

Social Competence Versus Negative Symptoms as Predictors of Real World Social Functioning in Schizophrenia

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Social deficits are common in people with schizophrenia and the treatment of social skills deficits has been a long-time treatment strategy.

However, negative (i.e., deficit) symptoms also appear to contribute to social dysfunction.

In this study, we combined data from three separate studies of people with schizophrenia (total n=561) who were assessed with identical methods.

We examined the prediction of real-world social functioning, rated by high contact clinicians, comparing the influence of global and specific ratings of negative symptoms and performance-based assessments of social skills on these social outcomes.

Negative symptom severity accounted for 20% of the variance in social outcomes, with social competence adding an incremental 2%. This 2%

variance contribution was the same when social competence was forced into a regression model prior to negative symptom

severity. When we examined individual negative symptoms, prediction of social outcomes increased to 28%, with active and passive social

avoidance entering the equation, and the influence of social competence was unchanged. Adding depression into the predictor model improved the prediction of social outcomes significantly, but minimally (4% variance).

These data suggest that negative symptoms exert a substantial influence on social outcomes and that depression and

social skills exert smaller, but independent influences. Treating negative symptoms appears to be a possible

path for improving social outcomes.