Cognitive remediation for adolescents with psychosis and schizophrenia

Tu-S-303
Cognitive remediation and schizophrenia of adolescents
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Context.— Schizophrenics have a lot of difficulties in socializing, largely because of basic cognitive troubles. Attention, memory and executive functions deficiencies are underlying causes of their handicaps. Treating these specific problems may reduce some symptoms of schizophrenia and improve the social rehabilitation of these patients. In such a field the RECOS program is definitely appropriate to young patients (between 16 and 25).

Objective.— Assessing the benefits of the RECOS program on cognitive functions, measuring its effects on the severity of symptoms, depression, self-esteem, awareness of cognitive disabilities and insight.

Method.— The study consists of a series of 15 individual sessions, with an evaluation before and after treatment. The RECOS program is prescribed to 20 22-year-old schizophrenic patients (according to the DSM IV). The severity of symptoms, depression, global cognitive level, awareness of cognitive disabilities, self-esteem and insight are evaluated by several tests.

Results.— The RECOS program significantly improves the executive abilities, memory, awareness of cognitive troubles and self-esteem. Nevertheless, there is less benefit on the severity of symptoms, depression and insight. http://dx.doi.org/10.1016/j.neurenf.2012.05.280

Tu-S-304
A randomized controlled trial of the effectiveness of a computer-assisted cognitive remediation (CACR) program in adolescents with psychosis or at high risk of psychosis: Short-term and long-term outcomes
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The purpose of the present study was to investigate the short- and long-term effectiveness of a computer-assisted cognitive remediation (CACR) program in adolescents with psychosis or at high risk. Thirty-two adolescents participated in a blinded 3-week randomized controlled trial of CACR treatment compared to computer games (CG). Clinical and neuropsychological evaluations were undertaken at baseline, at the end of the program and 6 months after enrollment in the study. At the end of the program (n = 28), results indicated that visuospatial abilities (Repeatable Battery for the Assessment of Neuropsychological Status, RBANS, P = .005) improved significantly to a greater extent in the CACR group compared to the CG group. Other cognitive functions (RBANS), psychotic symptoms (Positive and Negative Symptoms Scale) and psychosocial functioning (Social and Occupational Functioning Assessment Scale) improved significantly, but at similar rates, in the two groups. At long term (n = 22), cognitive abilities did not demonstrate any amelioration in the control group while, in the CACR group, significant long-term improvements in inhibition (Stroop: P = .040) and reasoning (Block Design Test; P = .005) were observed. In addition, symptom severity (Clinical Global Improvement) decreased significantly in the control group (P = .046) and marginally in the CACR group (P = .088). Improvements in cognitive abilities were not associated with symptoms’ amelioration in this study. In summary, CACR can be successfully administered in this population. CACR proved to be effective over and above CG for the most intensively trained cognitive ability. Finally, on the long-term, enhanced cognitive abilities (reasoning and inhibition abilities), which are necessary to execute higher-order goals or to adapt behavior to the ever-changing environment, were observed in adolescents benefiting from a CACR. http://dx.doi.org/10.1016/j.neurenf.2012.05.281

Tu-S-305
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 (Röpcke 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 behaviourial 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 RECOS 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 RECOS 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 DSMIV criteria (APA, 2003) were recruited. The patients of the two groups did not differ significantly in age, sex and educational level. In RECOS group, patients
were directed towards one training module (Verbal memory, Visuo-spatial memory and attention, Working memory, Selective attention or Reasoning) corresponding to the more altered cognitive area, according to the results of a comprehensive neuropsychological and functional evaluation. In both groups, the remediation phase included 28 1-hour twice-weekly sessions and 14 hours of exercises at home (total duration of training: 42 hours). Each patient benefited from individual sessions conducted by a therapist in a one-to-one approach using paper and pencil (in CRT and RECONS) and specific computer exercises (in RECONS only).

