Conclusion: The dissemination of the EPA guidance papers may promote the development of shared guidelines concerning the assessment and treatment of cognitive functions in schizophrenia, with the purpose to improve the quality of care and to achieve clinical recovery in this population.

Disclosure of Interest: None Declared

WS021

Negative symptoms and social cognition as mediators of the relationship between neurocognition and functional outcome in schizophrenia

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Abstract: The presentation will summarize recent findings on the role of the two domains of negative symptoms (motivational impairment and expressive impairment) and social cognition as mediators of the impact of neurocognitive impairment on functional outcomes in people living with schizophrenia (PLWS).
One hundred and fifty subjects from 8 different European centers were recruited. Our data showed that the expressive impairment predicted global functioning and together with motivational impairment fully mediated the effects of neurocognition on the same outcome. Motivational impairment was a predictor of personal and social functioning and fully mediated neurocognitive impairment effects on the same outcome. Both motivational and neurocognitive impairments predicted socially useful activities, and the emotion recognition domain of social cognition partially mediated the impact of neurocognitive deficits on this outcome.
Our results indicate that pathways to functional outcomes are specific for different domains of real-life functioning and that negative symptoms and social cognition mediate the impact of neurocognitive impairment on different domains of functioning. Our results suggest that psychosocial interventions should target both negative symptoms and social cognition to enhance the functional impact of cognitive remediation.

Disclosure of Interest: A. Mucci Consultant of: Angelini, Gedeon Richter Bulgaria, Janssen Pharmaceuticals, Lundbeck, Otsuka Pharmaceutical, Pfizer, Pierre Fabre, Rovi Pharma and Boehringer Ingelheim.

WS022

Assessing CIAS in clinical routine

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Abstract: Cognitive impairment associated with schizophrenia (CIAS) is a relevant problem and can be well assessed in different ways, as described in an EPA guidance paper (1). In routine clinical practice, the clinician usually relies on targeted questions to elicit psychopathological findings, as described in the AMDP system (2), for example. If there is a need for a more precise assessment of cognitive dysfunction, also in a transdiagnostic way, the Screen for Cognitive Impairment in Psychiatry (SCIP) (3) has recently been used by several working groups.
In a recent pilot study (4), we used the German version of the SCIP (SCIP-G) (5,6) to assess cognitive impairment in acute psychiatric inpatients diagnosed with psychotic disorders, bipolar disorder and depression.
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WS023

The role of add-on strategies (cognitive enhancers, cognitive remediation)

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Abstract: Cognitive impairments are present from the first manifestations of the disorder, including social cognition in individuals at ultra-high risk for psychosis (UHR). While advances in psychopharmacology in recent decades have significantly altered the course of the illness, antipsychotic therapy is more effective in treating positive symptoms than negative symptoms, comorbid depression, and cognitive and social cognitive dysfunction. Again, cognitive impairment has a significant impact on functional outcome, more so than symptom severity.

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