Subjective Cognitive Functioning in Treatment Resistant Schizophrenia

Introduction:
Although previously studied in schizophrenia, little is known about the relationships between subjective cognitive functioning (SCF), objective cognitive functioning (OCF), and depression in treatment-resistant psychosis (TRP). This study aims to: 1) assess and compare SCF in TRP using positively and negatively worded scales, 2) assess accuracy of these two methods, and 3) explore the association between these subjective rating scales and depression. We hypothesize that both SCF approaches would be highly correlated, would be minimally associated with OCF, and would be similarly associated with depression.

Method:
A retrospective chart review was conducted using clinical data from 54 inpatients treated within the BC Psychosis Program, presenting with treatment resistant psychosis. An OCF composite score was derived from a broad neuropsychological battery. SCF was assessed with the PROMIS 2.0 Cognitive Function (negatively worded) and Abilities (positively worded) subscales. A depression scale score was generated by summing relevant items from the PANSS.

Results:
Relative to population norms, SCF ratings were higher in patients than OCF. There was a small but significant correlation between the PROMIS subscales (r=.29), but neither PROMIS subscale was associated with OCF (r=-.13, r=.02). There was a significant correlation between depression and the positively worded PROMIS subscale (r=-.310) but not the negatively worded scale (r=-.13).

Conclusions:
This study provides evidence that individuals with TRP inaccurately rate their cognitive functioning regardless of SCF methodology, and that SCF associates variably with depression. Poor awareness of cognitive functioning can lead to functional and social difficulties and should therefore be studied and addressed.