Cognitive remediation therapy for young people with schizophrenia

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Group studies of adults with schizophrenia have repeatedly shown cognitive deficits to be evident in the areas of attention, memory and executive functioning (e.g. Morris et al., 1995). Studies of adolescents with schizophrenia have found similar deficits to be present (Jahshan et al., 2010). Adolescent onset has also been found to predict significantly worse psychosocial outcome such as fewer social contacts, poorer educational performance, a greater dependence on public or family assistance and a reduction in employment (Röpke and Eggers, 2005). Therefore, early intervention appears to be vital for such patients who are within a critical period of their illness and treatment of difficulties at this stage may alter the long-term outcome of their psychosis (Wykes et al., 2007). But it is only recently that cognitive deficits have become a target for intervention spurred on by the revelation that these impairments impact quality of life (Savilla et al., 2008) and limit the rate of recovery following rehabilitation. The most important reason for providing interventions for cognitive difficulties has been the strong and significant associations between cognitive deficits and functional outcome (Wykes, 1994; Wykes et al., 1992). Cognitive Remediation Therapy (CRT) aims to improve cognition and thereby increase functional outcome (Wykes et al., 2007). The majority of studies have investigated the impact of CRT in adults with a chronic course of schizophrenia, although there has been a shift more recently to evaluating the benefits of CRT with younger people. Wykes et al. (2007) for example, evaluated the efficacy of CRT compared to treatment as usual in young patients (age range 14 to 22) with recent onset schizophrenia and cognitive and social behavioural difficulties. Participants in the intervention group received individual CRT for three months with at least three sessions per week. Compared to standard treatment, CRT produced clinically significant improvements in cognitive flexibility. Symptoms also reduced further in the CRT group in response to improvements in planning abilities. Cognitive deficits are now seen as worthwhile targets for intervention and a change in cognition and functioning may lead to improvements in the long-term for those with adolescent onset schizophrenia.

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Validation of a cognitive remediation program for schizophrenia

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Cognitive remediation is a newly developed tool used to help improve information processing in schizophrenia, and indirectly, it can also help improve their everyday life. This new tool has been developed to complete the action of antipsychotics, whose effects on cognition have been proved limited. Cognitive deficits in schizophrenia can be very heterogeneous from one patient to another, that is why several authors underlined the relevance of proposing more individualized approaches. The RECONS program was designed in order to provide with an individualized therapy. The present validation study has been conceived to assess the benefits of the specific cognitive training given by RECONS compared to an aspecific training using a cognitive remediation program already validated, the CRT program.

We note that 138 patients diagnosed with schizophrenia according to the DSM IV criteria (APA, 2003) were recruited. The patients of the two groups did not differ significantly in age, sex and educational level. In RECONS group, patients