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Effects of Cognitive Remediation in Patients with Mood Disorder

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Introduction :

Neurocognitive impairment constitutes a core feature of mood illness. It compromises personal and social functioning. Cognitive Remediation (CR) is accepted as an important therapeutic intervention in schizophrenia, but few studies provide data on whether the benefits extend to mood disorder.

Objectives:

To examine the profile and magnitude of cognitive impairments in mood disorder, review the evidence in support of CR for this population, and discuss future research directions in CR.

Methods:

A literature search was conducted using Medline database. Combinations of multiple keywords were searched: mood disorder, neurocognition, cognitive remediation, cognitive training, functional remediation. Randomized-controlled trials and key studies published until 2013 were included.

Results:

We included seven studies, comprising a total of 398 participants, 71% of whom had bipolar disorder, 14% schizophrenia, 12% major depressive disorder, and 3% schizoaffective disorder. Only two studies included merely patients with bipolar disorder. It has been estimated that 30 to 60% of patients with bipolar disorder have trait-related cognitive deficits. In two studies, patients received a non-computerized programme. In the five other studies, a computer-assisted programme was delivered. The average duration of therapy was about 13.1 weeks. Effect sizes ranged from 0.33 to 0.93. Results showed that improvements in executive functioning were associated with improvements in occupational functioning.

Conclusion:

CR in patients with mood disorder may be an effective non-pharmacological treatment option for improving cognitive functions, which may improve psychosocial functioning. Further studies are required to examine the durability of any gains with CR in these patients.