





How should we take care of Schizophrenia today ?

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Introduction: Schizophrenia and Psychiatry

- In psychiatric hospitals, most of the time, chronic patients have an illness with psychosis diagnostic
- It's common that these patients don't have the criteria of psychosis or schizophrenia as they are defined in international classifications
- How should we take care of patients with psychosis and schizophrenia for rehabilitation in real life ?

Schizophrenia in DSM V

A/ Positive symptoms like hallucinations, delirium, disorganized speech and behaviour, negative symptoms like affective disorders and lost of interest (at least 2)

B/ Deterioration in work, social relationships, personal care

C/ These two criteria must be present at least 6 month with 1 month of A/ criterion

Schizophrenia in DSM V

D/ With the exception of bipolar or schizo-affective disorders

E/ With the exception of organic or toxic factors

F/ For patients on the autistic spectrum, hallucinations or delirium must be present.

Specificity of ICD 10 Classification

- Closely related to French nosology
- Notion of Brief Related Psychosis
- Notion of post-schizophrenia depression

Brief Psychosis

- Traced back to the concept of « Bouffée délirante » by several French authors: empirical criteria have been proposed in France to separate « Bouffée délirante » from other psychotic disorders
- Symptoms and good pronostic: < 4 weeks, confusion during the episode, good premorbid functioning and lack of blunted or flat affect.

Pharmacology's Revolution

- The discovery of neuroleptic medications in 1952 with chlopromazine and in 1957 with haloperidol changed how people viewed patients with psychotic disorders
- But they were very sedative and new antipsychotic medications (like clozapine, risperidone…) appeared, much less sedative and really improved the quality of life of psychotic patients who could live in the mainstream.

… but with cognitive disorders

Sample-Size Statistics

Variable	No. of Studies	n_d	Schizophrenia (n)	Controls (n)	Vote count[a] (SIG/NSIG)
Memory					
Global Verbal	31	33	1,088	1,187	30/3
Selective Verbal	7	9	559	733	6/3
Nonverbal	14	16	379	577	13/3
Motor					
Unilateral Skill	6	16	232	179	11/5
Bilateral Skill	5	5	237	249	3/2
Attention					
Digit Span	18	18	440	401	12/6
Trail Making Test—Part A	12	12	1,204	596	9/3
Trail Making Test—Part B	15	15	1,372	805	13/2
Continuous Performance	14	15	417	335	10/5
Stroop	6	6	179	130	3/3
General Intelligence					
WAIS–R IQ	35	35	1,018	1,048	18/17
Non-WAIS–R IQ	43	43	1,069	1,233	25/18
Performance IQ	17	17	717	480	14/3
Verbal IQ	27	27	995	658	14/13
Spatial Ability					
Block Design	12	13	1,166	479	7/6
Line Orientation	4	4	225	202	3/1
Facial Recognition	8	8	197	157	6/2
Executive Function					
Wisconsin Card Sort	43	104	1,387	1,153	73/31
Language Function					
Word Fluency	29	36	1,020	899	30/6
Token	7	7	290	239	6/1
Vocabulary	38	38	2,046	1,186	13/25
Tactile-Transfer	12	16	297	287	11/5

