



Social cognition in clinical “at risk” for psychosis and first episode psychosis populations

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ABSTRACT

Background: Social cognitive deficits have been demonstrated in first episode psychosis (FEP) and groups at high risk for developing psychosis but the relative degree of deficit between these groups is unclear. Such knowledge may further our understanding of the importance of these deficits in the development of psychosis. The study aimed to compare the degree of impairment in social cognition in three groups: FEP, those at “ultra high risk” (UHR) for psychosis and healthy controls.

Methods: UHR and FEP patients were recruited from an established youth mental health service in Melbourne. Three domains of social cognition were assessed: ToM (hinting task and interpretation of visual jokes); facial and vocal emotion recognition (Diagnostic Assessment of Non Verbal Accuracy); social perception (Mayer-Salovey-Caruso Emotional Intelligence Test – managing emotions branch). Group differences were analysed using Analysis of Covariance with age, gender and IQ as covariates.

Results: Data on 30 UHR, 40 FEP and 30 control participants were analysed. FEP patients performed significantly worse on all social cognition tasks compared to controls. For the UHR group, scores were intermediate between FEP and controls for all tasks, but only significantly different to controls for ToM tasks. Effects sizes were largest for the ToM tasks and the emotion recognition task for both patient groups. There were no significant differences between UHR and FEP patients in performance on any of the tasks.

Conclusions: Social cognition is generally impaired in FEP patients but there are fewer deficits in a UHR group. Longitudinal research in larger samples is needed to investigate whether social cognition deficits, such as ToM are risk factors in UHR groups for subsequent transition to full-threshold psychosis.

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1. Introduction

Social cognition has been defined as the domain of cognition that involves the perception, interpretation and processing of social information (Ostrom, 1984). Patients with schizophrenia have been consistently found to be impaired in a number of domains of social cognition including: emotion perception/recognition; Theory of Mind (ToM); adaptive attributional styles; and social perception/knowledge (for review see Penn et al., 2008). The finding that these deficits appear to be present in patients in remission as well as in the acute phase of illness (Edwards

et al., 2001; Janssen et al., 2003) raises the question as to whether such deficits are trait rather than state phenomena in individuals with schizophrenia-spectrum disorders.

In attempting to address this question, attention has turned to investigating social cognition skills earlier in the course of psychotic illness, both in those experiencing their first episode of psychosis (FEP), and more recently in “at risk” for psychosis groups. A number of studies have consistently demonstrated social cognitive impairments in FEP (Krstev et al., 1999; Edwards et al., 2001; Addington et al., 2006; Inoue et al., 2006; Bertrand et al., 2007). One particular “at risk” group that has attracted recent research interest is the “ultra high risk” (UHR) or “clinical high risk” (CHR) (Yung et al., 1998) population. To date, there have been six published studies on social cognition deficits specifically in UHR populations which have reported deficits, though not consistently, in all domains of social cognition (for review, see Thompson et al., 2011).

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Four of these studies have attempted to investigate the “degree” of deficit in UHR populations compared to early psychosis populations. These studies have generally demonstrated similar levels of deficit in social cognition domains in the “at risk” participants and the early psychosis participants (Addington et al., 2008; Couture et al., 2008; Amminger et al., 2011; Green et al., 2011). However, only two of these studies have compared the patient groups on more than one social cognitive domain. Of these two studies, one found deficits in one of the social cognitive domains tested but not the other (Couture et al., 2008). In addition to this, the early psychosis samples in these studies that have investigated more than one domain have been distinctly different (FEP and early schizophrenia spectrum illness or early schizophrenia) (Green et al., 2011; Couture et al., 2008; Addington et al., 2008), none of the studies have adequately accounted for IQ or other neuropsychological differences between the groups and the proportion of antipsychotic treatment in the “at risk” group (which may influence the results) was either relatively high (Green et al., 2011) or not stated (Addington et al., 2008; Couture et al., 2008).

In light of these findings and the methodological shortcomings in existing studies, the present study attempted to further address the question of whether social cognition deficits are present both in FEP and those at UHR. The aim of the current study was to investigate the degree of impairment in multiple domains of social cognition in three groups: FEP, UHR and healthy controls. It was hypothesised that both patient groups would perform worse than controls across all social cognitive domains.

