SUICIDAL HISTORY MAY DEPEND ON THEORY OF MIND ANOMALIES IN SCHIZOPHRENIA: A STUDY WITH STABILIZED OUTPATIENTS

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Background: Deficits in social cognition contribute to the well known severe difficulties in social functioning of schizophrenia patients, though they have never been connected with suicidality. Theory of Mind (ToM) tasks lie at the core of social abilities and have been found to be defective in schizophrenia.

Aim: The present study explored the relationship between ToM abnormalities and suicidal history in a sample of 57 stabilized schizophrenia out-patients.

Method: As a descriptive analysis, suicidal history groups were compared regarding socio-demographic, clinical, neuropsychological and ToM variables. Logistic regression models were used to analyze the impact of ToM variables (first and second order) on lifetime suicidality.

Assessment:

ToM tasks *First order tasks* "The cigarettes" (1), "Sally and Anne" (2), *Second order tasks* "The Burglar" (3), "The Ice-Cream Van" (4)

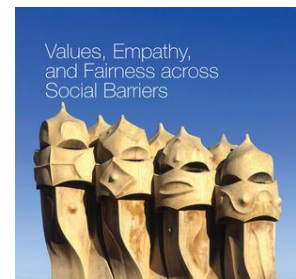**PAS** Premorbid Adjustment Cannon-Spoor Scale

Results:

	Suicide attempt group n=25	Non-suicide attempt group n=32	p-value	
males	19 (76.0%)	21 (65.6%)	X^2=0.722	p=0.396
age	33.0 (6.9)	29.8 (8.8)	U=292.0	p=0.082
years education =<8 years	20 (80%)	21 (65.6%)	X^2=1.436	p=0.231
employed	6 (24.0%)	5 (15.6%)	X^2=0.632	p=0.427
Clinical measures				
age illness onset	22.5 (5.3)	20.9 (4.6)	U=318.5	p=0.274
PAS infancy	0.35 (0.2)	0.21 (0.2)	**U=220.0**	**p=0.006**
early adolesc	0.47 (0.1)	0.33 (0.2)	**U=221.0**	**p=0.009**
late adolesc	0.48 (0.2)	0.41 (0.2)	U=276.5	p=0.275
PANSS positive	12.7 (5.1)	10.8 (3.2)	U=327.0	p=0.235
negative	19.4 (10.2)	16.0 (8.9)	U=316.0	p=0.175
general	33.8 (10.8)	30.4 (7.9)	U=342.0	p=0.350
total	65.9 (21.0)	57.5 (17.0)	U=320.0	p=0.198
Calgary depression	2.2 (4.29)	1.1 (1.8)	U=392.5	p=0.887
Neuropsychological measures				
intelligence quotient	92.6 (22.0)	100.1 (16.7)	**U=271.0**	**p=0.038**
trail Making test A	45.4 (19.3)	41.2 (15.1)	U=345.0	p=0.483
digit span backguard	5.2 (1.7)	5.9 (2.1)	U=324.5	p=0.219
stroop word-color	34.0 (13.4)	37.6 (9.5)	U=303.0	p=0.179
trail making test B	114.8 (59.9)	101.2 (45.5)	U=360.0	p=0.650
block design	37.4 (11.9)	43.7 (11.3)	**U=265.0**	**p=0.030**
Social cognition measures				
first order ToM poor performance	5 (22.7%)	4 (15.4%)	p=0.516(*)	
second orden ToM poor performance	11 (55.0%)	7 (23.3%)	X^2 =5.223	p=0.022

Results: Logistic regressions showed an association between poor performance on second order ToM and a greater likelihood of suicidality (OR=4.02, 95% CI 1.18-13.62). This link was present even after adjusting for other sociodemographic, clinical and neuropsychological characteristics, except for childhood and early adolescence premorbid adjustment adjustment (OR=2.73, 95% CI 0.73-10.17 and OR=2.20, 95% CI 0.56-8.62, respectively). However, premorbid adjustment could be an intermediate causal pathway between ToM and suicidality

Conclusion: This finding suggests that a ToM deficit could be studied as a potential risk predictor of suicide in schizophrenia

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Values are expressed as mean (SD) or N (%) *Fisher exact test

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