

moderate/severe brain injury, neurological illness, serious physical illness, eating disorder, and moderate/severe alcohol/substance use disorder. Participants were administered the Zanarini Rating Scale for Borderline Personality Disorder (ZAN-BPD), Beck Depression Inventory (BDI-II), Interpersonal Needs Questionnaire (INQ), UPPS-P Impulsive Behavior Scale, Everyday Memory Questionnaire, Brief Visuospatial Memory Test (BVMT), California Verbal Learning Test (CVLT), Delis-Kaplan Executive Function System (D-KEFS) Color-Word Interference Test, D-KEFS Trail Making Test, D-KEFS Verbal Fluency, Wechsler Adult Intelligence Scale-IV Coding and Digit Span subtests, Wechsler Memory Scale-IV Logical Memory, and Wechsler Test of Adult Reading.

Results: With one exception, analyses of raw scores indicated there were no significant neuropsychological differences between groups based on diagnosis, historical suicidal ideation, and suicide attempt ($p > .05$). However, individuals with MDD+BPD, historical suicidal ideation, or suicide attempt endorsed more memory complaints than the other groups with large effect size differences. Differences in self-reported impulsivity indicated large effects between controls and MDD+BPD, moderate to large effects when comparing controls to MDD and MDD to MDD+BPD, and moderate effects among the suicidal ideation and suicide attempt groups. Impulsivity was rated highest in those with MDD+BPD, historical suicidal ideation, or suicide attempt. These analyses applied false-discovery rate correction and adjusted for age. Using ridge regressions to separately predict depressive symptoms, BPD symptoms, and suicide risk factors, neuropsychological indices were most associated with suicide risk factors and explained 22.8% of INQ variance. Conversely, these indices explained 9.6% of ZAN-BPD variance and 0.6% of BDI-II variance.

Conclusions: The neuropsychological literature on BPD describes moderate crosscutting neuropsychological dysfunction, and clarifying the distinct cognitive alterations associated with comorbid psychiatric disorders and suicide phenomena offers novel avenues of research for investigating their mechanisms. While neuropsychological functioning may not strongly relate to psychiatric symptomatology, it may contribute to meaningful algorithms of suicide risk in individuals with depression and BPD.

Categories: Psychiatric Disorders

Keyword 1: executive functions

Keyword 2: depression

Keyword 3: personality

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51 Word Fluency Association Task (WFAT) Performance in Adolescents with Mild-Type Schizophrenia

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Objective: Schizophrenia is often disguised as a crisis of adolescence.

We want to understand how schizophrenia manifests itself in speech.

We expect the difference in the Word Fluency Association Task (WFAT) in *Normality Index* and *Time Delay*.

Participants and Methods: The analyses data was collected by the WFAT (authored by V.Kritskaya).

WFAT actualize speech connections based on past experience.

Stimuli – various syllables of 2-letters (20 pcs.), 3-letters (30 pcs.), varying in frequency of use (compiled on the basis of the Corporuses of the Russian language).

Instruction: "Now I will tell you a syllable, your task is to complete the proposed syllable to words as quickly as possible, your words must be real".

For study purposes we subdivided the sample into two subgroups: 12-14 years, 15-17 years.

For statistical analysis we used U-criterion, Mann-Whitney.

Analyzed parameters:

1. Normality index (**NI**) – the ratio of productive nouns to the amount of the standard associations
2. Time delay (**TD**) – response delay of the subject (sec., millisec.)

Study involved 57 participants:

27 adolescents with schizophrenia (Cl_G) aged from 12 to 18 years, assessed in the hospital setting (DS: F20.xx, F21.xx) and 30 normotyped peers (Co_G) assessed in the school setting.

Exclusion criteria: patients in the acute psychotic phase, left-handers.

Results: NI grouped with the following rates: subgroup 1- Co_G 70,4, CI_G 58,5, subgroup 2 - Co_G 65,2, CI_G 56,1

There was no statistically significant difference between CI_g Co_g in NI ($P=0,000$ and $p=0,002$ respectively).

TD grouped with the following rates: subgroup 1- Co_G 2,42, CI_G 22,63, subgroup 2 - Co_G 4,48, CI_G 3,14

There was statistically significant difference between CI_g Co_g in TD ($P=0,432$ and $p=0,25$ respectively).

Conclusions: Temporal indicators of cognitive activity differ in the clinical and control groups, which testifies to the significance of this indicator in the context of WFAT.

There is no difference in terms of semantics. However, we expect to see it, because such difference has previously been shown in a group of adult patients with a severe type of schizophrenia.

In the future, we would like to expand the group and select additional methods that evaluate the semantic component.

Categories: Schizophrenia/Psychosis

Keyword 1: speech

Keyword 2: schizophrenia

Keyword 3: adolescence

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52 Differences in Neuropsychological Test Performance and Symptom Data in Schizophrenia with Co-Occurring Cannabis Use

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Objective: Long-term exposure to the psychoactive ingredient in cannabis, delta-9-tetrahydrocannabinol (THC), has been consistently raised as a notable risk factor for schizophrenia. Additionally, cannabis is

frequently used as a coping mechanism for individuals diagnosed with schizophrenia. Cannabis use in schizophrenia has been associated with greater severity of psychotic symptoms, non-compliance with medication, and increased relapse rates. Neuropsychological changes have also been implicated in long-term cannabis use and the course of illness of schizophrenia. However, the impact of co-occurring cannabis use in individuals with schizophrenia on cognitive functioning is less thoroughly explored. The purpose of this meta-analysis was to examine whether neuropsychological test performance and symptoms in schizophrenia differ as a function of THC use status. A second aim of this study was to examine whether symptom severity moderates the relationship between THC use and cognitive test performance among people with schizophrenia.

Participants and Methods: Peer-reviewed articles comparing schizophrenia with and without cannabis use disorder (SZ SUD+; SZ SUD-) were selected from three scholarly databases; Ovid, Google Scholar, and PubMed. The following search terms were applied to yield studies for inclusion: neuropsychology, cognition, cognitive, THC, cannabis, marijuana, and schizophrenia. 11 articles containing data on psychotic symptoms and neurocognition, with SZ SUD+ and SZ SUD- groups, were included in the final analyses. Six domains of neurocognition were identified across included articles (Processing Speed, Attention, Working Memory, Verbal Learning Memory, and Reasoning and Problem Solving). Positive and negative symptom data was derived from eligible studies consisting of the Positive and Negative Syndrome Scale (PANSS), the Scale for the Assessment of Positive Symptoms (SAPS), the Scale for the Assessment of Negative Symptoms (SANS), Self-Evaluation of Negative Symptoms (SNS), Brief Psychiatric Rating Scale (BPRS), and Structured Clinical Interview for DSM Disorders (SCID) scores. Meta analysis and meta-regression was conducted using R.

Results: No statistically significant differences were observed between SZ SUD+ and SZ SUD- across the cognitive domains of Processing Speed, Attention, Working Memory, Verbal Learning Memory, and Reasoning and Problem Solving. Positive symptom severity was found to moderate the relationship between THC use and processing speed, but not negative symptoms. Positive and negative symptom severity did not