



Subjective cognitive functioning and psychiatric symptoms in treatment-resistant psychosis

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Introduction

- *Treatment Resistant Psychosis (TRP)* → Patients with schizophrenia (SCZ) who are resistant to the typical antipsychotic treatment
- *Subjective cognitive functioning (SCF)* → perceived cognitive ability
- Prior research has implicated links between SCF, depressive symptoms (Zumrawi et al, submitted) and psychosis (Holthausen et al., 1999) in SCZ but this has not been investigated in TRP
- TRP patients experience problematic SCF but the factors influencing these self-ratings are unclear
- SCF in TRP might be associated with the severity of psychiatric symptoms

HYPOTHESES

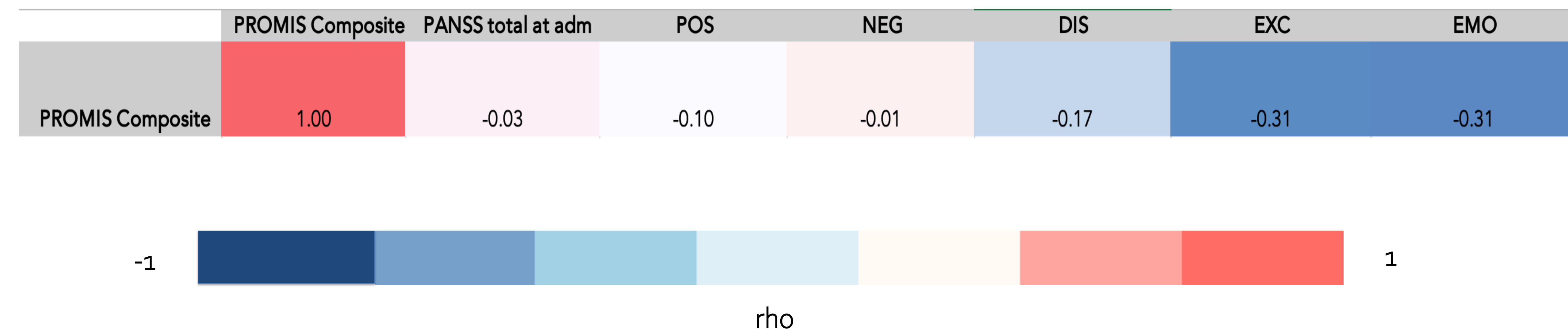
- H₁ → symptoms associated with emotional distress will predict ratings of increased self-reported cognitive impairment
- H₂ → increased positive symptoms will predict ratings of decreased reported cognitive impairment

Methodology

- Subjects: 52 TRP inpatients within the BC Psychosis Program
- Retrospective chart review using clinical data
- SCF measured using PROMIS 2.0 Cognitive Function and Abilities
- Higher PROMIS scores indicate self-reports of better cognitive functioning (Health Measures, 2018)
- Psychiatric symptoms measured using PANSS scores (Kay et al, 1987)
- 5 PANSS subcomponents → Positive symptoms, negative symptoms, excitement, disorganization, emotional distress
- Spearman correlation matrix

Demographics and Sample Characteristics (N=52)		
Continuous Variable	M	SD
Age	36.10	13.40
Education (years)	11.71	1.65
PANSS Total (admission)	89.47	17.20
Categorical Variable	N	%
Gender		
Female	16	30.8
Ethnicity		
Caucasian	36	69.2
Chinese/East Asian	5	9.6
First Nations	2	3.8
South Asian	3	5.8
Hispanic	2	3.8
Other	4	7.7
Primary Diagnoses		
Schizophrenia	37	69.2
Schizoaffective	8	15.4
Medication (at time of testing)		
Treated with Clozapine	30	57.7

Results



- Increased emotional distress (depression) and increased excitement symptoms were modestly associated with ratings of poorer SCF
- Total symptoms and other psychiatric symptom domains including positive symptoms were not correlated with SCF

Discussion

- Most symptom clusters not strongly linked to SCF ratings → TRP patients' poor awareness of their cognition may not be highly determined by their psychiatric symptoms with the exception of emotional distress and excitement
- H₂ not supported → facets of positive symptoms may not be as linked to SCF.
- May be possible to modify SCF by altering emotional distress or excitation symptoms or vice versa
- Variation in the number of days between PANSS and PROMIS test administration could explain the low correlation between scores

References

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