

Chapter 67

Cognitive Remediation Therapy in Chronic Schizophrenia

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ABSTRACT

Cognitive impairments are now recognized as one of the most ubiquitous features of schizophrenia. Cognitive deficits appear to play a large role in how patients with schizophrenia function in their everyday lives. The role of cognitive deficits in schizophrenia may be gauged by the fact that even when patients with schizophrenia are relatively free of psychotic symptoms, many still have extraordinary difficulty with communication, motivation, self-care, and establishing and maintaining relationships with others. Patients with schizophrenia are often additionally treated with supportive psychotherapy, behavioral management, or social skills training as required. However, the efficacy of these adjunct therapies could be limited in presence of marked cognitive deficits. Thus it becomes crucial to have specific intervention for the underlying cognitive deficits that appear detrimental to improvement of functioning of patients with schizophrenia. The present chapter focuses on cognitive training based intervention program for schizophrenia patients and its efficacy.

INTRODUCTION

Schizophrenia is a major psychiatric disorder characterized by a disruption in affective, cognitive and social domains, which results in compromised ability to adapt to a changing environment and to function adequately in the community. It is a hypothetical construct that clinicians and scientists have developed in an attempt to capture a complex reality (Morey, 1991). As a diagnostic construct, it is inferred from behaviour of a client or the symptoms reported by him. The complexity of the illness is such that even psychiatric experts concede on hypothetical construct nature of the diagnostic categories in schizophrenia (Wong, 2014).

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The deterioration in cognitive and behavioural functions has been implicit in initial conceptualization of the illness to an extent that Kraepelin (1919) described the illness as an irreversible and deteriorating condition like dementia (Goldman, Axlerod, & Taylor, 1996). Cognitive impairments are now recognized as one of the most ubiquitous features of schizophrenia. It is suggested that these impairments are very apparent and detectable before the onset of symptoms that meet diagnostic criteria for schizophrenia. The severity of these impairments may vary from moderate to severe even at the time of the first break of the symptoms and they tend to persist throughout the course of the illness (Bowie & Harvey, 2005). Meta-analytical studies provide substantial evidences that these cognitive impairments are present significantly at early stage of the illness even in drug naive patients; thus they are not resulting from other symptoms or antipsychotic treatment (Bergman, Cervenka, Flyckt, Edman, & Farde, 2014). The recognition that cognitive dysfunction is a central feature of schizophrenia has elevated its importance for both research and treatment. One of the main incentives for understanding the signature of cognitive impairment in schizophrenia is the strong relationship between cognitive performance and functional skills and functional outcome.

Despite the widespread prevalence of cognitive impairment in schizophrenia, there is considerable controversy as to whether the deficits reflect a generalized and a global neuropsychological impairment. The presence of diffuse cognitive impairment has been documented in patients with schizophrenia across a range of cognitive measures (Hoff et al. 1999; Mohamed, Paulsen, O'Leary, Arndt, & Andreasen, 1999; Saykin et al., 1994). Although there appears to be a group of patients who are impaired only minimally, most patients are characterized as having at least some impairment across a number of domains.

SPECIFIC NEUROPSYCHOLOGICAL DEFICITS IN SCHIZOPHRENIA

Several studies identify selective impairments of a greater magnitude against a background of global impairment. Specifically, the cognitive deficits appear to be larger in areas of attention, memory and executive function.

- **Attention:** Schizophrenia is characterized by deficits in attention (Bleuler, 1911; Kraepelin, 1919; Shakow, 1962) and it has been claimed that these attention deficits are related to dysfunctional brain systems that underlie the pathophysiology of the disease (Robbins, 1990; Norman et al., 1997). Attention skills are disrupted by a wide variety of causes and attention is a critical underlying component of many cognitive functions. Without intact attention skills; many other skills, including learning, communication, and problem-solving become difficult or impossible. Furthermore, attention deficits can be mistaken for memory deficits when memory functions are in fact intact.
- **Memory:** Memory impairment is one of the most common cognitive problems in schizophrenia patients (Gourovitch & Goldberg, 1996). This type of impairment is usually long-term, debilitating and difficult to treat (Chen & McKenna, 1996). In last many years, an increasing amount of research has investigated memory deficits in schizophrenia. Schizophrenia patients have been found to be impaired on their ability to recall, recognize, and learn both visual and verbal materials (Gold, Carpenter, Randolph, Goldberg, & Weinberger, 1997; Tamlyn et al., 1992; Paulsen et al., 1995). These findings have been postulated to result from neuropathological abnormalities in the temporal-hippocampal area (Goldman et al., 1996). Consistent with learning theory, three

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