

- **Abstract**

Insight impairment of prognostic significance is common among patients with schizophrenia. This complex phenomenon is associated with many factors, not well-studied in the local long-stay in-patient population. It is hypothesized that in a sample of long-stay patients with schizophrenia, their ability to accept an “impersonally” presented biological model of psychotic symptom explanation, along an unpublished Guided Illness Model Questionnaire (GIM) interview, is positively associated with their neuropsychological functioning and awareness of illness. Sixty-four subjects recruited via criteria-guided systematic sampling were interviewed by investigators, trained and blinded from one another’s ratings. Case notes review, clinical schedules (PANSS, akathisia, AIMS), general cognitive (MMSE), neuropsychological tests (working and long-term memories, attention, executive function), and abridged intelligence tests were performed. Scale to Assess Unawareness of Mental Disorder (SUMD), GIM interview and a SUMD repeat, were completed on successive visits. Bivariate analyses (with $P < 0.05$ level) showed: (1) the ability to accept a biological model (GIM achievement) and core items awareness (mental disorder, consequences, medication effects) both positively correlated with a range of neuropsychological variables, i.e. general cognitive ability; but GIM achievement and core items awareness did not correlate among themselves; (2) current or recalled symptom awareness only correlated with isolate cognitive items, but they correlated with GIM achievement. Here, the multi-dimensional insight nature was demonstrated. It also implied the subjects’ illness understanding might not necessarily be a mainstream biological model, and their symptom awareness might be affected by psychological factors. Observations with atypical antipsychotics prescription in the cohort were described. Study implications, limitations and future research were discussed.

Keywords: insight, neuropsychological tests, schizophrenia