

COGNITIVE AND EMOTIONAL ANOMALIES IMPLICATED IN PATHOGENESIS OF DELUSIONAL IDEA IN DELUSIONAL DISORDER

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Introduction: Four theoretical models have been postulated in formation and maintenance of delusional idea in schizophrenia:

1. Cognitive biases (attentional bias, jumping-to-conclusion, need-for-closure, attributional bias),
2. Social cognition alterations (theory-of-mind, emotion facial recognition),
3. Perceptive alterations of anomalous experiences and
4. Emotional anomalies (anxiety, depression, self-esteem, "self" discrepancies).

However, there is poor evidence about the implication of these anomalies in pathogenesis of delusional idea in delusional disorder (DD).

Objectives: To exam the joint influence of these anomalies in delusional activity in DD.

Methods: We studied the delusional activity measured by the "Maudsley Assessment of Delusion Schedule" in 68 patients with DD (n=68) diagnosed by SCID-I (DSM-IV-TR). Cognitive biases were evaluated by "Emotional Stroop", "Experimental Beads Task", "Need-for-Closure Scale", "Internal, Personal and Situational Attributions Questionnaire". Social cognition alterations were measured by Faux-pas Task and Eyes-Test; perceptive alterations by "Cardiff Anomalous Perceptions Scale"; and emotional anomalies by "Hamilton Anxiety Rating Scale", "Beck Depression Inventory", "Rosenberg Self-esteem Scale" and "Personal Qualities Questionnaire". The relationship between delusional activity and these cognitive anomalies were examined using lineal regression models controlled by socio-demographic characteristics, premorbid IQ ("NART"), negative symptomatology ("PANSS") and neuropsychological function (attention, verbal learning, working memory and executive function).

Results: High scores in delusion activity were significantly associated with high scores in jumping-to-conclusion and depression and low scores in faux-pas and self-esteem, after being adjusted by number of studied years and negative symptomatology.

Conclusions: Cognitive biases (jumping-to-conclusions), social cognition deficit (faux-pas) and emotional alterations are the most implicated anomalies in formation and maintenance of delusional idea in DD.