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Schizophrenia

Neuropsychology in schizophrenia: an update

Hoff, Anne L.^{a,b}; Kremen, William S.^b

Abstract



Purpose of review: The treatment of schizophrenia has presented many challenges. Despite the fact that 70% of patients are partially or fully treatment responsive, i.e. positive symptoms such as delusions and hallucinations are significantly reduced by antipsychotic medication, many of these responders are left with debilitating thought disorganization, motivational deficits, and disabilities in multiple cognitive domains. The latter disabilities are now thought to be strongly related to clinical outcome, perhaps more than positive and negative symptoms. This article will review recent studies addressing these deficits.

Recent findings: In the past year, studies have demonstrated that cognitive disorders in schizophrenia are widespread, with particular problems noted in attention, declarative memory, and higher-order problem-solving. These deficits appear at the onset of the illness and are stable throughout, but may interact with the aging process, as there is some evidence of cognitive deterioration in older patients. Evidence is accumulating that these deficits are related to abnormalities in the frontal and limbic brain structures, genetic markers, and to social and work outcomes. Atypical antipsychotic medications, cognitive enhancers, and cognitive rehabilitation appear promising as possible treatment approaches.

Summary: As a core symptom, neuropsychological dysfunction specific to the disorder must be precisely defined and targeted for remediation if these patients are to be treated effectively. Because of the heterogeneity of the disorder, different treatments may be effective in certain subgroups, and certain cognitive abilities may be more responsive to intervention and more relevant to clinical outcome than others. There is much to accomplish in the treatment of this disabling disorder.

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