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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 disorders
• 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 developmental
• Research on comorbid mood symptoms is limited and mixed

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 studies, 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

• Variable Response Inconsistency Scale (VRIN-r)
  Validity scale: Indirect measure of cognitive problems
  Cognitive Complaints Scale (COG)
  Self-reported memory, attention, and concentration problems

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

<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>VRIN-r</td>
<td>236</td>
<td>338</td>
<td>134</td>
</tr>
<tr>
<td>SD</td>
<td>17.10</td>
<td>14.12</td>
<td>15.03</td>
</tr>
<tr>
<td>COG</td>
<td>148</td>
<td>216</td>
<td>95</td>
</tr>
<tr>
<td>SD</td>
<td>11.62</td>
<td>50.37</td>
<td>51.84</td>
</tr>
<tr>
<td>F</td>
<td>1.52</td>
<td>.51</td>
<td>.62</td>
</tr>
<tr>
<td>p</td>
<td>.22</td>
<td>.51</td>
<td>.33</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Psychotic Only</th>
<th>Psychotic with Mood</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>M</td>
</tr>
<tr>
<td>Young (18-34)</td>
<td>116</td>
<td>59.03</td>
</tr>
<tr>
<td>Middle (34-49)</td>
<td>172</td>
<td>59.44</td>
</tr>
<tr>
<td>Old (≥ 50)</td>
<td>65</td>
<td>57.12</td>
</tr>
</tbody>
</table>

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

References


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