Methods: Participants were 21 BDD patients, 19 obsessive-compulsive disorder (OCD) patients and 21 healthy controls (HC), who were age-, sex-, and IQ-matched. Stimuli were photographs of participants' own faces as well as those from the Pictures of Facial Affect battery (Ekman and Friesen, 1975). Outcome measures were affect recognition accuracy as well as spatial and temporal scanpath parameters.
Results: The BDD group exhibited significantly decreased recognition accuracy for their own face relative to the HC group, and this was most pronounced for those that had a key concern centred on their face. Individual qualitative scanpath analysis revealed both restricted as well as extensive scanning behaviours in BDD participants with a specified facial preoccupation. Persons with severe BDD also exhibited more marked scanpath deficits relative to those with less severe BDD.
Conclusions: Future research should be directed at extending the current work by incorporating neuroimaging techniques, and investigations of eye-tracking focused on affected body parts in BDD. These could yield fruitful therapeutic applications via incorporation with existing treatment approaches.

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It's all in the words: lexical processing is impaired in bipolar mania

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Background and Aims: Verbal learning and memory difficulties are a core cognitive impairment in schizophrenia and bipolar disorder. Word recognition is a fundamental process that is influential during higher order verbal memory tasks. Despite a wealth of literature on verbal learning and memory deficits we only have a rudimentary understanding of more basic word recognition or lexical processing in these disorders. This study sought to investigate word recognition in bipolar and schizophrenia groups compared to healthy controls using a lexical decision task. The task manipulated the frequency and the imageability of stimuli.
Methods: 32 healthy controls were compared with 30 schizophrenia patients and 28 patients with bipolar mania. They were administered a computerised lexical decision task that required them to distinguish words from pseudo-words. Reaction time and accuracy was recorded.
Results: Both patient groups showed reduced overall performance on the task, that is, reduced accuracy and increased response times in deciding whether words and pseudo-words were real words. Patient's poor performance was exaggerated for low frequency word stimuli. There were no differences across the two patient groups.
Conclusions: This is the first known investigation comparing word recognition in bipolar and schizophrenia. The data suggest that individuals with mania have deficits in lexical access that is comparable to that found in SZ. Further investigation of the contribution of word recognition deficits to performance on verbal learning and memory tasks in these two cohorts is necessary.

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Cognitive control predicts facial emotion recognition and functioning in euthymic bipolar patients

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Background and Aims: In Bipolar Disorder there is often a gap between functional recovery and symptomatic remission after a mood episode. Executive control and social cognition deficits can putatively account for the psychosocial impairment in euthymia. The aim of this study was to explore the relationships between cognitive control, emotional processing and functioning in euthymic bipolar patients.
Methods: Fifty Bipolar Disorder patients, fulfilling euthymia criteria, were assessed cross-sectionally for executive functions (WCST, Stroop, TMT-B), facial affect recognition and psychosocial functioning (FAST). The neuropsychological performance was compared with a control sample (n = 50). Multivariate regression and mediation models (Preacher and Hayes bootstrapping methodology) were performed in the clinical sample.
Results: Euthymic bipolar patients had a worst performance than controls in all executive tasks (all $p < 0.01$) and in the emotion processing test ($p = 0.004$). WCST categories ($\beta = 0.347$; $p = 0.014$; partial = 0.348) and Stroop ($\beta = 0.325$; $p = 0.021$; partial = 0.328) were significant predictors of emotional processing (Adjusted $R^2 = 0.309$, $p < 0.001$). WCST categories ($\beta = -0.373$; $p = 0.007$; partial = −0.380) and Stroop ($\beta = -0.339$; $p = 0.013$; partial = −0.351) were also significant predictors of functioning (Adjusted $R^2 = 0.351$, $p < 0.001$). In mediational analysis, inhibitory control was found to be a partial mediator of the relationship between category formation and functioning (Indirect Effect = −1.268; BCA 95% CI: −2.599–−0.218) and category formation and facial emotion recognition (Indirect Effect = 0.327; BCA 95% CI: 0.080 - 0.715).
Conclusions: Our results are in agreement with other studies that explore the relations between neurocognition and functionality and adds data about the association between non-social and social cognition domains, in need of further exploration in future studies. Emotional processing was not an independent predictor of psychosocial functioning.

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The impact of emotional reactivity on executive functioning and its association with hypomanic personality

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Background and Aims: Patients with bipolar disorder (BD) display varying degrees of neurocognitive impairment even during euthymia, with current mood impacting neurocognitive functioning. It remains largely unknown, which processes influence these state-specific disruptions. A self-report measure (MATHYS) by Henry et al. (2008) explores global activation (GA) and emotional reactivity (ER) and distinguishes BD-related mood states. Our goal was to investigate the impact of current GA and ER on executive functioning in euthymic BD patients and the association with traits linked to elevated risk for BD.
Methods: We investigated euthymic BD-I patients and healthy controls (HC). HC and BD-I did not differ significantly in age and gender ratio. The GA and ER scores were compared with an analysis of covariance. Spearman correlation coefficients were calculated for test scores of executive functions, often impaired in BD, and for a previously established risk factor for BD, namely hypomanic personality.
Results: BD-I patients showed significantly higher ER than HC, but no differences in GA levels. ER correlated negatively with