S - 1

NEUROCOGNITION AND EMOTIONAL PROCESSING IN PSYCHIATRIC DISORDERS

Merete Glenne Øie and Erik Hessen (organizers)

Subjects with major depressive disorders, bipolar disorder, schizophrenia and borderline personality disorder often have difficulties in cognitive- and emotional regulation, and research from Norway on these topics will be presented at the Symposium.

Impairment in Executive Functioning (EF) in the acute phase of recurrent Major Depressive Disorder (MDD) is well documented. However, only few studies have investigated EF in MDD during the first depressive episode, and findings are inconclusive. Further, previous studies suggest that cognitive impairment worsens for every episode of depression. The aim of an ongoing study is to assess the role of diagnostic subtype on performance in EF in patients with first episode MDD (FE) and patients with recurrent MDD (RC).

Marit Schmid will present preliminary results from the study “Executive functioning in patients with First episode Major Depression and in patients with Recurrent Major Depression”. Understanding how depression affects basic processing of emotional information is important in the understanding of acute depression and how it affects patients socially. Furthermore, it is important to obtain a better understanding of the recovery from depressive symptoms, and how patients’ basic processing of social cues in the surroundings changes in this phase.

Mari Strand will present data from the study “Emotional information processing in Major Depressive Disorder” She will present preliminary data from a study of performance on an emotional stroop task, including 20 depressed patients in recovery and remission, and 20 controls.

Carmen Simonsen will discuss how neurocognition and psychosocial function varies across and within bipolar disorder and schizophrenia. Neurocognitive function seems to be better determined by history of psychosis than by diagnostic category or subtype. Clinician-rated functioning, but not self-rated functioning, depends on diagnostic category. Current symptomatology seems to have greater independent contribution than neurocognition to psychosocial functioning, irrespective of diagnostic category or history of psychotic and affective episodes. This suggests that individuals with bipolar disorder, as well as individuals with schizophrenia require neurocognitive and psychosocial assessment, cognitive remediation and psychosocial interventions.

Early-onset schizophrenia is rare, and the course of illness is characterised by an insidious onset, poorer cognitive function and poorer outcome compared with the adult-onset group. They are often less motivated and become easily tired during assessment. Thus, it is of importance to have a well-designed neuropsychological battery, and to select the right measures when assessing these patients. Aina Holmén will focus on the characteristics of cognitive deficits in adolescents with schizophrenia. Which measures should be used in assessment of executive functions in this patient group? She will present a neuropsychological profile on patients with onset of

the disorder before the age of 18, measured with the MATRICS battery.
Borderline personality disorder (BPD) is characterized by disturbed relational abilities, affective dysregulation, and lack of behaviour control. Dysfunctions in the neural systems for affect regulation, behaviour regulation, and social cognition, are assumed to constitute the neurobiological foundations of the disorder. Executive functioning has been identified to constitute a selective deficit in a neuropsychological profile analysis in patients with BPD. Vegard Øksendal Haaland will focus on possible associations between emotional dysregulation and neuropsychological performance in patients with BPD. More specific, associations between emotional dysregulation and working memory, executive functioning, social cognition, and autobiographical memory will be discussed.

Authors:
Stand, Mari; PhD fellow, Psychologist, Marit Therese Schmid, PhD fellow, Bergen: Longitudinal studies of major Depressive Disorder (MDD) – cognitive functioning and emotional information processing.

Holmén, Aina; PhD fellow, psychologist, Oslo: Adolescents with schizophrenia-spectrum disorders : neuropsychological profile.

Haaland, Vegard Øksendal; PhD, neuropsychologist, Oslo: Possible associations between emotional dysregulation and neuropsychological functioning in borderline personality disorder

Simonsen, Carmen; PhD fellow, psychologist, Marit Therese Schmid PhD fellow: Neurocognition and psychosocial function in bipolar disorder.

S - 2

FRONTOTEMPORAL DEMENTIA

Jette Stokholm (organizer)

Frontotemporal dementia (FTD) is an umbrella term for a diverse group of neurodegenerative disorders that primarily affect the frontal and anterior temporal lobes of the brain. Most patients with FTD undergo dramatic changes in their personality and become socially inappropriate, impulsive or emotionally blunted, while others lose the ability to use and understand language. The symposium will give an introduction to different aspects of FTD.

Authors:
Stokholm, Jette; Neuropsychologist, Copenhagen: From Pick´s disease to frontotemporal dementia.

Kipps, Christopher; MD,PhD: Clinical presentations of frontotemporal dementia.

Johannsen, Peter; MD, PhD, Copenhagen: Patoanatomical and genetic aspects of frontotemporal dementia.

Gade, Anders; Senior lecturer, Copenhagen: FTD-3: A Danish variant of frontotemporal dementia.