

temperament dimensions and 3 character dimensions. However, surprisingly few studies have used it to examine the personality of patients with schizophrenia, and none in Japan. Moreover, possible gender differences in personality among patients with schizophrenia have not been well documented. We administered the TCI to 86 patients with schizophrenia and age- and gender-matched 115 healthy controls to characterize personality traits in patients with schizophrenia and to examine their relationships with clinical variables, particularly gender. Compared to controls, patients demonstrated significantly lower novelty seeking, reward dependence, self-directedness and cooperativeness, and higher harm avoidance and self-transcendence. Male patients showed even lower novelty seeking, reward dependence, self-directedness and cooperativeness, and higher harm avoidance than female patients, although only harm avoidance reached statistical significance. Personality dimensions were moderately correlated with symptom dimensions assessed by the Positive and Negative Syndrome Scale (PANSS, Kay et al, 1987), e.g., self-transcendence was positively correlated with positive symptoms. These results suggest that schizophrenia patients have unique personality alterations, which appear to be present across cultures because the personality deviance of schizophrenia patients in the present study is fairly consistent with prior two studies in differential cultural groups (Guillem et al, 2002; Boeker et al, 2006). This personality of schizophrenia patients may, at least in part, be affected by illness severity. The greater personality deviance of schizophrenia males in the present study might be related to their severer illness as shown by poorer premorbid functioning, earlier age at onset, and severer cognitive deficits compared to female counterparts, all of which have been reported in prior studies (Castle et al, 1993; Leung and Chue, 2000).

COMPREHENSION OF IDIOMS WITH MULTIPLE MEANINGS BY PATIENTS WITH SCHIZOPHRENIA

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Introduction: Schizophrenic patients often interpret idioms literally, especially when the latter have multiple meanings, eg. literal and figurative (Titone et al, 2002). It was argued that this literal bias was due to a failure to suppress the literal meaning, which is always accessed during figurative processing. Alternatively, the graded salience hypothesis (Giora, 1997) states the primacy of the salient meaning (either literal or figurative) during idiomatic processing. By controlling the literal and the figurative salience of multiple meaning idioms, we tested the hypothesis that difficulties to suppress the salient rather than the literal meaning, would better explain impaired idiomatic processing in schizophrenic patients. **Method:** 15 schizophrenic patients (DSM IV, APA, 1994) and 15 control participants performed a semantic decision task. Idioms with literal (n=20), figurative (n=20) and equal literal/figurative salience (n=40) were followed by a word target related to its salient or non salient meaning. These experimental idioms were included in a list of 240 sentences. Each sentence was followed by semantically related or unrelated word targets. The interval between a sentence prime and a target word was 300 ms. Participants had to judge if the word target was semantically related to the prime sentence. **Main results:** In both groups, participants judged the semantic relationships between idiom-primers and

word-targets based on the salience rather than on the literal plausibility of the idioms. Salient meaning (either literal or figurative) was more rapidly and more accurately accepted than the non salient meaning ($p < .0001$). Control participants show partial activation of the non salient meaning (65% of correct responses), contrary to schizophrenics who show no such activation (50% of correct responses). When idioms had equal figurative/literal salience, control participants show evidence of activation of both meanings, contrary to schizophrenic patients whose performances were near to chance level. **Conclusion:** Idiomatic salience, more than literal plausibility, plays a crucial role in idiomatic processing. We show that during comprehension of idioms with multiple meanings, schizophrenic patients make normal access to the salient meaning, either literal or figurative. We discuss several hypotheses about the cognitive mechanisms which might explain the impaired activation of non salient or equally salient meanings of idioms by schizophrenics.

STABILITY OF NEUROCOGNITIVE DEFICITS IN PRODROMAL AND FIRST EPISODE SCHIZOPHRENIA

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Schizophrenia is a devastating illness that emerges during a crucial period of neurodevelopment. Early identification of individuals in the prodromal phase and first episode of schizophrenia using vulnerability markers for psychosis may add important insight into neurodevelopmental processes. Vulnerability markers, including a neurocognitive battery, were selected because of established deficits across schizophrenia spectrum groups, high reliability in repeated testing and evidence of heritability. **Methods:** Subjects at risk for schizophrenia (AR N=38), based on family history of schizophrenia plus a decline in functioning or the new onset of subsyndromal psychotic symptoms, were compared to first episode schizophrenia patients (FE N=13) and normal comparison subjects (NC N=20) at baseline then at 6 month follow-up. The neurocognitive battery included the domains of executive functioning, verbal memory, processing speed, working memory and general intelligence. Composite Z scores were created for each domain as well as a composite neurocognitive index that were assessed for stability and change over time. **Results:** In repeated assessment, stable group differences were present in the composite neurocognitive index ($F[2,70]=9.27$, $p < .001$) as well as across neurocognitive domains ($F[2,68]=7.82$, $p < .001$) with the AR sample performing intermediate to FE and NC subjects ($p < .05$). The significant group by domain by time effect ($F[8,272]=1.99$, $p < .05$) was then deconstructed. All neurocognitive domains were stable with moderate to good test-retest correlations ($r=.60-.89$). Significant group effects were found for verbal learning, executive functioning, working memory, and general intelligence ($p < .05$). Significant time effects were found for the verbal learning and processing speed domains ($p < .005$) perhaps reflecting practice effects. Interestingly, on further analysis, there was a significant group by time interaction ($p < .05$) in the verbal learning domain. While the NC group remained stable over time, the AR and FE groups had a significant improvement in their verbal learning performance from baseline to follow-up. **Discussion:** The neurocognitive deficits observed in both at risk and first episode subjects are stable with repeated testing. Although still significantly impaired, the AR and FE groups showed improvement in verbal memory performance beyond that seen in the NC that may be secondary to early treatment in the course of their illness.