

Sensory and cognitive deficits in schizophrenia may be the result of top-down regulation failure.

Disclosure: No significant relationships.

Keywords: schizophrenia; visual and olfactory impairments; cognition functions

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Self - evaluation of social adaptation in patients with schizophrenia and metabolic syndrome

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Introduction: Metabolic syndrome (MS) is an often co-occurring condition that occurs during antipsychotic therapy and impairs social functioning

Objectives: We tried to conduct a self - evaluation of social adaptation in patients with schizophrenia and MS

Methods: We examined 150 patients with schizophrenia receiving antipsychotic therapy at the clinics of Mental Health Research Institute. The study was supported by a grant from the Russian Science Foundation 18-15-00011. The IDF criteria were used to diagnose metabolic syndrome. We used «The social adaptation self - evaluation scale» (SASS).

Results: 63 patients (42%) had MS and 87 patients (58%) did not. In the subgroup of patients with MS, 59 people (93.65%) had disabilities or were unemployed, in the group without MS - 82 (94.26%) patients. There were no statistically significant differences between the groups ($p \geq 0.05$). In the patients with schizophrenia and concomitant MS, the median SSAS scores was 35 [29; 39], which corresponds mainly to a high level of self - evaluation of social adaptation. At the same time, in patients with schizophrenia and without MS, on the contrary, the self - evaluation of social adaptation was 30 [23; 38] points ($p = 0.03914$). Perhaps this is due to the great attention from relatives and doctors of general somatic practice and the primary medical network in connection with the risk of developing severe somatic pathology.

Conclusions: Patients with MS can give a higher assessment of social adaptation, despite a objectively low social status.

Disclosure: No significant relationships.

Keywords: social adaptation; schizophrenia; Metabolic syndrome

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Social cognition as a mediator between cognitive reserve and psychosocial functioning in patients with first episode psychosis

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Introduction: Social cognition has been associated with functional outcome in patients with first episode psychosis (FEP). Social cognition has also been associated with neurocognition and cognitive reserve. Although cognitive reserve, neurocognitive functioning, social cognition, and functional outcome are related, the direction of their associations is not clear.

Objectives: The aim of the study was to analyze the influence of social cognition as a mediator between cognitive reserve and cognitive domains on functioning in FEP both at baseline and at 2 years.

Methods: The sample of the study was composed of 282 FEP patients followed up for 2 years. To analyze whether social cognition mediates the influence of cognitive reserve and cognitive domains on functioning, a path analysis was performed. The statistical significance of any mediation effects was evaluated by bootstrap analysis.

Results: At baseline, as neither cognitive reserve nor the cognitive domains studied were related to functioning, the conditions for mediation were not satisfied. Nevertheless, at 2 years of follow-up, social cognition acted as a mediator between cognitive reserve and functioning. Likewise, social cognition was a mediator between verbal memory and functional outcome. The results of the bootstrap analysis confirmed these significant mediations (95% bootstrapped CI (-10.215 to -0.337) and (-4.731 to -0.605) respectively).

Conclusions: Cognitive reserve and neurocognition are related to functioning, and social cognition mediates in this relationship.

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