P-1320 - EXECUTIVE FUNCTIONS IN REMITTED PATIENTS WITH RECENT ONSET OF FIRST EPISODE OF SCHIZOPHRENIA UNDER MONOTHERAPY

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Introduction: Research has suggested that schizophrenia involves significant deficits in executive functioning. Yet, the literature has little studied patients with a recent onset of first episode of schizophrenia. Besides, only few studies have focused on symptom-free intervals. Furthermore, previous studies have included patients under polymedication of antipsychotics without any restriction on other psychotropes.
Objectives: To investigate executive functions in remitted patients with recent onset of first episode of schizophrenia receiving only a monotherapy of antipsychotics.
Aims: Executive dysfunction in schizophrenia is not a consequence of the long term course of the disease, of the relapses, of the symptoms or of the polymedication.
Methods: 25 schizophrenic outpatients with less than 3 years of illness duration and only one psychotic episode were included. All patients received a monotherapy of antipsychotics and none had an antidepressant, mood stabilizer, hypnotics or benzodiazepines. 25 healthy participants were matched according to age and educational level.
Patients were assessed by the Positive and Negative Syndrome Scale. Executive functions were assessed by the Davidson et al. computerized battery designed to manipulate inhibition and cognitive flexibility vary demands on these abilities.
Results: Compared to healthy controls, remitted schizophrenia patients have shown significant differences in the percentage of correct responses and in the reaction time. This indicates a disorder in inhibition and in cognitive flexibility.
Conclusions: Our results reinforce the findings that the executive dysfunction in schizophrenia stands for itself and that it cannot be explained by relapses, duration of the disease and impact of medication or symptoms.

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