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Memory measures in healthy relatives of bipolar and schizophrenic probands

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Background: The aim was to investigate the cognitive abnormalities in healthy individuals (No Axis I or II disorders) at risk for bipolar disorder (BD) and schizophrenia (SZ)

Materials and Methods: Participants were 17 BD-R, 15 SZ-R and 23 controls. All participants underwent assessment of IQ, working, verbal memory and learning, visuospatial memory, verbal and visual recall and recognition. Lack of lifetime Axis I and II disorders was screened using Structured Clinical Interview for DSM-IV and symptomatology was assessed with the Brief Psychiatric Rating Scale (BPRS).

Results: No difference was found in IQ. The SZ-R underperformed compared to BD-R and controls in working memory. The SZ-R had increased number of intrusions but did not differ from the BD-R in short delay. The SZ-R showed impairment in long term recall. No effect of learning was found. SZ-R and BD-R underperformed compared to controls in visuospatial memory. SZ-R showed long term memory deficits with higher overall forgetting scores in both visual and verbal tests compared to BD-R and controls. The BD relatives were able to retain more verbal items but comparable visual items to SZ-R. Effect of BPRS total score was found only for BD-R across all measures.

Conclusions: BD-R do not show deficits compared to controls in the dorsal prefrontal cortex (DPFC) like the SZ-R. The SZ-R show impairments in fronto temporal networks that are preserved in BD-R supporting deficits in semantic categories in both encoding and retrieval whereas impairment shown in BD-R may be mainly attributed to the effect of symptoms.

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Executive function measures in healthy relatives of bipolar and schizophrenia probands

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Background: The aim of this project was to investigate the cognitive abnormalities in healthy individuals (No Axis I or II disorders) at risk for bipolar disorder (BD) and schizophrenia (SZ)

Materials and Methods: Participants were 17 BD-R and 15 SZ-R and 23 controls. All participants underwent assessment of IQ, inhibition, verbal fluency, planning and cognitive set shifting. Lack of lifetime Axis I and II disorders was screened using Structured Clinical Interview for DSM-IV and symptomatology was assessed with the Brief Psychiatric Rating Scale (BPRS).

Results: No difference was found in IQ. Loss of inhibition was found in both SZ-R and BD-R compared to controls whereas SZ-R had slower initiation times. SZ-R also failed to inhibit relatively fast erroneous responses, leading to an effect on error rates but not in reaction times. SZ-R and BD-R produced fewer words compared to controls whereas the former group made more errors. BD-R achieved both comparable number of categories to controls and made equal number of errors whereas SZ-R underperformed compared to former groups in both measures. Effect of BPRS total score was found only for BD-R across all measures apart from inhibition.

Conclusions: Genetic predisposition to SZ may be mediated by deficits in both the Ventral and Dorsal Prefrontal Cortex (VPFC) and (DPFC). In BD-R impairment was limited in the VPFC whereas the DPFC function was preserved. The two disorders share inhibition deficits associated with the VPFC.

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Treatment of post-psychotic depression (PPD) in schizophrenia

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Background: Depression accompanied acute psychosis in 70% of cases and remitted in line with the psychosis; 36% developed PPD without a concomitant increase in psychotic symptoms. PPD occurs without concomitant change in positive or negative symptoms.

Aims: We try to evaluate efficacy of Fluvoxamine, versus efficacy of mirtazapine and venlafaxine in PPD.

Method: 25 patients (17 men, 8 female), aged 18-45 years, diagnosed with schizophrenia and PPD by DSM IV criteria. All patients received a second generation of antipsychotic (SGA) .We divided in 3 groups - A (9 patients) treated with SGA + Fluvoxamine (100 mg/day), group B (8 patients) treated with SGA + mirtazapine (30-45mg/day) and group C (8 patients) treated with SGA + venlafaxine (150- 225mg/day). We use BPRS, HAMD, and CGI for severity. Period of study 2 month, with visit at every week. We evaluate efficacy in group A versus efficacy in group B and C.

Results: in group A: 2 drop-out, 6 responders, 1 non-responders; in group B: 1 drop- out, 6 responders, 1 non- responders , in group C: 1 drop- out, 7 responders. The response was faster in group C. The treatment was well tolerated.

Conclusions: The results were similar in all groups, but the most responders were found in patients with family support, in first 3 years of evolution of schizophrenia, with family history of affective disorders, absence of negative symptoms. The response was better at patients who don't have traumatic stress in there children or adolescent period.

P0100

The role of neuropsychological assessment in the comprehensive diagnosis of schizophrenia

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Background and Aims: The blurring of nosological boundaries across clinical forms of schizophrenia is critical. The aim of the research was to address the relationships between neuropsychological functioning, clinical scales and international diagnosis criteria for a comprehensive diagnosis of schizophrenia.

Methods: 67 patients diagnosed with schizophrenia according to ICD-10 criteria were included in the current study. The average age of the patients was 33.17 years (SD=9.22). Patients included were not diagnosed with medical or neurological conditions. In clinical

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