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Short Communication

Remission of positive symptoms according to the “remission in Schizophrenia Working Group” criteria: A longitudinal study of cognitive functioning

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ABSTRACT

Schizophrenia patients in positive symptomatic remission (PSR; $n = 39$) were assessed using a longitudinal research design. The patients were found to exhibit widespread cognitive impairments that were stable over the three-year follow-up period. The findings support a generalized and stable cognitive impairment profile among schizophrenia patients in partial symptomatic remission.

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1. Introduction

Standardized criteria for symptomatic remission in schizophrenia were recently proposed by the Remission in Schizophrenia Working Group (RSWG) [1], corresponding to studies that indicated that remission in schizophrenia is attainable [18,10]. It was suggested that the remission criteria might be employed separately for positive and negative symptoms [1] (p. 446). This proposal holds promise in light of the fact that a substantial number of patients do not achieve full symptomatic remission, even when judged symptomatically stable by clinicians [23]. To date however the characteristics of these sub-groups of patients have not been studied. More specifically, we lack data with regard to their cognitive deficits, a core feature of schizophrenia [29]. Shedding light on this issue is important since patients in partial remission face significant challenges, which are highly influenced by their cognitive functioning (e.g., employment and community

functioning) [27]. A study of the cognitive profile of these patient groups can aid in the identification of cognitive endophenotypes of schizophrenia, understanding of the contribution of symptom to patients' cognitive functioning, and the development of cognitive rehabilitation plans. The current study therefore aimed to investigate the cognitive functioning of schizophrenia patients in partial remission. An additional aim was to clarify the course of these patients' cognitive functioning over time using a longitudinal research design. Cognitive changes among schizophrenia patients may have been masked in earlier studies as a result of enrolling patients during an acute episode (or in recovery following an acute episode) [30]. As a consequence, a decrease in psychopathology over time may have obscured deterioration in the cognitive functioning of the patients. The enrolment of patients in partial remission and the use of a relatively long follow-up period offer to mitigate, at least partially, these methodological concerns. The current study therefore focused on patients in Positive Symptomatic Remission (PSR) of schizophrenia. Patients in remission of negative symptoms were not recruited since a preliminary study conducted by our team indicated they comprise only a small percentage of the patient population and as a consequence achieving a sufficiently large sample size will not be feasible in the current study. We hypothesized that PSR patients would display a cognitive profile marked by generalized impairments which will exhibit relative stability over time (as found in studies that included symptomatic patients [28,31]).

Abbreviations: CGI, Clinical Global Impression; ECT, Electro-convulsive therapy; GAF, General Assessment of Functioning; IRB, Institutional Review Board; PANSS, Positive and Negative Syndrome Schedule for Schizophrenia; RSWG, Remission in Schizophrenia Working Group; SANS, Scale for Assessment of Negative Symptoms; SCID, Structured Clinical Interview for DSM-IV; SCID-NP, Structured Clinical Interview for DSM-IV Non-patient; SOFAS, Social and Occupational Functioning Assessment Scale; PSR, Positive Symptomatic Remission; CANTAB, Cambridge Neuropsychological Test Automated Battery.

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2. Methods

Seventy-two schizophrenia patients participated in the study (seven diagnosed with schizoaffective disorder). Inclusion criteria were: 18–60 years old, schizophrenia outpatients (diagnosis established using the SCID) [35], stable medication during the preceding month (according to the patient's electronic medical files and clinical staff). In addition, schizophrenia patients had to be in remission of positive symptoms to be included in the study. Remission was based on the criteria proposed by the RSWG [1]; ≤ 3 (mild severity) on the following PANSS items: P1 (delusions), P2 (conceptual disorganization) and P3 (hallucinatory behavior), G5 (mannerisms/posturing), and G9 (unusual thought content). The patient had to be in remission of positive symptoms for a period of at least 6 months to be considered remitted. Exclusion criteria were: any comorbid axis-I psychopathology, a significant neurological disorder, intellectual disability, drug abuse/dependency problem, or ECT during the 6 months prior to study entry.

PSR schizophrenia patients underwent two assessments (T1 and T2; three-year follow-up period) consisting of a clinical interview (assessing symptoms [PANSS and SANS], general psychopathology [CGI], functioning [GAF and SOFAS]) and computerized cognitive assessment (CANTAB) [25]. The following tasks were presented in a semi-randomized fashion:

- psychomotor speed: motor task (MOT);
- sustained attention: rapid visual processing (RVP) task;
- memory: pattern and spatial recognition memory (PRM and SRM tasks, respectively);
- the following domains of executive-functions were tested:
 - working memory: spatial working memory (SWM) task,
 - cognitive planning: Tower of London task (Tol; CANTAB SOC),
 - cognitive shifting and flexibility: intra/extra dimensional shift (ID/ED) task.

