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Cognitive Symptom Trajectories of Forensic Inpatients with Psychotic Disorder Diagnoses with and without Comorbid Mood Symptoms

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Introduction

- Most forensic inpatients and roughly 1% of the U.S. population are diagnosed with psychotic disorders¹
- To better inform clinician assessment and treatment, cognitive symptom course should be determined as well as the impact of comorbid mood symptoms
- Two competing trajectory models exist for cognitive dysfunction: degenerative and developmental²⁻⁴
- Research on comorbid mood symptoms is limited and mixed⁵

Aims & Hypotheses

- The current study sought to resolve the discrepancy between the trajectory models and explore the impact of comorbid mood symptoms within a large forensic inpatient sample diagnosed with

Hypotheses

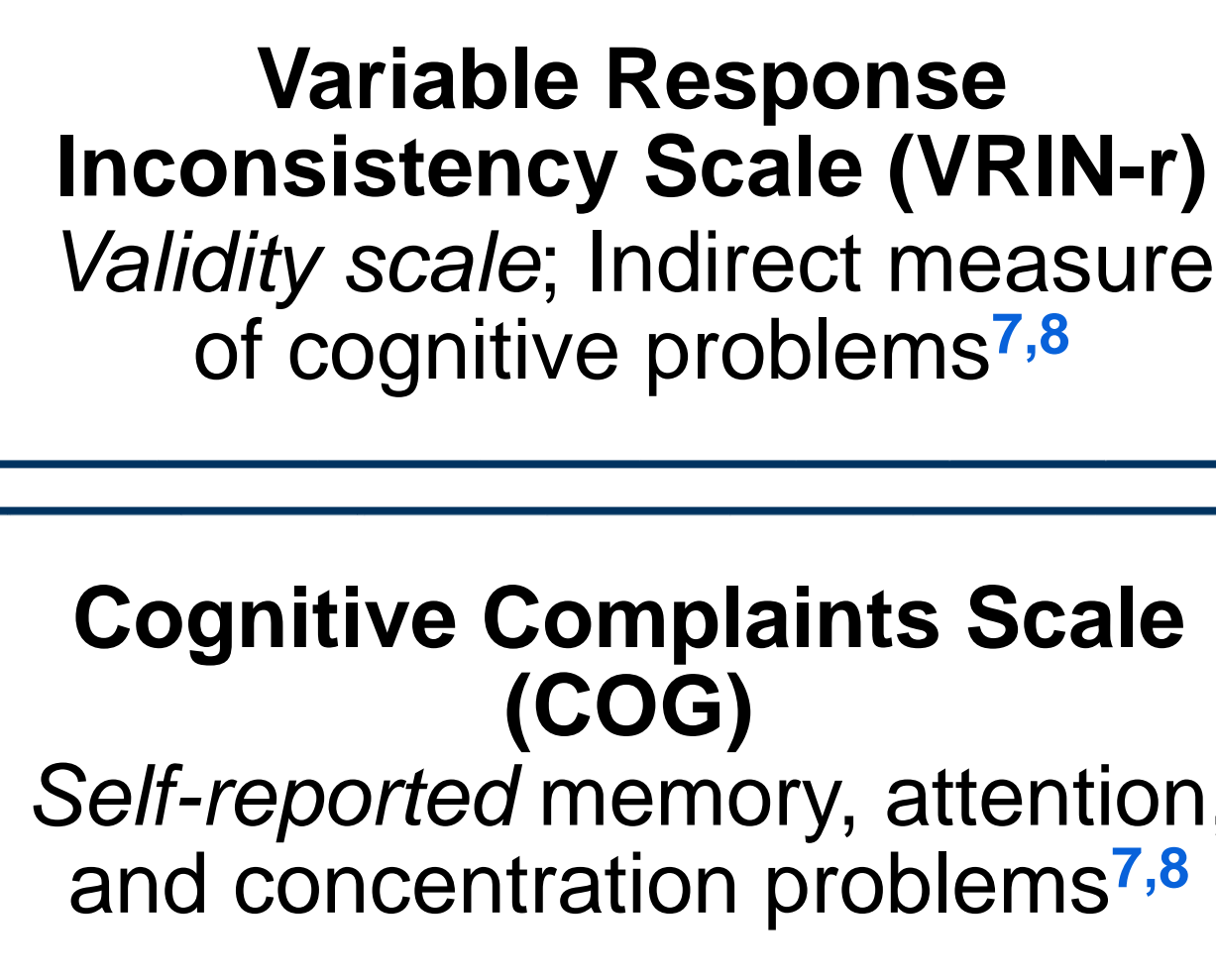
- For our overall analyses, based on extant cross-sectional studies⁶, we hypothesized:
Young and Middle adults would show some cognitive impairment and Older adults would be the most impaired
- We conducted exploratory analyses to examine the impact of comorbid mood symptoms due to the mixed findings of current research

