizes were not significantly different from zero in any of the neurocognitive domains when FEP cannabis users and non-users patients were compared [working memory ($d= -0.03$, $SE=0.15$, $CI = -0.33–0.26$, $p=0.83$), executive function ($d= 0,14$, $SE=0.16$, $CI = -0.17–0.45$, $p=0.37$), verbal memory and learning ($d= 0.04$, $SE=0.15$, $CI = -0.25–0.33$, $p=0.27$) and premorbid IQ ($d= 0.06$, $SE=0.09$, $CI = -0.24–0.12$, $p=0.50$)]. Only one moderator variable resulted significant in the executive function denoting superior performance in FEP cannabis-using patients as they were older.