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

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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 developmental²,³
- Research on comorbid mood symptoms is limited and mixed⁴

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

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)

Method

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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

Results & Discussion

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

<table>
<thead>
<tr>
<th></th>
<th>Young (18-34 Years)</th>
<th>Middle (35-49 Years)</th>
<th>Older (≥ 50 Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>236</td>
<td>338</td>
<td>131</td>
</tr>
<tr>
<td>M SD</td>
<td>59.94 17.10</td>
<td>59.36 14.12</td>
<td>57.12 15.03</td>
</tr>
</tbody>
</table>

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

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


MMPI-2-RF

Variable Response Inconsistency Scale (VRIN-r)

Validity scale: Indirect measure of cognitive problems⁷,⁸

Cognitive Complaints Scale (COG)

Self-reported memory, attention, and concentration problems⁷,⁸

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)

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