

P-1286 - SOCIAL FUNCTIONING IMPAIRMENT IN PATIENTS WITH SCHIZOPHRENIA: RELATIONSHIPS WITH PSYCHOPATHOLOGY AND COGNITIVE DEFICITS

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Objectives: Social functioning is often impaired in patients with chronic schizophrenia and contribute to the poor outcome of the illness. It is unclear how much of this social impairment can be attributed to residual symptomatology and how much to cognitive impairment, often present in patients with schizophrenia. In the present study, the relationships between social functioning, psychopathological remission and cognitive deficits were investigated in 148 subjects with chronic schizophrenia or schizoaffective disorder.

Methods: A comprehensive neuropsychological battery was used to assess general cognitive abilities, attention, secondary verbal and visuospatial memory and executive functions. To assess social functioning we used four indices for global social disability, interpersonal relationships, intrapsychic functions and work functioning. Patients were divided in remitted or not remitted according to the criteria proposed by Andreasen. Multiple regressions analyses were carried out, in which the dependent variables were the indices of social functioning while independent variables were remission status, neuropsychological indices, duration of illness, age and education.

Results: The results of multiple regression analyses showed that secondary memory explained 10.6% of the variance for the global disability index, 8% for “intrapsychic functions” 5.8% for “interpersonal relationships” and 4% for “work functioning”; the index of attention explained 2.6% of the variance for the global disability index; the remission status explained 4.6% of the variance for the “intrapsychic functions” index.

Conclusions: Our findings suggest that cognitive impairment is an important feature of schizophrenia and that its relationship with social functioning is independent from and stronger than those between psychopathology and social functioning.