

working memory test (n=102 cases) and attention. (n=121 cases). The time required for administration of the MATRICS battery was on average 67 minutes and the time required for analyses of scores and classification 45 minutes. Individuals with classified as having cognitive impairment had more greater severity of negative symptoms, and were slightly older than those without cognitive impairment. Using the Cognigram system, 162 cases of cognitive impairment were classified in the schizophrenia sample with an agreement in classification of 94%. Time for administration of the Cognigram system was 15 minutes and scoring was immediate.

Discussion: These data suggest that it is possible to use a small battery of cognitive tests to identify the presence of cognitive impairment in individual patients with schizophrenia. Use of the Cognigram system to identify cognitive impairment provided a high degree of agreement with conventional neuropsychological testing and analysis, yet was completed in much less time. Screening for cognitive impairment in schizophrenia may be important for identifying people who would benefit from treatment with putative cognitive enhancing drugs

Poster #S191

THE CHICKEN OR THE EGG? – AN INVESTIGATION OF COGNITIVE AND NON-COGNITIVE IMPAIRMENTS IN SCHIZOPHRENIA IN THE LIGHT OF GOAL-DIRECTED BEHAVIOURS' IMPLEMENTATION

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Background: For 20 years, deficits of goal-directed behaviours (GDB) have been considered a key feature in schizophrenia. GDB refer to behaviours generated following a given objective by building a plan and selecting actions. These actions should lead to the attended goal either immediately or within a longer period. These types of actions are involved in most of the complex or novel situation a subject may encounter, regardless of the cognitive, affective or social abilities this situation implies. Yet so far, few studies have attempted to investigate the clinical impact of these disorders. There is clearly a wide range of investigations in the field of the medical imagery; however, they do not capture the important relevance of these disorders in understanding cognitive and behavioural deficits in schizophrenia. Our study aims to address the question of GDB impairments from a clinical angle by investigating how constraints and instructions can impact the subject's performances in cognitive and visuomotor tasks.

Methods: 50 to 100 in- and outpatients are currently assessed with two programs: one using verbal fluency (semantic and letter fluencies), and the other using a visuomotor task (in which subjects have to hit targets on a touch screen). Those programs are built so as to vary the conditions for carrying out the task from the free to the most constrained. To do so, in both of the tasks, the subjects have to complete a free condition task ("do however they want") and then they are given contextual cues that are either words (for the verbal fluency) or instructions (for the visuomotor task) which are supposed to structure their responses. Three conditions are then proposed: one free, one fully cued (structured) and one with less directive or indirect cues (semi-structured). Besides, anamnestic (age, sex, schooling), clinical (PANSS, BPRS, LARS, neuroleptic dose, additional treatment and duration of illness) and cognitive (mental flexibility, inhibition, attentional shifting, sustained attention and verbal IQ) features are considered.

Results: Preliminary data on 20 subjects (10 men and 10 women; age: 44±10.98; schooling: 10.8±1.79 school years completed) show that in verbal fluency, patients benefit from the structuring procedures in semantic fluency (number of words produced) as much as cueing is strong (structured fluency > classic fluency**); semi-structured fluency > classic fluency*); but also in letter fluency (structured fluency > classic fluency**) in which cues also help subjects in organizing their responses (clusters in structured letter fluency > clusters in classic letter fluency**). Results display the same pattern for the visuomotor task (number of hits) (structured condition > semi-structured condition > free condition**). Finally, among all the anamnestic, clinical and cognitive controlled features, only mental flexibility significantly correlates with the ability to benefit from cueing in the verbal, but also in the visuomotor task.

Discussion: Preliminary data show that patients could benefit from cueing in cognitive and visuomotor tasks in terms of efficiency but also in terms of responses organization, regardless of their anamnestic, cognitive or clinical

profile. This suggests that both cognitive and non-cognitive impairments found in a wide range of abilities in patients with schizophrenia could be underlined by the same deficit mechanism in the implementation of goal-directed behaviours; which could be offset by structuring procedures. Results of the entire sample (including subjects with schizophrenia and a control group) will be presented and the specific nature of the impaired mechanism (initiation versus planning) will be discussed. *p<0.05 **p<0.01

Poster #S192

EXAMINING THE IMPACT OF NEUROCOGNITIVE AND LANGUAGE IMPAIRMENTS ON FORMAL THOUGHT DISORDER IN SCHIZOPHRENIA

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Background: Formal thought disorder (FTD) in schizophrenia has been associated with both cognitive and language impairments. However, there is still considerable debate regarding the degree to which each contributes to FTD. There has also been evidence that neurocognition is related to language processing abilities (Bagner et al., 2003). In this study, we chose to focus on receptive language impairments in schizophrenia. In particular, we investigated receptive language impairments at both the single word and sentence levels. This study had two aims: (i) to examine which cognitive impairments are related to FTD and, (ii) to explore if FTD has any language-specific symptoms, independent of neurocognition.

Methods: 9 schizophrenia/schizoaffective patients with diagnosed FTD, 48 schizophrenia/schizoaffective disorder patients without diagnosed FTD and 48 healthy controls completed the MATRICS battery and D-KEFS Stroop task assessing general neurocognition and inhibition, as well as two language tasks assessing synonym identification (lexical semantics) and sentence meanings (syntax). Clinical symptoms were rated using the PANSS, and FTD was rated using the TLC (Andreasen, 1979) and PANSS P2.

Results: Cognitive assessment results revealed FTD patients performed worse than non-FTD patients on measures of semantic and executive processing ($p<0.05$), with both groups poorer than controls ($p<0.01$). This supports indications of concurrent semantic and executive dysfunction, and suggests that a combination of both may relate to manifest FTD. Language assessment results revealed impairments in FTD compared to non-FTD patients and controls in the recognition of homophones (but not antonyms) and sentence comprehension (syntax). This supports language processing impairments at both the single word and sentence levels in FTD. A significant relationship between positive FTD symptoms and syntactic problems ($p<0.001$) was found to hold even after controlling for neurocognitive deficits (semantic and executive). The relationship between FTD and homophone choice did not hold. This provides evidence that a language-specific impairment of syntactic ability is present in schizophrenia, and exacerbated in FTD.

Discussion: Overall, this study supports current cognitive and language theories of impairment in FTD, with evidence for concurrence of both. Syntactic impairments reflect a specific deficit in language processing; which contribute to FTD severity in combination with executive and semantic dysfunction.

Poster #S193

SOCIAL COGNITION TRAINING FOR PEOPLE WITH SCHIZOPHRENIA: A RANDOMISED STUDY

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Background: Social functioning deficits are common in people with schizophrenia and were shown to be important prognostic indicators. Social Cognition and Interaction Training (SCIT) is a manual-based treatment designed to improve social functioning in people with schizophrenia by enhancing social cognition. The aim of this study was to evaluate the feasibility, acceptability, and efficacy of SCIT in male inpatient forensic wards.