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Schizophrenia Case Series, Part 5: Addressing Residual Cognitive Deficits in Patients with Schizophrenia

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Release Date: April 3, 2009
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STATEMENT OF NEED

The majority of people with schizophrenia have global cognitive deficits, some of which are evident during the prodromal period. The specific domains that are impaired vary among individuals,[1,2] but cognitive deficits as a group are among the most robust predictors of overall functional outcome.[3,4] Although second-generation antipsychotics (SGAs) have been shown to produce clinically significant improvements in cognitive functioning, some residual cognitive deficits may remain and can impede functional recovery. Compared to first-generation antipsychotics, SGAs show a generally higher level of efficacy in improving cognitive function; however, no one SGA stands out over another in this area.[7] Cognitive symptoms also are related to medication adherence, which in turn affects long-term outcome. Improvement in cognitive functioning is better in those who adhere to their medication regimens,[5] and lower levels of cognitive functioning can be correlated with non- or partial adherence.[6] Appropriate assessment of cognitive deficits is vital to optimizing functional outcome, and clinicians need to be aware of available cognitive test batteries and their use in this patient population. Once affected cognitive domains are identified, interventions to improve cognitive functioning should be evaluated, and an individualized regimen should be implemented. In this interactive, case-based medical simulation, participants will be presented with a realistic patient with cognitive deficits and will use problem-solving and clinical evidence to assess and manage the patient.

1 Bozikas VP, Kosmidis MH, Kiosseoglou G, Karavatos A. Neuropsychological profile of cognitively impaired patients with schizophrenia. *Compr Psychiatry* 2006;47:136-143.
2 Meltzer HY, McGurk SR. The effects of clozapine, risperidone, and olanzapine on cognitive function in schizophrenia. *Schizophr Bull* 1999;25:233-255.
3 Keefe RS, Goldberg TE, Harvey PD, Gold JM, Poe MP, Coughenour L. The Brief Assessment of Cognition in Schizophrenia: reliability, sensitivity, and comparison with a standard neurocognitive battery. *Schizophr Res* 2004;68:283-297.
4 Bilder RM, Goldman RS, Robinson D, et al. Neuropsychology of first-episode schizophrenia: initial characterization and clinical correlates. *Am J Psychiatry* 2000;157:549-559.
5 Woodward ND, Purdon SE, Meltzer HY, Zald DH. A meta-analysis of neuropsychological change to clozapine, olanzapine, quetiapine, and risperidone in schizophrenia. *Int J Neuropsychopharmacol* 2005;8:457-472.
6 Keith SJ, Kane JM. Partial compliance and patient consequences in schizophrenia: our patients can do better. *J Clin Psychiatry* 2003;64:1308-1315.
7 Reed RA, Harrow M, Herbener ES, Martin EM. Executive function in schizophrenia: is it linked to psychosis and poor life functioning? *J Nerv Ment Dis* 2002;190:725-732.

ACTIVITY GOAL

To provide mental healthcare practitioners with strategies drawn from the evidence base for assessment and management of cognitive deficits in patients with schizophrenia.

COMMERCIAL SUPPORT

CME Outfitters, LLC, gratefully acknowledges an educational grant from Wyeth Pharmaceuticals and Solvay Pharmaceuticals in support of this CE activity.

FAX completed form to **240.243.1033**

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Site Name:_____ # Participants:_____

Individual Name:_____ Degree:_____

Address:_____

City/State/ZIP:_____

Practice Setting: ❑ Community Mental Health ❑ State Mental Health ❑ Primary Care ❑ Private Practice ❑ Other:_____ Phone:_____

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FACULTY INFORMATION

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LEARNING OBJECTIVES

At the end of this CE activity, participants should be able to:

- Compare and contrast cognitive domains impacted by schizophrenia and treatment with second-generation antipsychotics.
- Identify appropriate tests batteries for assessing particular cognitive domains.
- Develop an individualized treatment plan for managing cognitive deficits in patients with schizophrenia.

TARGET AUDIENCE

Physicians, physician assistants, pharmacists, and other healthcare professionals with an interest in mental health.

CREDIT INFORMATION

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Activity Type: knowledge-based

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