

erroneous processing of social cues, social cognition skills, and social outcomes for this group of children.

Categories: Social Cognition

Keyword 1: social cognition

Keyword 2: attention

Keyword 3: attention deficit hyperactivity disorder

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47 Social Cognition and Moral Decision Making in Korsakoff's Syndrome

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Objective: Korsakoff's syndrome (KS) is a neuropsychiatric disorder, caused by vitamin B1 insufficiency. KS is characterized by severe declarative amnesia. Often, also executive disorders are present. Emotion recognition and theory of mind are gold-standard measures of social cognition. Moral decision making is often assessed by means of moral dilemmas. Surprisingly social cognition and moral decision making has received hardly any attention in research on KS, although the severity of behavioural problems in KS suggest possible problems in both domains. The aim of this study was therefore to broadly assess social cognition and moral decision-making capacities in patients with KS.

Participants and Methods: 20 KS patients and 20 age-, education-, and gender-matched healthy controls were assessed on standardized tests for social cognition, namely the mini-Social Cognition and Emotional Assessment battery (mini-SEA), and a specialized version of the Sally-Anne Test. Moral decision making was assessed by means of the Moral Behaviour Inventory (MBI) for everyday moral dilemmas, and ten cartoons of abstract moral dilemmas. For moral decision making, "yes" and "no" responses were scored, together with a scoring for moral reasoning according to the Kohlberg stages of moral maturity.

Results: KS patients have large impairments in both cognitive and affective aspects of social cognition. Their ability to recognize emotions, take the perspective of others, and understand socially awkward situations is vastly compromised. While KS patients were able to replicate the Sally Anne storyline, their task performance was on chance level. Regarding moral decision making, there was a tendency to more frequently carry out the moral dilemma. Moral maturity, as indexed by means of their reasoning behind the decision was of a lower level. Of interest, moral immaturity could find its origin already before the onset of the KS diagnosis, as suggested by elevated premorbid levels of delinquent behavior.

Conclusions: Both social cognition and moral decision making are compromised in KS patients. Specifically social cognitive disorders are the direct result of KS, and are likely to strongly relate to social and neuropsychiatric issues in KS. Moral decision making was more likely to be already of a lower level of maturity, based on a strong relationship between premorbid delinquency and moral immaturity in KS patients. This study highlights the importance to properly index social cognition in neuropsychological assessments for individuals with a possible KS diagnosis

Categories: Social Cognition

Keyword 1: Korsakoff's syndrome/Wernicke's encephalopathy

Keyword 2: social cognition

Keyword 3: emotional processes

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48 Associations Between Cognitive Function and Social Networks in Older Adults: Quality and not Quantity?

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Objective: Larger social networks are linked to better cognitive function. However, little is known

about the association of cognitive function with the composition of these networks in terms of the varying levels of closeness and supportive relationships. The present study explored whether social network size at different levels was differentially associated with cognitive function in a group of community-dwelling older adults.

Participants and Methods: 119 older adults (Mean age = 70.71) from the Maine Aging Behavior Learning Enrichment Study completed a neuropsychological test battery measuring language, verbal memory, visuospatial memory, working memory, executive function, and processing speed abilities. The number and closeness of participants' relationships was measured using a Hierarchical Mapping Technique based on the Social Convoy model, in which participants included the names of people in their relational network within inner (closest), middle (close), and outer concentric circles.

Results: Correlational analyses found that social network size at the total and middle-to-outer levels were statistically associated with education and better performance on measures of language, verbal memory, visuospatial memory, and executive function. However, no relationship emerged between the size of the innermost network level and cognitive function. Furthermore, statistically significant findings did not survive adjustments for the effect of education.

Conclusions: Broader levels of support, rather than greater intimacy, were statistically associated with better cognitive performance. Consistent with previous research, greater education was associated with larger social networks. Future research is needed to understand whether higher levels of education or other factors mediate the observed relationship.

Categories: Social Cognition

Keyword 1: cognitive functioning

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49 A Preliminary Neurocognitive Profile Characterization of Treatment Resistant Depression

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Objective: Major Depressive Disorder (MDD) subtypes have been shown to differentially impact psychiatric symptom presentation, clinical features, and functional abilities. While there is extensive research regarding MDD subtypes and clinical characteristics, there has been limited information regarding the relationship between MDD subtypes and neurocognitive functioning. In particular, the neurocognitive impact of the subtype of treatment resistant depression (TRD), defined as MDD that is unresponsive to treatment, is unknown. The aim of this preliminary study was to address this gap by characterizing the neurocognitive profile of TRD. We characterized the performance of older adults with TRD on measures across multiple neurocognitive domains, and explored whether performance varied based on age and education.

Participants and Methods: Data utilized were drawn from a broader NIMH-funded, randomized, controlled study conducted at the University of New Mexico that investigated the clinical and cognitive outcomes of varying pulse amplitudes during acute electroconvulsive therapy (ECT) in adults with MDD. Participants in the study were age 50+ with a diagnosis of MDD, and further delineated by subtype as TRD. For this analysis, we utilized demographic and baseline neurocognitive data collected prior to start of treatment for those diagnosed with MDD, recurrent, severe (TRD). Neurocognitive measures included the Delis Kaplan Executive Function System (D-KEFS) Verbal Fluency and Color-Word Interference Subtests, Hopkins Verbal Learning Test-Revised (HVLT-R), and the Wechsler Adult Intelligence Scale 4th Edition (WAIS-IV) Digit Spans. Demographic-adjusted scaled scores were computed, and descriptive statistics were used to characterize the demographic and neurocognitive features of the sample. Multiple Analysis of Variance (MANOVA) was used to investigate difference in performance across neurocognitive measures based on level of education, with age as a covariate.

Results: The sample (n = 42) had a mean age of 65 (SD=8), education level between 12 and 14 years, 66.6% were female and 93% were