

with psychotic disorders. We sought to examine associations between neuropsychological performance and current SI and SA history in a large sample of individuals with psychosis.

Participants and Methods: 176 participants with diagnoses of schizophrenia, schizoaffective disorder, and bipolar disorder with psychotic features completed clinical interviews, a neuropsychological assessment (MATRICS Consensus Cognitive Battery subtests), and psychiatric symptom measures (Positive and Negative Syndrome Scale [PANSS]; Montgomery-Asberg Depression Rating Scale [MADRS]). First, participants were divided into groups based on their current endorsement of SI in the past month on the Colombia Suicide Severity Rating scale (C-SSRS): those with current SI (SI+; $n=86$) and without current SI (SI-; $n=90$). We also examined lifetime history of SA ($n=114$) vs. absence of lifetime SA ($n=62$). Separate t-tests, chi-square tests, and logistic regressions were used to examine associations between neuropsychological performance and the two dichotomous outcome variables (current SI; history of SA).

Results: The SI groups did not differ on diagnosis, demographics (e.g., age, gender, race, ethnicity, years of education, premorbid functioning), or on positive and negative symptoms. The SI+ group reported more severe depressive symptoms ($t(169)=-5.90$, $p<.001$) and had significantly worse performance on working memory tests than the SI- group ($t(173)=2.28$, $p=.024$). Logistic regression revealed that working memory performance uniquely predicted current SI+ group membership above and beyond depressive symptoms ($B=-.040$; $OR=.96$; 95% CI [.93, .99]; $p=.034$).

The SA groups did not significantly differ on demographic variables or on positive/negative symptoms, but those with a history of SA had more severe depressive symptoms ($t(169)=-2.80$, $p=.006$) and worse performance on tests of working memory ($t(173)=2.16$, $p=.033$) and processing speed ($t(166)=2.28$, $p=.024$) than did those without a history of SA. Logistic regression demonstrated that after controlling for depressive symptom severity, working memory and processing speed did not predict unique variance in SA history ($p=.25$).

Conclusions: Worse working memory performance was associated with SI in the past month in individuals with psychotic disorders. Although our finding is consistent with literature in other psychiatric populations, it conflicts with

existing psychosis literature. Thus, a more nuanced examination of how cognition relates to SI/SA in psychosis is warranted to identify and/or develop optimal interventions.

Categories: Schizophrenia/Psychosis

Keyword 1: cognitive functioning

Keyword 2: psychosis

Keyword 3: working memory

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68 Neurocognitive Functioning and Symptoms of Psychosis in Precariously Housed Adults with Multimorbidity

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Objective: In persons with severe psychiatric disorders, distinct neurocognitive profiles hold differential associations to positive, negative and disorganized symptom dimensions of psychosis. These patterns portend specific functional outcomes, treatment efficacy, and prognoses. Similar associations have not been established in multimorbid samples in which persons present with a complex array of psychiatric symptoms. The objective of this study was to (1) establish neurocognitive profiles in a multimorbid, marginalized sample and (2) investigate their pattern(s) of association with psychiatric symptom dimensions and psychosocial outcomes.

Participants and Methods: Participants ($n=370$; $M_{age}=45$ years; 74% male) were precariously housed, substance-using adults with multimorbidity, recruited from Single-Room Occupancy hotels and a community court within

the Downtown Eastside of Vancouver, BC, Canada. Data were collected as part of a longitudinal examination consisting of annual, bi-annual, and monthly neurocognitive, psychosocial, and psychiatric assessments. Neurocognitive scores were combined into five cognitive domains (Attentional Control [AC]; Processing Speed [PS]; Fluid Reasoning [Problem Solving and Reversal Learning; Gf]; Encoding and Retrieval [ER]; and Decision Making [DM]) and submitted to a latent profile analysis. The resulting profiles capturing neurocognition were validated on sociodemographic and clinical variables. Finally, the profiles were compared across previously validated, population-distinct factors derived from the Positive and Negative Syndrome Scale (PANSS), as well as on measures of psychosocial functioning.

Results: An optimal goodness-of-fit was reached for a three-profile model (BLRT=127.86, $p=.01$). Profile 1 ($n=207$, 55.9%) showed stronger neurocognition (all $p<.05$), with a within-profile strength in Gf ($p<.001$). With the exception of ER, Profile 2 ($n=109$, 29.5%) exhibited inferior neurocognition across all indicators compared to Profile 1 (all $p < .05$); yet showed a relative, within-profile strength in Gf ($p < .01$). Profile 3 ($n=54$, 14.6%) generally displayed comparable impairments to Profile 2. Additionally, their performance on Gf was remarkably low compared to Profiles 1 and 2 ($p<.001$). Psychiatrically, compared to Profile 1, Profile 2 exhibited more positive/disorganized symptoms and general psychopathology, as well as higher total PANSS (all $p < .05$), whereas Profile 3 showed the poorest insight/awareness ($p<.01$). Profiles 2 and 3 had lower levels of adaptive functioning and work productivity compared to Profile 1 (all $p<.01$).

Conclusions: Three neurocognitive profiles were detected in a sample of precariously housed adults with multimorbidity: one profile of comparatively higher neurocognitive capacity, with less symptoms of psychosis and better psychosocial functioning; a second profile of comparatively poorer neurocognition and psychosocial functioning, with more symptoms of psychosis; and a third profile with a severe deficit in fluid reasoning and poor insight and awareness. Given their poor insight, the third profile may be comprised of particularly vulnerable persons at greater risk of unmet healthcare needs. Interventions to improve these individuals' understanding of their personal health risks might facilitate their

capacity to access services. Conversely, individuals from Profile 2 may benefit from outreach programs focusing on medication access and adherence to address their symptoms of psychosis. In sum, our findings suggest that the confluence of neurocognition and psychiatric symptoms may implicate unique treatment approaches and outcomes in precariously-housed persons with multimorbid conditions.

Categories: Schizophrenia/Psychosis

Keyword 1: neurocognition

Keyword 2: psychosis

Keyword 3: substance abuse

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69 Executively-Mediated Language Skills are Related to Performance-Based Social Functioning across the Psychosis-Spectrum

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Objective: Social impairment is observed across psychotic-spectrum disorders (PSDs). Prior work demonstrates that neurocognition may account for social impairment in chronic PSDs. Concerning specific neurocognitive facets, there is support for a relationship between language/verbal performance and social outcomes in chronic PSDs. However, few studies have investigated this relationship in at-risk and early intervention samples, despite the clinical importance in these populations. The present study aimed to identify whether language is related to social functioning across the psychosis-spectrum, utilizing a sample comprised of individuals low in schizotypal personality traits, at-risk for psychosis (high in schizotypal traits), and those who recently experienced a first episode of psychosis (FEP). As an exploratory analysis and guided by findings from general studies of neurocognition and functional outcomes in the chronic PSD literature, we also investigated potential mediating mechanisms (i.e., negative traits;