

Objectives To assess cross-sectionally whether there are differences in the cognitive domains assessed with the CAI, for considering the real-world functioning of a sample of patients with psychosis.

Methods The sample consisted of 76 patients with a DSM-IV psychotic disorder. Patients were assessed with the cognitive assessment interview (CAI), which is an interview-based measure of cognitive functioning that is intermediate between cognitive functioning and daily functioning, and three subscales of the specific levels of functioning (SLOF), an informant-rated measure of functioning. The CAI was used to assess the patient and an informant, and these scores were integrated into a rater composite score. We divided the sample by a median-split procedure for each of the three functional domains, and then applied ANOVAs to compare the two groups (impaired/not impaired) in the six cognitive domains of the CAI: working memory, attention, verbal memory, problem solving, processing speed, and social cognition.

Results We found significant differences between the impaired vs. non-impaired groups in most of the cognitive domains assessed with the CAI (Fig. 1).

Conclusions Interview-based assessment of cognition with the CAI allows for the prediction of everyday functioning in patients with psychosis. Impairment in almost all CAI cognitive domains, except for social cognition, was associated with poorer psychosocial functioning.

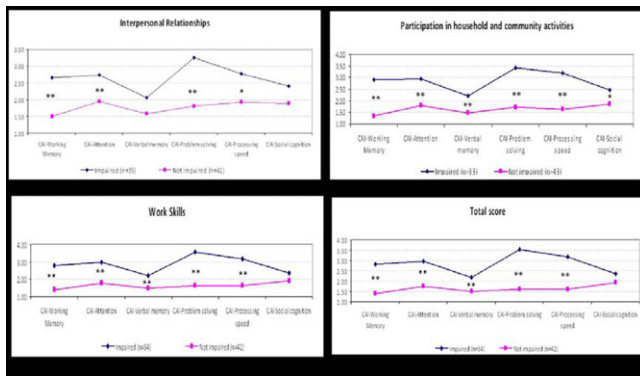


Fig. 1

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FC90

Cerebral hemodynamics in schizophrenia during the Trail Making Test: A functional transcranial Doppler sonography study

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Introduction Schizophrenia is a severe mental disorder, with complex symptoms involving psychosis, negative symptoms and cognitive impairment. The Trail Making Test (TMT) has been widely used to assess attention and executive function. Functional transcranial Doppler sonography (fTCD) of basal cerebral arteries allows monitoring of aberrant cerebral hemodynamics during cognitive tasks in this patient group.

Objectives We assessed cerebral hemodynamics in the middle cerebral arteries (MCA) using fTCD while patients with schizophrenia and healthy subjects performed the TMT and a control task.

Methods Fifteen patients with chronic schizophrenia and 15 healthy controls performed the TMT-A and -B during fTCD measurements of the MCA. Dependent measures were performance, mean cerebral blood flow velocity (MFV) and the lateralization.

Results Patients demonstrated an overall decreased speed of solution ($P=0.002$), and there was no significant effect of age. They showed a significantly increased flow pattern for the TMT-B ($P=0.005$). There were no lateralization differences between diagnostic groups.

Conclusions There was a performance deficit in patients with schizophrenia for both TMT-A and -B that fits well with results of existing literature. The aberrant hemodynamic response supports the idea that cognitive performance elicits an aberrant cerebral hemodynamic correlate. It adds to the notion that fTCD is a valuable tool to correlate psychological paradigms with brain perfusion in patients with schizophrenia.

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Does family history of schizophrenia affect the severity of disease?

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Introduction Previous studies have demonstrated that family history is associated with earlier age at onset, severity of positive and negative symptoms, and the duration of untreated illness. Hereditary factors may contribute a vulnerability for antisocial and/or violent behaviour per se, and for other stable characteristics such as aggressive behaviour.

Aim To analyze the impact of family history of schizophrenia and aggressive behavior among members of family on severity of disease and aggressive behavior of patients.

Method The study population consisted of 120 male schizophrenic patients classified into non-aggressive ($n=60$) and aggressive ($n=60$) groups, based on indication for admission in hospital (aggression/anything else but aggression). For severity of disease, we assessed psychopathology using the Positive and Negative Syndrome Scale (PANSS), the number of hospitalizations and the total equivalent dose of therapy (collected from medical record). The presence of a family history and aggression in family was assessed using a semi-structured interview of patients and, when available, family members.

Results Twenty-seven (22.5%) participants were determined to have at least one family member with schizophrenia or another psychotic disorder, with no difference between aggressive (10%) and non-aggressive (12.5%) group. There was no significant interaction between family history and severity of disease (PANSS, number of hospitalizations, total equivalent dose of therapy). Aggressive behaviour in first-degree family member had no influence on aggressive behaviour of patients with schizophrenia.

Conclusion Family history of schizophrenia does not affect the severity of disease nor aggressive behaviour.

Keywords Family history; Schizophrenia; Severity of disease; Aggressive behavior

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