The differences of cognitive deficits in chronic schizophrenia on long-term treatment with typical and atypical antipsychotics

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Recommended Citation
Han, Mei; Huang, Xu-Feng; and Zhang, Xiang Yang, "The differences of cognitive deficits in chronic schizophrenia on long-term treatment with typical and atypical antipsychotics" (2014). Faculty of Science, Medicine and Health - Papers: part A. 2258.
https://ro.uow.edu.au/smhpapers/2258

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Abstract
Abstracts from the 29th CINP World Congress of Neuropsychopharmacology, Vancouver, Canada, 22-26 June 2014.

Disciplines
Medicine and Health Sciences | Social and Behavioral Sciences

Publication Details
The differences of cognitive deficits in chronic schizophrenia on long-term treatment with typical and atypical antipsychotics

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Objective: Cognitive deficits have been presented in the prior to the onset of other symptoms of schizophrenia and generally persisted during the course of the disease. Whether cognitive function is affected by antipsychotic treatment during the course of schizophrenia is still debated. This study aimed to examine the effect of long-term treatment of antipsychotic drugs on cognitive function in patients with chronic schizophrenia.

Methods: The study assessed cognitive function in 395 healthy controls and 438 patients with chronic schizophrenia on long-term treatments with antipsychotics, including mainly monotherapy with clozapine (n=224), risperidone (n=99) and typical antipsychotics (n=115).

Results: Cognitive test scores were significantly lower in all patient groups than healthy controls on all scales (all p <0.001) except for visuospatial/constructional index. Clozapine treatment had significantly lower immediate memory and delayed memory than typical antipsychotics (all p <0.01). Clozapine treatment had better language index than risperidone (p <0.01).

Conclusion: Patients with chronic schizophrenia performed significant cognitive deficits than healthy controls in all examined cognitive domains except for the visuospatial/constructional index. Cognitive deficits in patients with chronic schizophrenia were significantly influenced by different type's antipsychotics treatment. Clozapine treatment had worse immediate memory and delayed memory than typical antipsychotics, and better language performance than risperidone.

Policy of full disclosure: None.