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NEUROCOGNITIVE PREDICTORS OF FUNCTIONAL OUTCOME IN PATIENTS WITH BIPOLAR DISORDER

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Introduction: Neurocognitive deficits are known as a core feature in bipolar disorder (BPD). Persisting neurocognitive impairment is associated with low self-reported quality of life and low psychosocial functioning. Current findings indicate the importance of adjunctive psychosocial interventions in the treatment of BPD patients to enhance symptomatic and functional outcome.

Objectives: To assess whether functional outcome in patients with BPD is affected by cognitive psychoeducational therapy, clinical parameters and cognitive impairment.

Aims: To identify potential predictors of functional outcome, global clinical impression and early recurrence in patients with BPD.

Methods: Using a neurocognitive test battery 43 patients with BPD in euthymic state were compared to 40 healthy controls. Patients were assigned to two treatment conditions: cognitive psychoeducational therapy over 14 weeks (n=19, 12 female, age) and treatment-as-usual (n=24, 14 female). Predictors for functional disability, global clinical impression and early recurrence including clinical and cognitive variables as well as treatment conditions were examined using logistic regression.

Results: Compared to healthy controls patients with BPD showed lower performance in executive function ($p < 0.01$) and sustained attention ($p < 0.001$). Cognitive psychoeducation ($p < 0.05$) and subthreshold depressive symptoms ($p < 0.05$) were predictors for occupational functioning. Age ($p < 0.05$), delayed verbal memory ($p < 0.05$) and word fluency ($p < 0.05$) predicted global clinical impression. Recurrence in the follow-up period of 12 months was predicted by delayed verbal memory ($p < 0.05$).

Conclusions: Patients with BPD seem to benefit from cognitive psychoeducational training mainly in areas of working life. The extent of cognitive impairment appears to impact clinical outcome and recurrence rate.