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Pattern of psychopathology and neurological soft signs among first episode psychotic patients in Neuropsychiatric Hospital, Sokoto*Nwiyi OK¹, Ohaeri JU², Jidda MS³, Danjuma IA⁴, Onu JU¹, Orijio SO¹, Utwakwe R^{1*}*¹Department of Mental Health, Nnamdi Azikiwe University Teaching Hospital Nnewi, Anambra State, Nigeria.²Department of Psychological Medicine, University of Nigeria Nsukka, Enugu Campus, Nigeria.³Department of Mental Health, College of Medicine, University of Maiduguri, Borno State, Nigeria.⁴Federal Neuropsychiatric Hospital, Kware, Sokoto State, Nigeria.**Corresponding author:** Dr. Nwiyi Obuneme K; E-mail: obumnwiyi@gmail.com**Aim:** To determine the prevalence and pattern of psychopathology and NSS among patients with FEP, and compare the prevalence of NSS with First-Degree Relatives (FDRs) and a healthy control group (HCG).**Methodology:** A cross-sectional study of 606 participants, of 3 groups, namely, participants with FEP, their FDRs and a HCG were consecutively enrolled. Psychopathology was assessed with Psychosis module of Mini International Neuropsychiatric Interview and Brief Psychiatric Rating Scale. NSS was assessed with 26-item Neurological Evaluation Scale (NES).**Results:** Schizophrenia was the most frequent FEP diagnosis (39.1%). The prevalence of NSS in FEP, FDRs and HCG were: 100%, 95.0% and 47.0%, respectively. Participants with antipsychotic-naïve FEP showed 100% prevalence in all components of motor sequencing, more than 70% in all components of sensory integration, and more than 50% in major components of motor coordination and primary NSS. Negative symptoms dimension correlated with number of NSS ($r=0.4$) and NSS total score ($r=0.3$), while anxiety/depression dimension correlated negatively with number of NSS ($r=-0.3$) and NES total score ($r=-0.2$).**Conclusion:** The findings of this study underscore the consideration of NSS as a viable marker for FEP.

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