

Psychiatrie

**Neurocognitive Deficits May Be a Red Flag for Psychosis**

November 3, 2016

BOSTON -- November 3, 2016 -- While schizophrenia is best known for episodes of psychosis it is also marked by chronic neurocognitive deficits, such as problems with memory and attention. These neurocognitive symptoms are evident prior to the onset of psychosis in the prodromal phase, according to a study published online by JAMA Psychiatry.

The findings suggest that these impairments may serve as early warning signs of schizophrenia, as well as potential targets for intervention that could mitigate the onset of the psychotic disorder and significantly improve cognitive function.

“To our knowledge, this is the largest and most definitive study of cognition in the high-risk period before onset of for psychosis/schizophrenia,” said Larry J. Seidman, PhD, Beth Israel Deaconess Medical Center (BIDMC), and Harvard Medical School, Boston, Massachusetts. “This is part of a paradigm shift in the way we are focusing on the earlier, prodromal phase of the disorder in an effort to identify those most likely to develop psychosis.”

The researchers collected neurocognitive functioning data from participants at 8 university-based, outpatient programs in the United States and Canada over the course of 4 years. The observational study compared 689 males and females deemed at clinical high risk (CHR) of developing psychosis with 264 male and female healthy controls (HC).

Using 19 standard tests of executive and visuospatial abilities, attention and working memory, verbal abilities and declarative memory, the researchers found that the high-risk group performed significantly worse than the control group on all 19 measures. Among the high-risk individuals only, those who later progressed to a psychotic disorder performed significantly worse than their high-risk peers who did not develop psychosis during the study.

“Currently, when mental health professionals assess people coming in for evaluation, we don’t know who will eventually develop schizophrenia,” said Dr. Seidman. “Our group’s focus is on identifying early warning signs and then developing interventions to improve a person’s chances for not getting it, making it milder or delaying it.”

Impaired working memory and declarative memory turned out to be the key neurocognitive functions that are impaired in the high-risk, prodromal phase prior to the onset of full-blown psychosis. These findings, said Dr. Seidman, are in keeping with the experiences of many people with schizophrenia who report sudden difficulties reading, concentrating or remembering things in the earliest days of the disorder.

Schizophrenia “conjures up dread” in our culture, said Dr. Seidman, but he noted that it is likely these cognitive deficits -- not the delusions and hallucinations people fear so much -- that keep roughly 80% of people with schizophrenia out of work or school. Recent focus on the prodromal period and the growing promise of early intervention is giving patients and their families more realistic hope that better outcomes are possible.

“People can hear voices and still function pretty well, but they basically cannot function at all when their cognition is impaired,” said Dr. Seidman. “We are also testing a number of cognitive remediation and enhancement treatments to determine their role in the evolution of the illness. There’s more evidence suggesting that early intervention reduces the number of people who transition to schizophrenia. A significant number of people are able to remain in or go back to work and school. This early intervention approach is giving people more hope, and that really matters.”

SOURCE: Beth Israel Deaconess Medical Center