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Associations of Schizotypy with Prefrontal Function and Psychopathology: “positive” or “negative”? Findings From the Premes Cohort

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Introduction: Although Positive (PS) and Negative Schizotypy (NS) are considered distinct entities, prefrontal dysfunction seems to be a common underlying mechanism. According to recent evidence, PS can be divided into Paranoid (ParS) and Cognitive-Perceptual (CPS).

Objectives: To explore NS', ParS' and CPS' profiles of prefrontal function/psychopathology/stressful childhood experiences.

Aims: To examine associations between NS, ParS and CPS with the above phenotype in a community sample.

Methods: 140 healthy adults completed the Schizotypal-Personality Questionnaire (SPQ), Symptom-Checklist-90-Revised (SCL-90R), Wisconsin Card-Sorting Test (WCST), CANTAB Spatial Working Memory (SWM), Parental-Bonding Instrument (PBI) and Child Abuse/Trauma Scale (CAT). Associations between schizotypal dimensions and outcome variables were examined with separate forward regression-analyses (confounders: age, smoking).

Results: High ParS and NS but not CPS were predicted by high CAT score and low parental-care respectively ($P_s < 0.001$). High NS and high ParS predicted inefficient SWM strategy and increased WCST perseverative-errors ($P_s < 0.001$; R^2 : 0.155 and 0.243) while high ParS also predicted fewer WCST-completed categories and increased total errors ($P_s < 0.001$; R^2 : 0.138 and 0.174). All schizotypal dimensions along with reduced parental-care predicted high SCL-90 psychopathology in all dimensions ($P_s < 0.001$); NS predicted mostly interpersonal sensitivity, depression and phobic anxiety (R^2 range: 0.211-0.426), ParS predicted mostly obsessive-compulsive symptomatology, anxiety, paranoid ideation and psychoticism (R^2 range: 0.257-0.373) and CPS predicted mostly somatization and anger/hostility (R^2 : 0.240 and 0.213).

Conclusions: ParS and NS were similar in terms of prefrontal dysfunction and childhood life experiences although they differed in their clinical psychopathology patterns. CPS seems to be a 'less severe' form of schizotypy in terms of prefrontal dysfunction and childhood experiences with minimal impact on current psychopathology.