

Background and aims: Different neuropsychological studies have consistently found an attention, memory and executive function deficit in schizophrenic patients. The Positive and Negative Syndrome Scale (PANSS) evaluates different clinical aspects of schizophrenia. Factor analyses of this scale suggest the existence of a “cognitive factor”, constituted by several items pertaining to the different subscales. In order to have an acceptable concurrent validity, this “cognitive factor” should correlate with the execution of neuropsychological tasks. Our objective was to study the correlation between the PANSS “cognitive factor” and the execution of neuropsychological tasks evaluating attention, memory and executive functions.

Methods: Thirty-five schizophrenic patients were evaluated using the Continuous Performance Test (CPT), the Rey-Osterrieth Complex Figure Test (Rey CFT) and the Wisconsin Card Sorting Test (WCST). Bivariate partial correlation between the neuropsychological variables and the PANSS “cognitive factor” was examined. In order to obtain this cognitive component, and based on previous studies, items P2, N5, PG10 and PG11 were used.

Results: The PANSS “cognitive factor” was significantly correlated to CPT omission errors ($r=0.45$; $p=0.006$), Rey CFT recall after 5 minutes ($r=-0.34$; $p=0.049$), Rey CFT recall after 30 minutes ($r=-0.40$; $p=0.020$), WCST perseverative responses ($r=0.36$; $p=0.035$), and WCST perseverative errors ($r=0.35$; $p=0.041$).

Conclusions: The existence of significant correlations between the PANSS “cognitive factor” and performance on neuropsychological tasks evaluating attention (CPT), memory (Rey CFT) and executive functions (WCST) supports the concurrent validity of this factor.

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Clinical and neuropsychological differences in schizophrenia according to negative symptom PANSS scores

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Background and aims: The Positive and Negative Syndrome Scale (PANSS) evaluates different psychopathological aspects of schizophrenic patients. Scores on the negative subscale of the PANSS have been associated with clinical and neuropsychological differences in these patients. Our aim was to study the relationship between PANSS negative scores and different clinical and neuropsychological variables in a sample of schizophrenic patients.

Methods: Our sample of 174 schizophrenic patients was split into two groups according to scores on the negative subscale of the PANSS: a group of 85 patients (55 male and 30 female; mean age 38.0 years, SD 9.3) with scores below the median (“low negative PANSS” group), and a group of 89 patients (58 male and 31 female; mean age 37.3, SD 8.4) with scores above the median (“high negative PANSS” group). The neuropsychological task used was the Wisconsin Card Sorting Test.

Results: Significant clinical differences were found between both groups. In the “high negative PANSS” group a lower age of illness onset was found ($p=0.030$), as well as a lower age at first psychiatric admission ($p=0.002$) compared to the “low negative PANSS” group, without there being significant differences in current age ($p=0.570$). Regarding cognitive functions, “high negative PANSS” patients achieved fewer categories ($p=0.005$) and made more perseverative errors ($p=0.031$) than “low negative PANSS” patients.

Conclusions: Schizophrenic patients with higher scores on the negative subscale of the PANSS had an earlier age of onset of their illness and exhibited poorer cognitive functioning than patients with lower scores.

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Efficacy and tolerability of switching from conventional and atypical antipsychotics to ziprasidone in acute schizophrenic patients

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Backgrounds and aims: This study evaluated the efficacy and tolerability of ziprasidone after a switch from conventional and atypical antipsychotics in acute schizophrenic patients who required alternative medication.

Methods: A total of 189 patients with acute exacerbation of schizophrenia were switched to 8 weeks of open-label treatment with ziprasidone (80 mg/d for the first 2 days, then adjusted to 40-160 mg/d). Current treatments were discontinued over Days 1-7. Primary efficacy measure was the change from baseline in PANSS total score.

Results: A total of 82.5% of patients switched to ziprasidone due to inadequate efficacy and 16.4% due to poor tolerability (most frequently weight gain). A total of 136 patients (72%) completed the study. After switching to ziprasidone, the mean change (ITT-LOCF) in PANSS total score from baseline to end point was statistically significant ($n = 183$; baseline score 112 ± 19 ; mean change -25 ± 25.5 ; $P < .0001$). A significant improvement was observed from Week 1. Ziprasidone was generally well tolerated, with 12.7% of patients discontinuing due to adverse events. Movement disorder and sexual dysfunction occurred infrequently, accompanied by baseline-to-end-point reductions in Simpson Angus Scale total score and serum prolactin levels. Switch to ziprasidone showed a significant mean baseline-to-end-point decrease in weight (-1.0 ± 3.1 kg; $P < .0001$) and a nonsignificant increase (5 ms) in mean QTc interval.

Conclusions: Eight weeks of treatment with ziprasidone significantly reduced overall psychopathology in acute schizophrenic patients switched from other antipsychotics and was well tolerated, with a neutral effect on body weight.

