

## FC03-03

### SPECIFICITY OF COGNITIVE DEFICITS IN PSYCHOSIS; INITIAL PRESENTATION AND COURSE OF ALTERATIONS AMONG DIFFERENT DIAGNOSES

A. Zabala<sup>1,2</sup>, J.I. Eguiluz<sup>1,3</sup>, R. Segarra<sup>1,3</sup>, E. Elizagarate<sup>4</sup>, S. Enjuto<sup>3</sup>, J. Ezcurra<sup>4</sup>, A.M. Gonzalez Pinto<sup>1,2,5</sup>, M. Gutiérrez<sup>1,2,5</sup>

<sup>1</sup>Neuroscience. Psychiatry Section, University of the Basque Country, Bilbao, <sup>2</sup>Mental Health CIBER-SAM, Centro de Investigación Biomédica en Red de Salud Mental. Instituto de Salud Carlos III, Ministerio de Sanidad, Research Network, <sup>3</sup>Department of Psychiatry, Cruces Hospital, Osakidetza Mental Health System, Cruces, <sup>4</sup>Alava Psychiatric Hospital, Osakidetza Mental Health System, Alava, <sup>5</sup>Department of Psychiatry, Santiago Apostol Hospital, Osakidetza Mental Health System, Vitoria, Spain

**Objective:** To describe possible differences in the initial cognitive profile between schizophrenia and non-schizophrenia first episode psychosis patients.

**Method:** We assessed attention, working memory, and executive functioning in 57 first episode psychosis patients at baseline and at a one-year follow-up.

**Results:** No significant differences were detected in the cognitive profile among schizophrenia (n=20) and non-schizophrenia (n=37) patients at baseline or at the one-year follow-up. For the overall group, significant reductions in the percentage of omission and commission errors for the sustained attention task ( $p < 0.001$  and  $p = 0.001$  respectively), in the total time to complete the Stroop-I task ( $p < 0.001$ ), in the percentage of omission errors for the working memory task ( $p = 0.001$ ), and in the percentage of perseverative errors for the WCST ( $p < 0.001$ ) were detected, as well as a significant increase in the number of categories completed in the WCST ( $p < 0.001$ ). The other cognitive variables analyzed remained stable (4 of the 10 variables tested). The pattern of change was similar for schizophrenia and non-schizophrenia patients in the areas of attention and working memory. For executive functioning, the non-schizophrenia group showed a more beneficial pattern of change.

**Conclusions:** Our results indicate a lack of specificity of cognitive alterations related to the degree of affectation, at least during the first year after instauration of treatment. The course of cognitive deficits in first episode psychosis showed significant improvements over this period, being the pattern of change in executive functioning slightly more beneficial for patients with a non-schizophrenia psychosis.