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ASSOCIATION OF DEFICITS IN SMELL IDENTIFICATION, SOCIAL AND BASIC COGNITION IN PATIENTS WITH SCHIZOPHRENIA-SPECTRUM DISORDERS, THEIR FIRST-DEGREE RELATIVES AND MATCHED HEALTHY CONTROLS

N. Mossaheb<sup>1,2</sup>, M. Schloegelhofer<sup>2</sup>, R.M. Kaufmann<sup>2</sup>, T. Aninilkumparambil<sup>2</sup>, A. Gold<sup>2</sup>, C. Himmelbauer<sup>2</sup>, S. Inreiter<sup>2</sup>, L. Schlehaider<sup>2</sup>, H. Hoffmann<sup>3</sup>, H.N. Aschauer<sup>2</sup>

<sup>1</sup>Department of Child and Adolescent Psychiatry, <sup>2</sup>Department of Psychiatry and Psychotherapy, Medical University of Vienna, Vienna, Austria, <sup>3</sup>Department of Psychosomatic Medicine and Psychotherapy, University of Ulm, Ulm, Germany

Introduction: Associations between smell identification deficits (SID) and impairments in basic cognitive domains have been shown in patients with neuropsychiatric disorders.

Objectives: We analyzed social and basic cognitive deficits and SID.

Aims: To assess differences in affective decision making tasks in patients with schizophrenia-spectrum disorders, their 1<sup>st</sup> degree relatives and healthy controls.

Methods: We examined 51 patients with schizophrenia-spectrum disorders (49% female, age 33.1 years, SD 11), 21 first-degree relatives (61.9% female, age 49.5 years, SD 17.6, one affected, others non-affected) and 51 matched healthy controls (49% female, age 33 years, SD 12.1). Psychopathology was evaluated using the Positive and Negative Syndrome Scale (PANSS). Subjects were administered the University of Pennsylvania Smell Identification Test (UPSIT), the Fecially Expressed Emotion Labelling (FEEL) test, the spatial span subtest of the Wechsler Memory Scale-Revised (WMS-R) and the Mehrfachwahl-Wortschatz Test (MWT-B).

Results: Patients, controls and 1<sup>st</sup> degree relatives differed in age ( $p=0.000$ ), WMS-R ( $p=0.000$ ) and FEEL scores ( $p=0.007$ ). In healthy controls, patients and 1<sup>st</sup> degree relatives FEEL correlated with age ( $p=0.005$ ,  $p=0.003$ ,  $p=0.004$ , respectively). In patients FEEL also correlated with MWT-B ( $p=0.000$ ), UPSIT ( $p=0.000$ ) and PANSS negative scores ( $p=0.016$ ); furthermore, UPSIT correlated with MWT-B ( $p=0.001$ ). In 1<sup>st</sup> degree relatives age correlated with WMS-R ( $p=0.04$ ) and FEEL ( $p=0.004$ ), both of which inter-correlated ( $p=0.006$ ).

Conclusion: We found that SID, basic and social cognition, i.e. affective decision-making processes, inter-correlate in patients with schizophrenia-spectrum disorders and are partly under the influence of negative symptoms. Some of these relationships can also be seen in 1<sup>st</sup> degree relatives of patients.