

correlations for the sub groups with clinically detectable OCSs (YBOCS > 8) and clinically significant OCSs (YBOCS > 14).

Results The only significant correlation was that of scores of OCSs with PANSS general psychopathology scores ($\rho = 0.190, P = 0.047$). Obsessions and compulsions did not significantly correlate with positive or negative symptom clusters. No significant correlation between OCSs and schizophrenia symptoms were detected in the subgroups with clinically detectable or significant OCSs.

Conclusions OCSs appear to be a separate symptom cluster in the context of schizophrenia, suggesting that OCSs cannot be expected to be influenced by standard antipsychotic treatments.

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Obsessive compulsive symptoms, social functioning and executive functions in chronic schizophrenia

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Introduction Schizophrenia leads to functional deficits. A third of schizophrenia patients have obsessive compulsive symptoms (OCSs). The existing studies, which have investigated the effect of OCSs on social functioning (SF) of schizophrenia patients have produced contradictory findings and, interestingly, they have not adjusted for the role of executive functioning.

Objectives To investigate the predictive role of OCSs on SF in schizophrenia controlling for the effects of executive functioning.

Methods In a cross-sectional study of 110 chronic schizophrenia patients we assessed OCSs (Yale-Brown Scale), SF (Strauss Carpenter Scale) and composite executive function (cognitive flexibility: Intra-extra dimensional set shifting task and planning: Stockings of Cambridge task) using the Cambridge Neuropsychological Test Automated Battery (CANTAB). We also measured total symptoms (PANSS total scores) and illness duration. Regression analysis tested the predicting role of OCSs (YBOCS total score) on functioning taking into account executive function (composite score) duration of illness and schizophrenia symptoms.

Results OCSs were associated with better SF ($B = 0.099$; 95% CI = 0.019, 0.180; $t = 2.449$; $df = 88$; $P = 0.016$). This result was driven by the association of OCSs with job functioning ($B = 0.043$; 95% CI = 0.006, 0.081; $t = 2.289$; $df = 88$; $P = 0.024$). Executive functions were not significantly associated with social functioning.

Conclusions OCSs and not executive functions are associated with social functioning in schizophrenia. Future studies should examine whether OCSs represent a compensatory mechanism aiming at preserving social functioning in the disorder.

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Real-world effectiveness of antipsychotic treatments among patients with schizophrenia and affective symptoms

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Introduction The clinical distinction between schizophrenia and affective psychoses is often not clear-cut, and very little is known about the effectiveness of treatments among patients having both schizophrenia and affective symptoms.

Objectives To study the comparative real-world effectiveness of antipsychotic treatments among patients having schizophrenia and affective symptoms.

Methods We studied the risk of all-cause rehospitalization during use of specific antipsychotics during 1996–2012 among all patients who had been previously hospitalized with both schizophrenia and mood disorder diagnoses in Finland since 1987 ($n = 28,015$). We linked nation-wide databases on hospitalization, mortality, and filled prescriptions. The primary analysis was within-individual analysis, in which each individual was used as his/her own control to eliminate selection bias. The effect of concomitant psychotropic medications, and the temporal orders of exposure and non-exposure periods were adjusted.

Results When 22 specific antipsychotic treatments were compared with the most frequently used antipsychotic quetiapine, the lowest rehospitalization risks were observed during the treatment periods of olanzapine long-acting injection (LAI) (HR: 0.52; 95% CI: 0.34–0.80), risperidone LAI (0.67; 0.56–0.81), and clozapine (0.68; 0.63–0.74). The worst outcome was observed for periciazine (1.19; 0.96–1.48) and no antipsychotic use (1.09; 1.04–1.13).

Conclusions Olanzapine LAI, risperidone LAI, and clozapine use are associated with the lowest risk of rehospitalization among patients with schizophrenia and affective symptoms.

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