

## FACT SHEET

# COGNITIVE DEFICITS IN SCHIZOPHRENIA

- Neurocognitive deficits are a core feature of schizophrenia.
- **94%** of patients with schizophrenia have cognitive deficits.
- Cognition problems—reduced attention span, difficulties with memory, reasoning, judgement, problem solving, and decision making—are key features of schizophrenia.
- Memory is particularly impaired. Executive function—the ability to plan, prioritise and implement strategies—is also disrupted.
- **Cognitive deficits are probably the most important factor for poor outcome in people with the illness.**
- Research shows that verbal memory, executive functioning and visual vigilance predict functional outcome in schizophrenia.
- **Cognitive abilities are more predictive of functional outcome than psychotic symptoms.**
- Compared to psychotic symptoms, neurocognitive deficits are not as noticeable or odd. But, the deficits are still there — and they have an enormous impact on the patient's life.
- Little effort is made at present to examine cognitive functioning in people with schizophrenia.
- Cognitive testing would be of great benefit to patients, clinicians, families and other caregivers.
- Evaluation of data from neurocognitive testing of patients with schizophrenia would lead to better service planning for all people who suffer from the disease.

*(See article, over)*

## Article: NEUROCOGNITIVE TESTING OF PATIENTS WITH SCHIZOPHRENIA — WHY?

After nearly a century of research it has been firmly established that neurocognitive deficits are a core feature of schizophrenia. Patients with schizophrenia show deficits in areas such as memory, attention and executive functions (Green, 1998). Waldo and colleagues (1994) claim that **94% of patients with schizophrenia have neurocognitive deficits** compared to non psychiatric controls. However, if you ask professionals who treat schizophrenia what the disorder is, the answer often takes the form of a list of psychotic symptoms.

Sometimes a professional description of the illness is more comprehensive and includes a brief account of “negative” symptoms. But rarely will neurocognitive deficits be mentioned. Compared to psychotic symptoms, neurocognitive deficits are not as noticeable, not as odd. They are not as yet part of any formal diagnostic system. But, the deficits are still there — and they have a great impact on the patient’s life.

Schizophrenia is commonly associated with bizarre thoughts and invisible voices. But it is now clear that problems in cognition - reduced attention span, problems with memory and difficulties in reasoning and problem solving - are also key features of schizophrenia. **Cognitive deficits are probably the most important factor for poor outcome in people with the illness.** Memory is particularly impaired, and executive function - the ability to plan, prioritise and implement strategies - is also disrupted.

In actively psychotic phases, patients with schizophrenia are often hospitalized. When positive symptoms such as hallucinations and delusions are under control,

the patient is usually sent home. However, a majority of patients experience relapses. There could be many reasons for this, but one important issue is that although antipsychotic medications have an impact on symptoms, they do not appear to help neurocognition.

Functional outcome appears to be more closely related to neurocognitive abilities than symptoms. The research of Michael Green (1998) and others has shown that verbal memory, executive functioning and visual vigilance predicts functional outcome in schizophrenia.

Even though it is clear that adults with chronic schizophrenia have cognitive deficits, little effort is made to examine cognitive functioning in people with the illness. There has been an increasing interest in cognitive training programs for this population in recent years, and some programs exist for people with schizophrenia. But much of this training is being done without proper testing to determine who might benefit from what. Before training, it should first be determined in which areas and to what degree individuals experience deficits.

If cognitive testing were performed more regularly it would be of great benefit to people with schizophrenia. Furthermore, an evaluation of collected data could be used to support more appropriate community service planning for all people who suffer from the disease.

- Adapted from Norwegian Social Science Data Services, Dr. Merete Øie , University of Oslo 01/10/2001 and Institute of Psychiatry, King’s College London, 06/01/2003



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