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Efficacy and tolerability of intramuscular and oral ziprasidone in acute and agitated schizophrenic patients: An 8-week, open-label trial

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Background and aims: This study evaluated the efficacy and tolerability of intramuscular (IM) ziprasidone and the transition to oral formulation in patients with acute schizophrenia and agitation, whose severity of symptoms required IM treatment

Methods: Patients ($n=150$) were switched from their current treatments to 8 weeks of open-label treatment with ziprasidone. Patients received up to 40 mg/die IM ziprasidone at Day 1 and were then switched to 80-160 mg/die oral ziprasidone as soon as clinical status permitted. The primary efficacy measure was the change

from baseline in PANSS total score. The effect of ziprasidone IM on agitation was evaluated using the validated 7-item Behavioural Assessment Rating Scale (BARS) scale

Results: In the intent-to-treat population, the reduction in total PANSS score at study end point versus baseline was statistically significant ($n = 150$; -37.24 ; baseline 126.71 ; $P < .0001$). Regarding agitation, 142/150 (95%) patients were responders (BARS score 3–4), with a median time to response of 0.50 hours. A total of 61.3% of patients completed the study, 25% experienced treatment-related adverse events, and 5% discontinued due to adverse events. The most frequently reported adverse events were insomnia (6%), somnolence (4%), hypotension (3%), and extrapyramidal disorders (2%). No significant change was observed in weight or any clinical laboratory parameter

Conclusions: IM-to-oral ziprasidone proved effective and well tolerated in the treatment of patients suffering from acute exacerbation of schizophrenia with agitation, offering the possibility of continued treatment from the acute agitated state through to maintenance treatment without having to switch chemical entity.

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Remission in psychotic chronic patients. Is it really possible?

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Background and aims: The criteria of remission in schizophrenia has been reviewed and updated by Dra. Andreasen and collaborators. They define remission of the severity of the diagnostic symptoms of schizophrenia when the patient obtains a punctuation ≤ 3 for each of the 8 main items of the PANSS (positive and negative syndrome scale) during a period of 6 or more months.

The aims of this project is to investigate whether there is a significant difference in the rate of remission, as defined by Dra Andreasen et. al., in group of patients treated by either Lon-Action Injectable Risperidone (LAI Risperidone) or conventional depot: Flufenazine decanoate or Zuclopentixole decanoate.

Methods: We examined the criteria of remission by Dra. Andreasen in 46 patients with schizophrenia, 21 patients treated with LAI Risperidone and 25 patients treated with conventional depot.

Results: By analysing the data obtained after 12 months, the rate of remission in patients treated with LAI Risperidone was 56,4% and the rate of remission in patients treated with conventional depot was 20%. (significant difference $p < 0,05$).

Conclusions: LAI Risperidone clearly increases the rates of remission in schizophrenic patients and favours the use of an antipsychotic monotherapy treatment. This results can lead to an improvement in patient compliance to the antipsychotic treatment and therefore a better quality of life and a better progress of the disease.

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Disability and social cognition in schizophrenia

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Background and aims:

Disability is presented in schizophrenic patients because of different factor; one of them is neurocognitive disfunction and the others are non cognitive symptoms.

Recent studies have argued that social cognition is important for the patient and that the repercussions of there that basic cognitive disorders on their lives and social integration are serious.

The aims of this project was analyzed disability in schizophrenic patients, and we analyzed their relationship with gender, evolution of the disease and psychopathological symptoms.

We studied schizophrenic social Cognition in relation to a control group.

Methods: Our study included 49 schizophrenic patients all diagnosed with ICD-10 Criteria and a control group of 40 normal subject. measues: PANSS Scale

WHO-Disability Diagnostic Scale (WHO-DDS)

Social Cognition Scale (GEOPTe)

Results: Total disability and all of their subscales were not significantly diferent with the gender.

Total disability and all of their subscales is significantly higher in the group of long evolution of the disease($p < 0.01$)

The psychopathological symptoms that they directly correlate with the disability are the negative symptoms, specially the affective symptoms.

The social Cognitive deterioration is significantly higher in the group of schizophrenic patients than in the control group.($P < 0,0001$)

Conclusions: There is not relationship between Disability and Gender.

There is a direct relationship between disability and evolution of the disease.

Of an psychopathological symptoms (PANSS Scale) the affective symptoms bear the strongest relationship with disability.

Schizophrenic patients suffer a higher social cognitive deterioration than the control group.

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ESPASS study: Baseline characteristics of the included schizophrenic patients

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Objective and aims: Better understanding of functional outcome predictors in schizophrenia has become key in order to face new challenges of the disease. The ESPASS survey aimed at evaluating the impact of antipsychotic therapy initiation or switch on psychosocial functioning in a sample of schizophrenic patients.

Methods: The primary objective was to evaluate the change from baseline to 6 months in EAS total score (psychosocial functioning scale). Other criteria were the change in the IAQ total score, CGI-S, and PASAP (satisfaction with care)

Results (baseline visit): 5962 were included by 1169 investigators. Mean age was 37 ± 12 , 62% were male, 72% single, 62% were outpatients, 34% of the patients were on therapy for 10 years or more, 47% had paranoid schizophrenia subtype. Prior to baseline, 23% had no antipsychotic therapy, 25% had a conventional and 52% had an atypical antipsychotic. 8% of the total sample were naïve to antipsychotic therapy.