2. Methods

2.1. Participants

The FEP and UHR patient groups were recruited from a public youth mental health service (Orygen Youth Health) for 15–25 year olds that serves northwestern Melbourne, Australia. The service consists of a number of specialist clinics including the PACE (Personal Assistance and Crisis Evaluation) clinic, which assesses and treats UHR patients, and EPPIC (Early Psychosis Prevention and Intervention Centre), which assesses and treats those experiencing a first episode of psychosis. The PACE clinic offers a comprehensive clinical service for UHR patients for a 6-month period and patients in the EPPIC clinic receive up to 2 years of treatment. Both clinics provide a comprehensive treatment package comprising cognitive behavioural case management and appropriate pharmacological and medical treatment (Edwards et al., 2002; Yung et al., 2007). Potential recruits were identified at clinical review meetings. An attempt was made to approach all new referrals to the PACE clinic during the recruitment period unless they met the exclusion criteria. FEP patients were approached at the early or late recovery stage of their treatment and were assessed when deemed clinically stable.

Non-psychiatric control participants were recruited via advertisements in the local newspaper and at local community health services in the same geographical catchment area as the clinical service.

2.2. Inclusion criteria

2.2.1. UHR individuals

The Comprehensive Assessment of At Risk Mental States CAARMS (Yung et al., 2005) was used to assess whether individuals met UHR criteria. The UHR criteria consist of *at least* one of the following: (i) *state and trait risk factors* (ii) *attenuated psychotic symptoms* and (iii) *transient psychotic symptoms*. The criteria are further described in Table 1. The rationale for these criteria has been previously described (Yung et al., 2004a).

2.2.2. FEP individuals

Patients are accepted into the EPPIC program if they have experienced at least 1 week of daily psychotic symptoms based on CAARMS

Table 1

Ultra high risk criteria: (1) must be aged between 15 and 25 years, (2) have been referred to a specialised service for help, (3) have experienced a drop in functioning of at least one month over the last year or sustained low functioning, and (4) meet the criteria for one or more of the following three groups.

Group 1: attenuated positive psychotic symptoms	<ul style="list-style-type: none"> • Presence of at least one of the following symptoms: ideas of reference, odd beliefs or magical thinking, perceptual disturbance, paranoid ideation, odd thinking and speech, odd behavior and appearance • Frequency of symptoms: at least several times a week • Recency of symptoms: present within the last year • Duration of symptoms: present for at least 1 week and no longer than 5 years
Group 2: brief limited intermittent psychotic symptoms (BLIPS)	<ul style="list-style-type: none"> • Transient psychotic symptoms. Presence of at least one of the following: ideas of reference, magical thinking, perceptual disturbance, paranoid ideation, odd thinking or speech • Duration of episode: less than 1 week • Frequency of symptoms: at least several times per week • Symptoms resolve spontaneously • Recency of symptoms: must have occurred within the last year
Group 3: trait vulnerability group	<ul style="list-style-type: none"> • Schizotypal personality disorder in the identified individual or a first-degree relative with a psychotic disorder

Note. See Yung et al. (2003, 2004b) for the full operationalised criteria.

criteria and had less than 6 months previous treatment for a psychotic disorder (Edwards et al., 2002). All EPPIC patients were eligible for the study regardless of specific psychosis diagnosis. All patients were in either the early or late recovery phase of their psychotic illness.

2.2.3. Control individuals

Control participants were included if they were in the same age range as the clinical samples (15–25 years) and lived in the same geographical area as that served by the clinic.

2.3. Exclusion criteria

For all groups, individuals with a documented history of intellectual disability (i.e., IQ less than 70) were excluded, as well as those individuals receiving treatment for significant neurological disorder (such as epilepsy). Those with impaired visual acuity (i.e., blurred vision or less than corrected 20/40 vision) or corrected auditory acuity were also excluded from the study. Other exclusion criteria included: intoxication with illicit drugs or alcohol during the testing and poor English language skills. FEP patients were not recruited if they were acutely unwell at the time they were approached (i.e., needing inpatient care or acute interventions by the service crisis team).

Additionally, control participants were excluded if, via the brief clinical interview based on the SCID-I and CAARMS, they were found to have a current or previous psychiatric disorder or met the CAARMS criteria for UHR.

The study received full ethical approval from the local Research and Ethics committees (Melbourne Health HREC and Deakin University HREC).

A total of 32 UHR individuals, 40 FEP individuals and 34 healthy control participants were recruited. 2 UHR participants were excluded: 1 due to poor English comprehension skills and 1 due to very limited completion of the assessment battery before moving overseas. 4 controls were also excluded: 1 had a previously diagnosed depressive illness, 2 met criteria for attenuated psychotic symptoms on the CAARMS and 1 had poor English comprehension skills.

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