Developmental factors and intellectual functioning in young psychiatric patients

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he relationship between factors that may compromise neurodevelopment (e.g., obstetric complications, developmental delay, abuse) and cognitive functioning in youth psychiatric patients has not been adequately explored. The aim of this study was to describe the frequency of abnormal developmental events in a clinical sample of young psychiatric patients and to explore the relationship between these events and IQ. In this naturalistic study data were derived from a clinical database of 126 youth psychiatric patients (aged 15-29) seen for neuropsychological assessment at ORYGEN Neuropsychology Unit. Frequency developmental events was: 27.7% pregnancy/obstetric complication, 23.1% motor delay, 24.8% language delay, 58.4% parental separation and 53.2% childhood trauma/abuse. The mean FSIQ was 84.7 (\pm 16.0). Controlling for education (explaining 27% of variance), regression revealed that FSIQ was significantly predicted by motor and language delay and parental separation (additional 18% of variance). We conclude that aberrant developmental events are common in young psychiatric patients, highlighting the need to consider developmental factors in contributing to current cognitive and psychiatric functioning. Furthermore, IQ appears compromised in many young people in the early stages of psychiatric illness, which challenges the notion of cognitive dysfunction merely representing sequelae of psychiatric disorder, but also possibly reflecting a vulnerability marker.

Emotional-social functioning in three epilepsy groups which vary in lack of insight

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Epilepsy patients can have emotional-social dysfunction and lack of insight. This might be due to organic brain pathology or psycho-social interactions. Emotional-Social Dysfunction was scored from three groups of patients and

partners/family (ESDQ); Test of Everyday Attention (TEA); and Executive Functions (D-KEFS) were assessed in patients. Groups were generalized convulsive status epilepticus (GCSE, 6); temporal lobe epilepsy (TLE, 7); or idiopathic generalized epilepsy (IGE, 7). Epilepsy groups were more emotionally dysfunctional than normal controls. Compared to partners' ratings of them, TLE patients consistently over-estimated their ESDQ ratings while GCSE patients under-estimated. Compared to control ESDQ datasets, TLE patient-partner scores showed significant discrepancy for Anger and Lack of Insight; and GCSE for Anger and Indifference. IGE produced minimal discrepancies. TLE estimations of Lack of Insight were significantly linked to reduced perseveration errors. GCSE underestimations correlated with increasing distractibility scores. Lack of Insight negatively correlated with vigilant attention in GCSE and TLE. Patient Lack of Insight self-ratings correlated with estimated number of lifetime seizures, suggesting seizure chronicity had an impact. Group specific patterns of insight suggest insight impairment may be mediated by local brain dysfunction rather than a global effect of chronic disease.

Clinical neuropsychological predictors of driving fitness in acquired brain injury (ABI)

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here has been a recent proliferation of literature investigating the neurocognitive correlates of motor vehicle driving performance. Although tests of visual perception, spatial attention, complex attention, speed of information processing and executive functioning have consistently been found to correlate with driving ability, few studies have provided clinically useful cut-off scores as a guide to clinical decision making. The current study meets this need. Retrospective analysis of neuropsychological patient files representing consecutive referrals for neuropsychological assessment of driving capacity in a medical rehabilitation service over a 5 ½ year period was undertaken. Patients were grouped into those that passed and failed an on-road driving assessment and those that were clearly fit or unfit to drive from a neuropsychological perspective and these groups were compared on common clinical