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THE IMPORTANCE OF NEUROCOGNITION, SOCIAL COGNITION, NEGATIVE SYMPTOMS AND SUBJECTIVE PROCESS PARAMETERS FOR FUNCTIONAL RECOVERY IN SCHIZOPHRENIA

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**Background:** A wealth of research supports the relevance of neuro-, social cognition and negative symptoms as treatment targets in schizophrenia. However, little is known about their interdependent relationships, their relative contribution to adequate functioning and quality of life as well as their associations with subjective, process oriented variables.

**Methods:** Data were collected in the context of an international RCT evaluating the Integrated Neurocognitive Therapy (INT) in comparison to treatment as usual (TAU). 169 outpatients with a diagnosis of schizophrenia according to ICD-10 or DSM-IV-TR participated in the study. We chose a longitudinal design.

First, by the means of structural equation modeling (SEM) we tested social cognition and negative symptoms as mediators between neurocognition and functional outcome. Additionally, the relationships of these variables with subjective parameters (hope, psychological strain, helplessness, initiative, knowledge about the disorder, insight, self-efficacy) were assessed. Second, we analyzed the same mediators and subjective variables but used quality of life instead of the traditional functional outcome measures.

**Results:**

1. Social cognition and negative symptoms both served as mediators between neurocognition and functional outcome. Some subjective variables (e.g. hope) were associated with negative symptoms and functional outcome.
2. Cognitive functions had no significant predictive or mediating influence on quality of life. Instead subjective variables (hope, psychological strain, self-efficacy) and negative symptoms functioned as significant predictors and were strongly related to each other.

**Conclusions:** The results of the study provide further evidence for integrated treatments. Including relevant subjective variables seems promising to generalize therapy effects to quality of life.