Relationship between clinical and cognitive insight and social cognition in first episode of psychosis

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INTRODUCTION

Impairment in insight is a prevalent symptom in psychotic disorder associated with adverse impact in treatment compliance, outcome and social functioning. Multiple factors such as neurocognitive dysfunction, social cognition alterations and clinical symptoms have been related to insight alteration although the underlying mechanisms of insight are still unknown. Social cognition has been proposed to be correlated to insight considering that the capacity to understand mental states of others is connected to the ability of self-reflection.

OBJECTIVES

The aim of this study is to elucidate the relationship between insight and social cognition in first episode of psychosis through the evaluation of different aspects of both insight and social cognition.

METHODS

From the patients included in the first psychotic episode program of Hospital del Mar between January 2011 and April 2017, 38 patients were included in the evaluation of the relationship between clinical insight (evaluated by SUMD) and emotion perception (evaluated by MSCEIT), 18 underwent emotion perception and cognitive insight (evaluated by BCIS) evaluation and 23 patients participated in the study of the relationship between theory of mind (evaluated by Hinting task) and both clinical and cognitive insight. A cross-sectional design was applied and mean comparation, Pearson and Spearman correlation were carried out.

RESULTS AND DISCUSSION

Socio-demographic characteristics were described (table 1). Results for linear correlation did not show any significant correlation neither between clinical (table 2) nor cognitive insight and social cognition tests, either emotion perception or theory of mind assessments. These results may be coherent with some of the previous studies presenting no correlation between both constructs but are opposite to those obtained in the only study of the same characteristics focused in first episode of psychosis individuals and a recent meta-analysis focused in Theory of Mind and insight in schizophrenia.

Table 1

| Gender | male 22 (48,9%) | female 23 (51,1%) | |
|--------|--------------------|----------------------|-------|
| Age | minimum | maximum | mean |
| | 18 | 36 | 24,67 |

Table 2

| | | | SUMD 1 | SUMD2 | SUMD3 | SUMD total |
|--|--------------------------------------|-----------------------------|---------------------|----------------------|----------------------|-----------------------|
| | Age | rho spearman p n = 43 | -0.006 0.969 | -0.058 0.713 | -0.027 0.863 | -0.041 0.796 |
| | MSCEIT total punctuation | rho spearman p n = 38 | -0.042 0.801 | -0.09 0.59 | -0.131 0.433 | -0.088 0.598 |
| | MSCEIT experiential subsection | s spearman p n = 38 | -0.079 0.638 | -0.154 0.356 | -0.173 0.298 | -0.14 0.403 |
| | MSCEIT strategical subsection | rho spearman p n = 38 | 0.023 0.89 38 | 0.007 0.965 38 | -0.067 0.69 38 | -0.008 0.961 38 |
| | MSCEIT emotional perception | rho spearman p n = 38 | -0.078 0.641 | -0.215 0.195 | -0.154 0.357 | -0.167 0.316 |
| | Hinting task total punctuation | r pearson p n = 23 | 0.055 0.802 | 0.016 0.943 | -0.081 0.712 | -0.003 0.988 |

CONCLUSIONS

The results of our study do not suggest a relationship between clinical or cognitive insight and social cognition. However, results ought to be interpreted with caution because of the methodological differences in previous approaches as well as the eventual limitations of our study.

REFERENCES



