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2". The present study tested the hypothesis was that deluded, but not non-deluded patients would show excessive dependence on the intuitive system 1.

Methods: Patients with schizophrenia (N=26) were compared to healthy controls (N=22). The patients were selected on the basis that they were either currently deluded (N=14) or non-deluded (N=12); they were also required to be relatively intellectually intact (WAIS-R IQ 80+). Participants were given a series of reasoning problems where good performance required them to not to be influenced by simplifying heuristics (system 1). They were also given two conventional logical tests (system 2).

Results: As expected, the patients performed significantly more poorly than the controls on both the system 2-sensitive logical reasoning tasks, with no difference between deluded and non-deluded patients. Contrary to the study hypothesis, however, the schizophrenic patients as a group failed to show impairment on the task requiring them to ignore simplifying heuristics. They even showed a tendency towards superior performance, which was most marked after feedback was given as to what was misleading about the original problem. There was no difference between the deluded and non-deluded patients.

Conclusions: Although the original hypothesis of increased dependence on Kahneman's system 1 in deluded patients was not supported, the study had a surprising finding of preserved and possibly even superior function in one area of cognitive function in schizophrenia, ability to avoid bias due to the simplifying heuristics.

641 - MEASURING THOUGHT AND LANGUAGE DISORDER IN TURKISH PATIENTS WITH SCHIZOPHRENIA

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Background: Thought and language disorders are one of the most important characteristics of schizophrenia (1). The aim of this study was to demonstrate validity and reliability of Turkish form of Thought and Language Index (TLI) in schizophrenia patients, which has been developed by P.F. Liddle (2) and identify clinical characteristics related to TLI items.

Methods: Eighty-two patients with schizophrenia and 49 healthy participants were included in the study. TLI scores were compared with Positive and Negative Syndrome Scale (PANSS) and Calgary Depression Scale (CDS) scores.

Results: Cronbach alpha value of TLI was 0.75. Impoverishment of thought and disorganization of thought were found as two factors. The ICCs for the TLI factors were 0.97 and 0.72. Test retest reliability of impoverishment items of TLI were excellent; but reliability of looseness and distractibility items of TLI were poor. There was a significant difference between TLI items of patient

and control groups, except distractibility. Positive correlation between TLI total score and Negative Symptoms Sub-scale score of PANSS was found. Correlation between TLI and CDS was not significant.

Conclusion: Thought disorders in schizophrenia may be strongly related to negative symptoms of schizophrenia. When we compared TLI item scores of patients and controls, distractibility was not demonstrated statistically significant between patient and control groups. However in this study reliability and validity of TLI was tested only in chronic patients with schizophrenia. Poor validity and reliability of distractibility might arise because of our patient group.

References: 1. Liddle PF (1987) The symptoms of chronic schizophrenia: A re-examination of positive negative dichotomy. *Br J Psychiatry*, 151,145-151. 2. Liddle PF, Elton T.C., Stephanie L. et al (2002) Thought and Language Index: an instrument for assessing thought and language in schizophrenia. *British Journal of Psychiatry*, 181, 326-330.

642 - GENDER DIFFERENCES IN SOCIODEMOGRAPHIC, CLINICAL AND SOCIAL FUNCTIONING VARIABLES IN A SAMPLE OF DELUSIONAL DISORDER OUTPATIENTS

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Methods: Cross-sectional study with 76 patients that fulfill DSM-IV criteria for Delusional Disorder, we validated diagnosis interviewing patients with SCID-I. Patients were administered a sociodemographic questionnaire, the Positive and Negative Syndrome Scale (PANSS), the Global Assessment of Functioning (GAF) and the Sheehan Disability Inventory (SDI). Female and male patients were compared employing chi-square and Student test for statistic analysis.

Results: Gender distribution was 64.5% female (49 patients) and 35.5% male (27 patients). Mean age was 54.97 years (sd 14.05) not having found significant gender differences. No differences were found in age of onset, years since onset and number of hospitalizations. Females were more likely to be married than men ($\chi^2=7.949$, $p<0.05$). No gender differences were found in symptomatology as measured through PANSS total and subscales; but males scored higher than females in blunted affect (mean=1.38; $p<0.01$) and in the presence of gustatory hallucinations ($\chi^2=5.668$; $p<0.05$). Females had better social functioning as measured by the mean GAF scores (mean=68.02; $p<0.01$) and in the work performance item of the SDI (mean=3.00; $p<0.01$). No differences were found in the other items of SDI.

Conclusions: Our results seem to suggest that females with Delusional Disorder have a better social functioning than males although the gender differences in symptomatology were slight.