

Modulation of P300 by Cognitive Enhancement Therapy in Early Course Schizophrenia

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Background

- Cognitive enhancement therapies (CET) aim to treat cognitive symptoms of schizophrenia (SZ) [1,2].
 However, little is known about the brain mechanisms underlying associated cognitive changes seen in clinical trials.
- The current study seeks to determine if CET significant effects cognitive markers such as the P300 [3,4] and neuropsychological testing scores, as targets for potential mechanisms for cognitive changes seen in clinical trials.



Results

ERP Results: No significant group differences in P300 latency were





Results, Continued

<u>Neuropsychological Testing Results</u>: No significant group differences were found in the Q3A-Memory and Q3A-Interference paradigms of the Auditory CPT, or MATRICS CPT, OCS, or SOP subscores.

Aud. CPT— QA Hit –to- Miss Ratio	Estimate	Std. Error	df	t-value	sig
Intercept	0.956822	0.016121	33.94	59.353	<2e^-16*
Timepoint	0.002164	0.001647	9.17	1.314	0.2206
Treatment	0.016311	0.024201	34.29	0.674	0.5048
Timepoint* Treatment	-0.006271	0.002502	12.83	-2.507	0.0264*

(Baseline -> 18 Months)

Discussion

- While there may be some effect of CET on P300 latency in SZ, the relationship is unclear. The analyses performed are preliminary, with more participants completing follow-up assessments in the coming weeks.
- Participants in the CET group showed smaller P300 latencies between baseline and 18 months, showing some promise for CET's efficacy as measured by attentive-dependent ERPs.
- Those in the CET group had a higher hit-to-miss ratio on the QA paradigm of an auditory continuous performance task, which indicates that auditory attentive skills may be better-maintained in CET.

Works Cited *Please see handout for complete bibliogrpahy.*