Significant improvements in several areas of cognitive functioning, including executive functioning, verbal memory, working memory, selective attention and visuo-spatial memory were observed in both arms of the study. This shows a global equivalent efficacy for the RECONS program as compared to CRT. A significant improvement was also found for BADS' profile score. A significant reduction of PANSS score is also observed for the two groups but is significantly more important after training in the RECONS arm. These results show that both the RECONS and the CRT programs are efficient to train cognition. Of interest, the RECONS program is not only efficient on the targeted functions but also shows an indirect benefit on executive abilities as measured by BADS, which is of interest for the transfer of benefits in everyday life. As a recent study indicates that deficits associated with the function of the frontal/prefrontal cortex (executive function, working memory) decline with progression of the illness, cognitive remediation needs to be included in the early stages of psychosis. Moreover, it appears that with computer-assisted-learning young participants become more attentive to the task and would therefore fully benefit from the RECONS program.

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Cross cultural perspectives on child protection

Tu-S-307
A case of severe physical abuse from Eritrea
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Introduction.– The challenges of gaining access to mental health services in a complex and often fragmented system of health care are well known. However, the situation is even more dire in parts of the world with very few resources or training.

Method.– This presentation focuses on child abuse in Eritrea through a case presentation and the challenges encountered.

Results.– Initially, there was no acknowledgement of any abuse of children in Eritrea. The challenges encountered were:
– acknowledgement and acceptance of the fact that the child was abused;
– difference between “punishment/consequences and abuse”;
– absent child protection laws;
– how to intervene and who was going to talk to the father;
– how to keep the patient safe.

Conclusions.– Pediatricians have unique opportunities to identify and address the unmet mental health needs of children through mental health screening at routine pediatric visits and ensure coordination of total care through ongoing communication and co-management.

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Tu-S-308
Negligence and violence against children and adolescents with enuresis: What can we do about it?
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Objectives.– To discuss risk factors associated Enuresis and actions to prevent violence against it.

Method.– A review of epidemiological/international studies on Enuresis and Brazilian studies on violence with enuretic kids was done.

Results.– Three main reasons for lacking empirically based treatment for this condition were:
– no concern;
– lack of knowledge;
– inefficient familial strategies delaying the efficient treatment.

These ignorance or parental negligence signs are frequent; studies have also shown that almost 80% of enuretic children did not go to any treatment. Brazilian review on violence with enuretic kids show that most suffer parental violence and are at risk of more severe psychiatric problems in the future, especially, if parents are low level of scholar education. Two Chinese epidemiological studies on Enuresis are focused since they might illustrate the role of clinical researchers besides studying and treating, preventing this aversive condition.

Conclusions.– Researchers shall be more proactive than reactive.

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Tu-S-309
Multicultural issues in child and adolescent psychiatry in Ireland
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Ireland has changed from being a country of emigration to one of immigration. Many families experience significant difficulties acclimatizing to the Irish way of life, and experience significantly more adverse events than their Irish counterparts. Different immigrant groups have different risks and resilience factors and should not all be grouped together.

Additional to non-Irish nationals is another ethnic minority group: the Traveling community, an indigenous minority who has been part of Irish society for centuries and representing 0.5% of the population. They have a value system, language, customs and traditions that make them an identifiable group both to themselves and to others. They have lower levels of education, substantially lower life expectancy and higher rates of unemployment and mental health problems.

In a country as culturally and linguistically diverse as Ireland, specific attention should be paid to the cultural dimensions of mental disorders in service provision and in training.

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Tu-S-310
Analysis of Eastern European child mental health services practice 20 years after fall of communism: Cultural differences or systemic violations of children’s rights
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Objectives.– To discuss obstacles for development of effective child and adolescent mental health (CAMH) services in the region of Eastern Europe (EE).

Method.– A review of reports submitted to the UN Committee on the Rights of the Child from the countries of EE and recommendations of the Committee in the area of CAMH and related services.

Results.– Systemic concerns have been identified which hinder the process of effective change in the field of CAMH and related areas:
– twenty-two years of transition was marked by low priority given by governments to the field of CAMH and failure to replace system based on institutionalization and neglect of child rights with effective child-friendly services;
– critical areas to be addressed as priorities are:
  – services to assist young parents in their parenting skills and thus prevent institutionalization of infants,
  – community based services for children with developmental disabilities,
  – services for troubled adolescents to prevent their stigmatization and criminalization.