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Cognitive functions in patients with schizophrenia and their correlation with anxiety

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Background: Cognitive deficits and anxiety are common symptoms in patients suffering from schizophrenia.

Aims: The aim of the research was to find a relationship between selected cognitive functions and intensity of anxiety as state and trait in people suffering from schizophrenia.

Method: 18 patients (9 women and 9 men) with a diagnose of paranoidal schizophrenia (according to ICD-10) were recruited to the study. The battery of cognitive neuropsychological tests used to assess cognitive functions included: trail making tests, part A and B, and Stroop test, part RCNb and NCWd. The intensity of anxiety as state and trait was assessed by means of the Spielberger State-Trait Anxiety Inventory (STAI).

Results: In the examined group statistically significant relation was found between the results of trail making test, part A and B (measuring psychomotor speed and visual spatial working memory), as well as part RCNb of the Stroop test (measuring reading speed), and the intensity of anxiety as state measured with STAI. Another statistically significant correlation was found between results of trail making test, part A (measuring psychomotor speed) and anxiety as trait measured with STAI. No other significant correlations between results of the applied cognitive tests and anxiety as state and trait were found.

Conclusions: The above correlations between cognitive tests results and intensity of anxiety indicate that there must be a modulating impact of emotions on some of measured cognitive functions. The awareness of these correlations may be important in the process of constructing rehabilitation programmes for patients.

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Efficacy of once-daily extended release quetiapine fumarate across symptom domains in schizophrenia

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Introduction: Quetiapine immediate release (quetiapine IR) improves PANSS total, positive, negative and general psychopathology scores in schizophrenia. This study (D1444C00132) evaluated the efficacy of once-daily extended release quetiapine fumarate (quetiapine XR) in patients with acute schizophrenia.

Methods: This was a 6-week, double-blind, randomised study (n=588) comparing quetiapine XR (400, 600 or 800 mg/day) and quetiapine IR (400 mg/day) with placebo. Efficacy was assessed using ANCOVA analyses of the change from baseline to study endpoint (Day 42) for: PANSS total score; positive, negative and general psychopathology subscale scores; and aggression and depression cluster scores (modified ITT population, LOCF). Changes in individual PANSS item scores were assessed post hoc.

Results: At Day 42, there were statistically significant reductions (ie two-sided p-value <0.05) versus placebo with all doses of quetiapine XR for the change in PANSS total, positive, general psychopathology and aggression cluster scores. Changes in negative and depression cluster scores were statistically significant versus placebo for quetiapine XR 600 mg/day and 800 mg/day. There was statistically significant separation from placebo with quetiapine XR 600 mg/day and 800 mg/day for the change in 6/7 PANSS positive items, 5/7 negative items, and 12/16 general psychopathology items. For those items with no statistically significant separation from placebo, baseline scores were generally low.

Conclusions: Once-daily quetiapine XR is effective across a broad range of symptoms in acute schizophrenia, including positive and negative symptoms, as well as symptoms of general psychopathology, aggression and depression.

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Symptom profiles of obsessive compulsive disorder with comorbid schizophrenia and pure obsessive compusive disorder

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Introduction: 7.8%-31.7% of schizophrenic patients have obsessive compulsive disorder (OCD) as well (1,2). In this study, symptom profiles of OCD and OCD with schizophrenia is discussed in terms of similarities and differences and whether these could point towards discrete etiopathogenesis.

Method: 100 patients with schizophrenia and 50 patients with OCD, diagnosed using the DSM-IV criteria were included in the study group. The study group was treated at the outpatient clinic of Bakirkoy Hospital for Mental and Nervous Diseases, Istanbul, Turkey. Yale-Brown Obsessive Compulsive Scale (Y-BOCS) was used.

Results: %16 of the schizophrenia patients had OCD. Y-BOCS obsession severity subscale total, compulsion severity subscale total and general total scores of the pure OCD group and the schizophrenia with OCD group were compared. There was no statistically significant difference. However comparison of obsession and compulsion content in the two groups revealed statistically significant difference in terms of religious obsessions (p=0.002), cleaning/washing compulsions (p=0.009) and controlling compulsions (p=0.008).

Conclusion: Our results were different in terms of the distribution of obsessive compulsive symptoms when compared with other studies about OCD and OCD with schizophrenia (1,4). Paying attention to differences in syptomatology by the clinicians might improve diagnosis and treatment. Neuropathology in pure OCD and OCD with schizophrenia may be diverse.

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Efficacy and tolerability of switching from olanzapine, risperidone and haloperidol to ziprasidone in patients with schizophrenia: An international multi-center study

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Background and Aims: Some patients with schizophrenia switch medications due to lack of efficacy or side effects; improvement in symptoms and side effects following a switch must be assessed.

