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COGNITIVE FUNCTIONING IN SCHIZOPHRENIA PATIENTS WITH SUICIDAL BEHAVIOR

D. Cozman, M. Manea, S. Nica, H. Coman, B. Nemes

Clinical Psychology and Mental Health Department, Iuliu Hatieganu University of Medicine and Pharmacy, Cluj-Napoca, Romania

Introduction: Suicide is one of the leading causes of death for schizophrenia patients: 9-13% of these patients eventually commit suicide, at least 20-40% make suicide attempts and 1-2% go on to complete in their attempt within the next 12 months. Therefore, suicide in schizophrenia has long been a major area of concern and research efforts. Although neurocognitive deficits are seen as core to schizophrenia, the association between suicidality and neurocognition has received little attention. People with schizophrenia often have impaired working memory and lower IQ. In particular, deficits in long-term memory, working verbal memory, executive functioning, and vigilance have been consistently associated with poor functional outcome in this patient population.

Aim: To evaluate the effect of depression in schizophrenia suicidal patients from the point of view of neuropsychological functions.

Methodology: A clinical sample of 60 patients with schizophrenia was assessed. Among them, 30 patients presented a life long history of deliberate self-harm. We performed the assessment of schizophrenia (PANSS, GAS), depression (MADRS), suicidal risk (SIS, BHS), and neuropsychological markers with CogTest battery.

Results: Suicidal behaviour in schizophrenia patients was significantly correlated with negative symptoms (anhedonia) accompanied by poor global functioning and positive symptoms (delusions). Some neuropsychological markers (abstract thinking, reduced capacity to maintain information on-line, working memory, facial emotions discrimination) were significantly correlated with hopelessness.

Conclusion: The most significant neuropsychological dysfunction is represented by working memory impairment which is present in schizophrenia patients with self-harm behaviour even if they have an intact IQ.