

## EV349

### The association between childhood trauma and facial emotion recognition in patients with stable schizophrenia

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**Introduction** The impairment of facial emotion recognition (FER) among patients with schizophrenia (SCZ) is a significant feature of the illness. Childhood trauma (CT) is reported with a high prevalence in SCZ and is considered one of its risk factors.

**Objectives** To investigate the relationship between FER and CT in SCZ.

**Methods** Fifty-eight outpatients with stable SCZ completed the Childhood Trauma Questionnaire retrospectively assessing five types of childhood trauma (emotional, physical and sexual abuse, and emotional and physical neglect). They also completed a newly developed and validated FER task constructed from photographs of the face of a famous Tunisian actress and evaluating the ability to correctly identify Ekman's six basic facial emotions (happiness, sadness, anger, disgust, fear and surprise).

**Results** Patients with higher scores of CT performed significantly worse in FER task. Our results suggest that the presence of sexual abuse is specifically correlated to a poor identification of anger ( $P=0.02$ ) and disgust ( $P=0.03$ ) while the presence of emotional abuse and physical neglect are correlated to a poor identification of happiness and sadness.

**Conclusions** CT may represent one of the causes of the FER deficits in schizophrenia. Further studies are necessary to confirm the link between specific kinds of childhood trauma and deficits in the recognition of discrete emotions.

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## EV350

### From clinical cases to clinical research: Neurocognition and social cognition in schizophrenia

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**Introduction** Neurocognition and social cognition are the core deficits influencing social outcomes in patients with schizophrenia. These deficits are present in prodromal phase and throughout the illness, in first-degree relatives and are considered in the framework of neurodevelopmental or neurodegenerative models.

**Method** Four clinical cases with patients reflecting different cognitive profiles were chosen to demonstrate heterogeneity of cognitive biases and their influence on the social function *en vivo*. The patients have undergone a number of neurocognitive and social cognitive measures.

**Results** In these four patients, we would like to highlight the dissociation of neurocognitive deficits, clinical manifestations and social functioning. Social cognitive measures revealed heterogeneity of biases in different domains. As a result of our observation, we can hypothesize that better social functioning was achieved by patients with better abilities to discriminate negative emotions and states of mind in others.

**Conclusion** Despite certain limitations of case-report studies, it is hard not to point out heterogeneity and incoherence of social and neurocognition. We assume that intact domains of Process-

ing of Emotions and Theory of Mind predispose to better social functioning, while it's hard to trace this connection to neurocognition. This result needs to be challenged on large samples in future research, concerning emotionality in Theory of Mind and capacity for empathy and its' role in social functioning.

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## EV351

### Emotional processing in panic disorder and its subtypes: An fMRI study using the emotional faces paradigm

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**Introduction** The literature on the neurobiology of emotional processing in panic disorder (PD) remains inconsistent. Clinical heterogeneity could be causing this.

**Objective** To investigate differences in brain activity between PD and healthy controls using the emotional faces fMRI paradigm.

**Aims** To elucidate neurobiological mechanisms underlying emotional processing in PD and previously identified subtypes (Pattyn et al., 2015).

**Methods** The main analysis compared the neural processing of different emotional facial expressions from a large group of PD patients ( $n=73$ ) versus healthy controls ( $n=58$ ) originating from the Netherlands Study of Depression and Anxiety (NESDA). A second analysis divided the PD group into the three previously identified subgroups: a cognitive-autonomic ( $n=22$ ), an autonomic ( $n=16$ ) and an aspecific subgroup ( $n=35$ ). The fusiform gyrus, the anterior cingulate cortex and the insula were used in a ROI approach.

**Results** Comparing PD patients with healthy controls, a decreased activity on angry faces was observed in the left fusiform gyrus. The subgroup analysis showed more activity in the anterior cingulate cortex on neutral faces in the cognitive-autonomic subgroup versus the autonomic subgroup and a decreased activity in the left fusiform gyrus on angry faces compared to the aspecific subgroup. Less activity was observed in the right insula on neutral faces in the autonomic subgroup versus the aspecific subgroup.

**Conclusion** Reduced activity in the left fusiform gyrus was differentiating panic disorder patients from healthy controls. In accordance with clinical subtyping, between-subtype differences are an indication that a phenomenological approach could provide more insight in underlying neurobiological mechanisms in emotional processing in PD.

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