Methods: In a 12-week, open-label, baseline-controlled, flexible dose switch study, adult outpatients with schizophrenia experiencing suboptimal efficacy or tolerability problems were switched from haloperidol (n=99), olanzapine (n=82), or risperidone (n=104) to ziprasidone (80¬−160 mg/d; dosed bid with food). The primary efficacy evaluation was the BPRS score at Week 12. Safety evaluations included change from baseline in movement disorders (SAS, BAS, AIMS), weight, prolactin, and fasting lipids levels. Statistical tests were 1-sided non-inferiority comparisons with correction for multiple comparisons (0.025/3 significance level), for the primary efficacy endpoint, or 2-sided (0.05 significance level), for secondary endpoints.

Results: BPRS scores improved significantly compared with all 3 preswitch medications at Week 12. Mean change from baseline (SD) for patients switched from haloperidol, olanzapine, and risperidone was −11.3 (16.3), −6.3 (14.2), and −9.9 (13.2), respectively ($p < 0.0001$ vs baseline). Movement disorders, measured by SAS, BAS, and AIMS, improved significantly for subjects switched from haloperidol and risperidone. Change in weight (kg ± SD) from baseline was 0.4 ± 3.97, −2.0 ± 3.99 ($p < 0.001$), and −0.6 ± 3.21 for subjects switched from haloperidol, olanzapine, and risperidone, respectively.

Conclusions: Patients switched to ziprasidone demonstrated improvement in symptoms and movement disorders, with a weight neutral effect. Ziprasidone is an appropriate switch option for patients experiencing suboptimal efficacy or poor tolerability with their current treatment.

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Unitary psychosis an evidence from early psychosis

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Introduction: Early psychosis is not a discrete disorder; rather it is mixed-up state .Different states like depression, anxiety, psychosis, obsession manifest during this period. 20% to 40% of BLIPS positive subjects eventually make transition to psychosis. Large proportion of remaining patients develops anxiety or mood disorders. During early psychosis unitary psychosis, manifest itself in forms of different psychiatric disorders.

Method: An electronic search was made at data based websites including pub med and Blackwell synergy using key words , unitary psychosis, prodrom, early psychosis .This was followed by manual and internet study of relevant articles .

Results: Cognitive deficits and defects of facial recognition were present in both schizophrenic and bipolar prodrom .In 24.2% schizo-obsessive patients reduced size of the left hippocampus was found. 84% subjects reported depressive symptoms before transition to psychosis, 73% of patient of schizophrenia starts with non-specific affective and negative symptoms. In presence of depression, probability of transition to psychosis increased from 4% to 21.7%. In 47.3% of patients, OCD occur before onset of frank psychosis.

Discussion: High prevalence of comorbidities during prodromal phase indicates that shared common factor is involved. Anxiety, depression and attenuated psychosis are integral components of early psychosis. Overlapping of bipolar and schizophrenic prodrms depicts commonality of origin of two disorders.OCD is associated with schizo-obsessive subgroup. Strong interactive relationship among different disorders could be explained on basis of unitary psychosis.

Conclusion: Presence of unitary psychosis is realized in the studies of early psychosis.

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Phenomenon of loneliness in structure of apathy abulia syndrome

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Phenomenon of loneliness is one of the clinical and psychological mechanisms causing development of apathy abulia syndrome.

Objectives

1. To identify a phenomenon of loneliness, levels of depression and anxiety of patients with deep psychopathological disorders.
2. To allocate the role of the phenomenon of loneliness as the differentiation factor of therapy of patients with deep psychopathological disorders.
3. To study and create differential models of therapy of patients with deep psychopathological disorders.

Material and Methods: 74 patients were surveyed at the Republican centre of mental health in Bishkek city in the age of from 16 till 60 years with deep psychopathological disorders .

- Modified UCLA scale for the evaluation of the level of the loneliness,
- Standardized Zung depression scale
- Standardized Spilberger-Hanin anxiety scale

Results: Patients with organic psychopathological disorders (F06.2) 32 people had less level of loneliness (37.8 ($P<0.01$)) in comparison with patients suffered from, schizophrenia (paranoic with apathy abulia syndrome) (57,3 ($P<0.01$)). While the intensity of hypothimic affect of patients with deep psychopathological disorders was higher (46,2 ($P<0.01$)) , then one of patients with schizophrenia. Anxious level was middle and there wasn't found any verified differences.

Conclusions

- Phenomenon of loneliness is one of the clinical and psychological mechanisms causing development of apathy abulia syndrome of patients with deep psychopathological disorders
- Phenomenon of loneliness is one of components of differential therapy of patients with deep psychopathological disorders.

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Evidence for a normally functioning mirror system in schizophrenia

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