Subjective cognitive functioning and psychiatric symptoms in treatment-resistant psychosis

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Introduction

- Treatment Resistant Psychosis (TRP) → Patients with schizophrenia (SCZ) who are resistant to the typical antipsychotic treatment
- Subjective cognitive functioning (SCF) → perceived cognitive ability
- Prior research has implicated links between SCF, depressive symptoms (Zumrawi et al, submitted) and psychosis (Holthausen et al., 1999) in SCZ but this has not been investigated in TRP
- TRP patients experience problematic SCF but the factors influencing these self-ratings are unclear
- SCF in TRP might be associated with the severity of psychiatric symptoms

HYPOTHESES

- H1 → symptoms associated with emotional distress will predict ratings of increased self-reported cognitive impairment
- H2 → increased positive symptoms will predict ratings of decreased reported cognitive impairment

Methodology

- Subjects: 52 TRP inpatients within the BC Psychosis Program
- Retrospective chart review using clinical data
- SCF measured using PROMIS 2.0 Cognitive Function and Abilities
- Higher PROMIS scores indicate self-reports of better cognitive functioning (Health Measures, 2018)
- Psychiatric symptoms measured using PANSS scores (Kay et al, 1987)
- 5 PANSS subcomponents → Positive symptoms, negative symptoms, excitement, disorganization, emotional distress
- Spearman correlation matrix

Results

- Increased emotional distress (depression) and increased excitement symptoms were modestly associated with ratings of poorer SCF
- Total symptoms and other psychiatric symptom domains including positive symptoms were not correlated with SCF

Discussion

- Most symptom clusters not strongly linked to SCF ratings → TRP patients' poor awareness of their cognition may not be highly determined by their psychiatric symptoms with the exception of emotional distress and excitement
- H2 not supported → facets of positive symptoms may not be as linked to SCF.
- May be possible to modify SCF by altering emotional distress or excitement symptoms or vice versa
- Variation in the number of days between PANSS and PROMIS test administration could explain the low correlation between scores

References


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