Method

Participants

- Sample consisted of 708 adult forensic inpatients (≥ 18 years old) living with schizophrenia spectrum disorder diagnoses
Mean age = 40.20 years ($SD = 10.72$)
- Patients were divided into groups: Young Adult (18-34 years), Middle Adult (35-49 years), & Older Adult (≥ 50 years)
- For subsample analyses, the data set was split into two groups:
1) Psychotic diagnoses only ($n = 353$)
2) Psychotic + comorbid mood diagnoses ($n = 355$)

Measures



Procedure

- Our cross-sectional study compared mean scores between age groups on VRIN-r and COG
- For subsample analyses, we conducted independent samples *t*-tests to compare those with and without comorbid mood diagnoses (within age bands)

Table 1: VRIN-r and COG Scores for Younger, Middle, and Older Patients with Psychotic Disorders

	Young (18-34 Years)			Middle (35-49 Years)			Older (≥ 50 Years)			<i>F</i>	<i>p</i>
	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>		
VRIN-r	236	59.94	17.10	338	59.36	14.12	134	57.12	15.03	1.52	.22
COG	148	51.18	11.62	216	50.37	9.95	95	51.84	10.54	0.51	.51

Note: Variable Response Inconsistency Scale (VRIN-r), Cognitive Complaints (COG). For Cognitive Complaints (COG) analyses, invalid protocols (CNS ≥ 18 ; VRIN-r ≥ 80 ; TRIN-r ≥ 80 ; F-r ≥ 120 ; Fp-r ≥ 100 ; RBS ≥ 80) were excluded.

Table 2: VRIN-r and COG Scores for Patients with Psychotic Disorders with and without Comorbid Mood Disorders

		Psychotic Only			Psychotic with Mood			<i>t</i>	<i>p</i>
		<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>		
Young (18-34)	VRIN-r	116	59.03	17.18	120	60.82	17.05	-0.80	.42
	COG	81	50.52	11.78	67	51.99	11.47	-0.76	.45
Middle (34-49)	VRIN-r	172	59.44	13.64	166	59.29	14.64	0.10	.92
	COG	116	50.59	10.03	100	50.12	9.89	0.34	.73
Older (≥ 50)	VRIN-r	65	57.12	16.16	69	57.12	14.00	0.003	.998
	COG	46	50.46	9.16	49	53.14	11.64	-1.25	.22

Note: Variable Response Inconsistency Scale (VRIN-r), Cognitive Complaints (COG). For Cognitive Complaints (COG) analyses, invalid protocols (CNS ≥ 18 ; VRIN-r ≥ 80 ; TRIN-r ≥ 80 ; F-r ≥ 120 ; Fp-r ≥ 100 ; RBS ≥ 80) were excluded.

Results & Discussion

Findings

- Found no significant differences for overall or subsample analyses
- Patients may not experience differences in cognitive dysfunction as they age and mood symptoms may not alter severity of cognitive dysfunction

Limitations

- Used indirect (VRIN-r) and self-report (COG) measures of cognitive dysfunction that may not be as sensitive to changes in cognitive symptom severity compared to neuropsychological tests
- Could not control for medication use or age of onset

Strengths

- Large sample of patients living with psychotic disorders
- Measured cognitive dysfunction in two distinct ways

Future Directions

- Use multimethod and direct measures of cognitive dysfunction as well as clinician- and family-ratings
- Study cognitive symptom trajectories in outpatient and community samples

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