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- cognitive shifting and flexibility: intra/extra dimensional shift (ID/ED) task.

Overall, 39 schizophrenia patients participated in both assessments and 15 additional patients agreed to participate in a short telephone interview (assessing general demographic and clinical data). Psychiatric diagnoses were stable between the two assessments. Healthy controls (mean age = 26.9, SD = 7.6; 66.6% males) were matched to the schizophrenia patients in gender and age (± 2 years). The non-patient edition of the SCID-NP [34] was used to ascertain that the healthy controls had no axis-I psychopathology. Control subjects underwent cognitive assessment at T1 (identical to that of the PSR schizophrenia patients) and an additional assessment one week later (T2). Practice effects were assessed by subtracting their performance in the first assessment from their performance in the second assessment. Practice effects were also reduced through the use of recognition memory tasks (to minimize retrieval strategies), and alternate versions of the CANTAB tasks [13]. The study was conducted in accordance with the local IRB committee and all consenting subjects signed a written informed consent. See CONSORT diagram (Fig. 1).

3. Results

3.1. Positive symptomatic remission patients compared to healthy controls at baseline (T1)

All comparisons were non-significant, except education level [$t(76) = -5.5, P < 0.001$]; PSR patients (mean = 12.13, SD = 1.03) were less educated than the healthy controls (mean = 13.75,

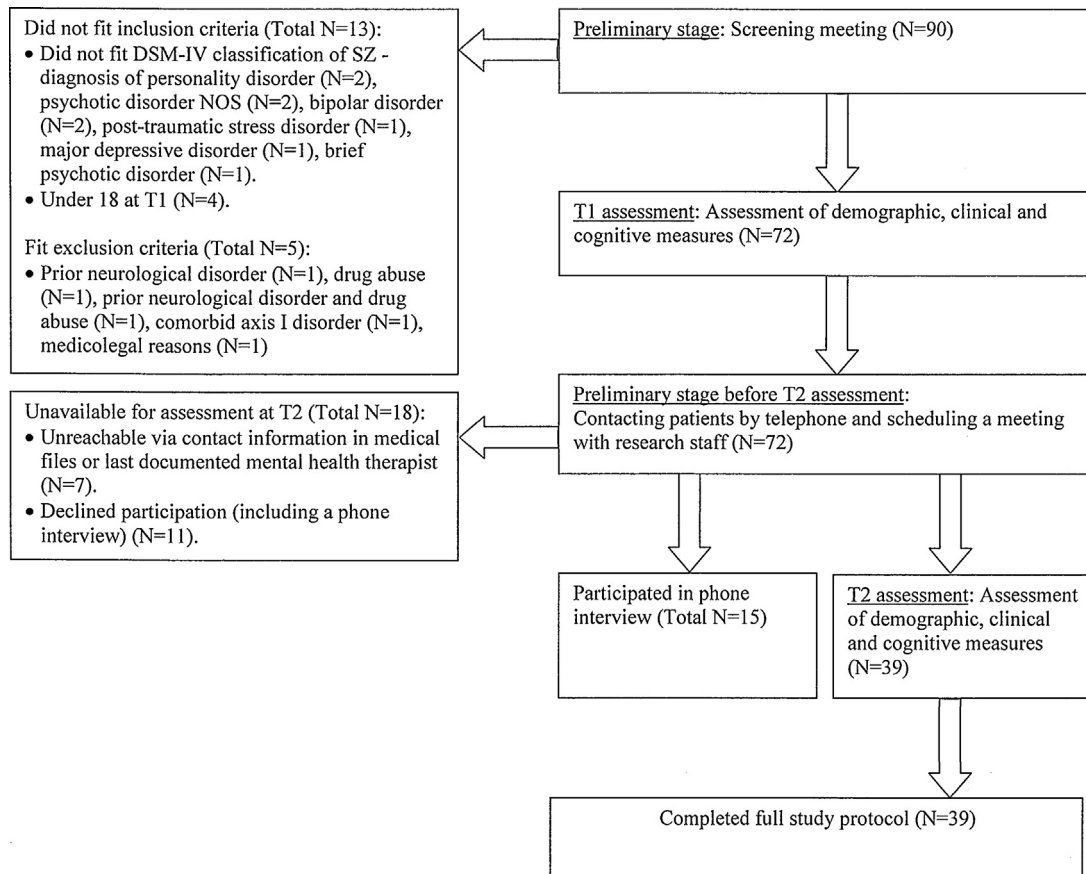


Fig. 1. CONSORT diagram for T1 and T2 assessments of schizophrenia patients.

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