2015

Domain of cognition - in Schizophrenia and mood disorders - are they relevant?

Nagesh B. Pai

University of Wollongong, nagesh@uow.edu.au

Publication Details

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Abstract
Abstract of a presentation.

Disciplines
Medicine and Health Sciences | Social and Behavioral Sciences

Publication Details

This conference paper is available at Research Online: http://ro.uow.edu.au/smhpapers/3530
Impaired cognition fundamentally impact that primarily affects the ability to function in the workplace, at school, or at home. Also, disrupted cognition may prevent severely ill patients from deriving full benefit from psychological treatments. The evidence suggests marked cognitive impairment predicts poor response to antidepressant medication, independent of symptom severity. Among depressed patients, cognitive abnormalities may not resolve completely upon remission, and are also observed in first-degree relatives, suggesting that they may be trait markers (predisposing factors).

Cognitive deficits in schizophrenia are pervasive, severe, and largely independent of the positive and negative symptoms of the illness. Current schizophrenia treatment has been limited in addressing the cognitive deficits of the illness. Although patients with psychotic mood disorders may present with a similar pattern of deficits, the magnitude of the deficits in schizophrenia is substantially greater. Cognitive performance in schizophrenia appears to be stable across fluctuations in illness symptoms, while deficits in affective disorders are more closely tied to clinical state. Cognitive deficits in schizophrenia are significantly correlated with functional outcome with regards to employment, independent living, community functioning, and social functioning. This presentation summarizes the assessment, and treatment of negative and cognitive symptoms in patients with schizophrenia and in depressive disorders, including pharmacologic and nonpharmacological therapies that can be used in clinical care now, as well as pharmacologic approaches that are being tested.