

## IDENTIFYING SPECIFIC DOMAINS OF COGNITIVE DYSFUNCTION FOR MANIC EPISODES IN BIPOLAR AFFECTIVE DISORDER

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**Introduction:** The recurrence of episodes of mania and/or depression is a feature of bipolar affective disorder and it interferes with neurocognitive performance.

**Objective:** Identifying specific domains of cognitive dysfunction for manic episodes in bipolar affective disorder.

**Aim:** Improving life quality of bipolar patients with cognitive deficits.

**Methods:** 60 bipolar (HAMD score  $\geq 17$ , manic/hippomanic: YMRS score  $\geq 12$ , euthymic: 6 month of remission, HAMD score  $\leq 8$ , YMRS score  $\leq 6$ ) patients (DSM IV TR). The cognitive battery included standardized test of IQ, attention, working memory, visual memory, verbal memory and executive functioning. Demographic data, data about family history, psychiatric history, past/current treatment, history of psychosis, duration of illness, age of onset were collected. We analyzed statistically these data and identified specific domains of cognitive dysfunction for manic episode.

**Results:** Stable and lasting cognitive impairments involving executive functioning (working memory, executive control, verbal fluency, mental manipulation and cognitive flexibility), verbal learning and memory and attention are evident across all phases of illness. Sustained attention (vigilance) is impaired in bipolar patients regardless of whether they are studied during periods of mania or depression. Performances on task that taps domains of verbal learning and memory, and sustained attention were particularly impaired in manic patients.

**Conclusions:** There are persistent cognitive deficits over the course of bipolar affective disorder and specific cognitive impairment of each phase of the illness, like mania. This study identified several important risk factors that may moderate these cognitive deficits in manic patients.