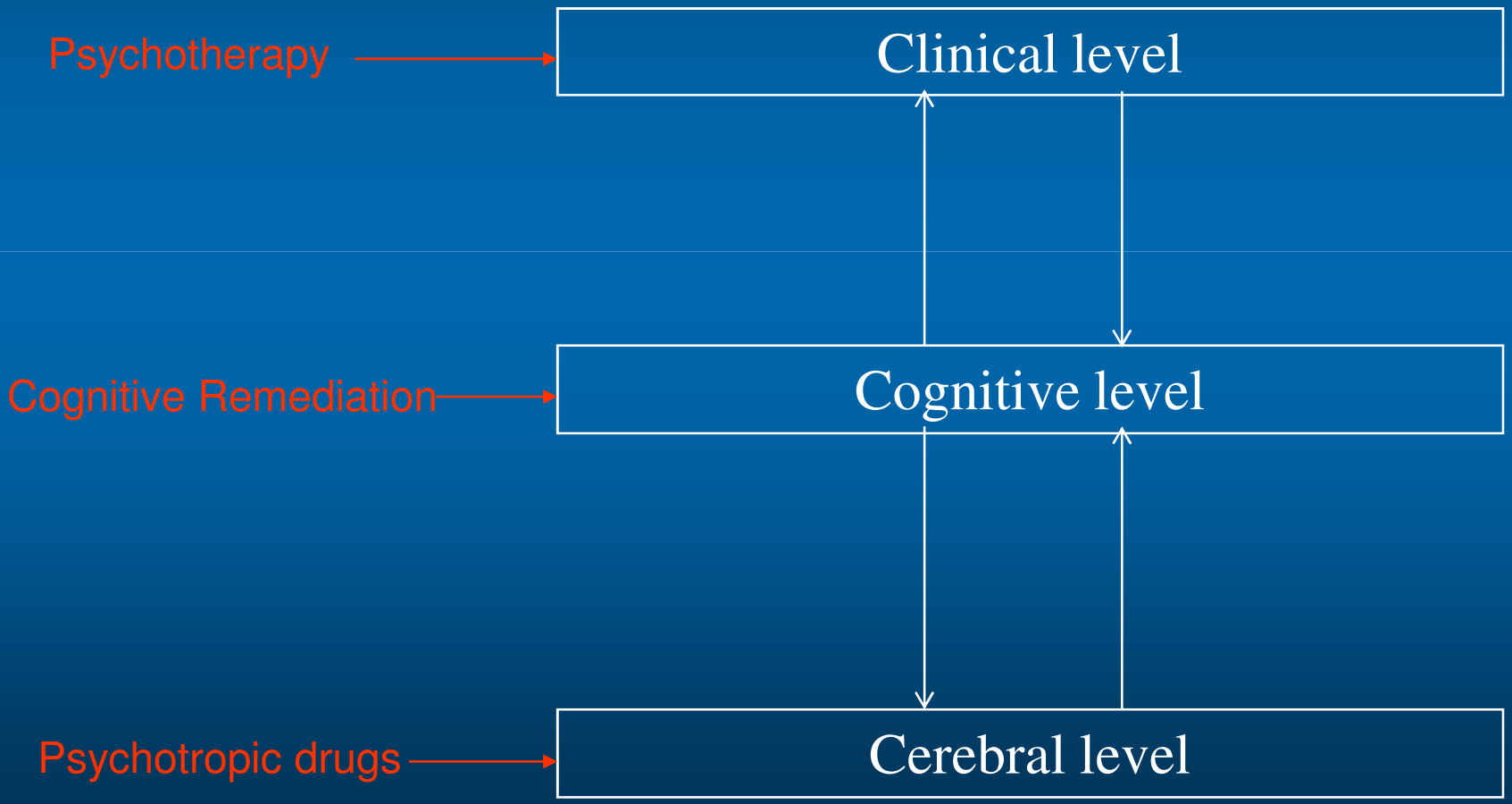
Note. n_d = number of effect sizes (d) in each meta-analysis; WAIS–R = Wechsler Adult Intelligence Scale—Revised.
[a]Vote count refers to the number of statistically significant (SIG) effects in published studies relative to the number of nonsignificant (NSIG) effects.

Heinrichs et Zakzanis, 1998

A necessity, evaluate cognitive functions

- Neuropsychological tests help to evaluate the perfomances of principal altered functions like memory, language, attention, executive functions, social cognition)
- MATRICS for example, is a complete battery of tests adapted to schizophrenia disease.

Cognitive neuropsychology of schizophrenia



Therapeutic : Cognitive Remediation (CR)

- Method to improve attention, memory and planification of actions with process of rehabilitation in real life
- The most used programs in France are IPT (Integrated Psychlogical Treatment), CRT (Cognitive Remediation Therapy), RECOS (« REmédiation COgnitive » for Schizophrenia) and REHA-COM (« REHAbilitation COMputerisée »)

IPT (Brenner et al, 1992, 2005)

- Exercises in group for the patients with the biggest cognitive disorders (in institution for a long time for example)
- Done with cards, photos, words and questions to improve executive functions
- 3 degrees : a/ cognitive differenciation, b/ verbal exercises taking care of context, c/ Strategy of research

CRT (Delahunty and al, 1999)

- Paper-and-pencil exercises in individual sessions for ambulatory patients to rehabilitate psychosocial insertion
- To also improve executive functions (cognitive flexibility, working memory and planification)
- Exercises are given at the end of each session to be done at home.

RECOS (Vianin et al, 2007)

- Paper-and-pencil and computer exercises also in individual sessions for ambulatory patients
- After a neuropsychological evaluation, exercises are adapted to improve only the altered cognitive functions (working, verbal and visual space memory ; attention, problems resolution and source monitoring)
- A hope of change in real-life is intended.

REHACOM® (Cochet et al, 2006)

- Exercises done with a computer in individual sessions for ambulatory patients
- Used like RECOS after a neuropsychological evaluation to improve attention, visual space and verbal memory, logical reasoning and executive functions
- A very large number of exercises in 18 procedures give hope for the future of CR…

What does CR improve?

- Lots of randomized trials show that CR improves altered cognitive functions : attention, rapidity, memory, problem solving, executive functions… But actually, not directly really action on positive symptoms
- Better self confidence is present
- Increase of social insertion too
- But CR Needs the help of an individual therapist to expect living in the mainstream.

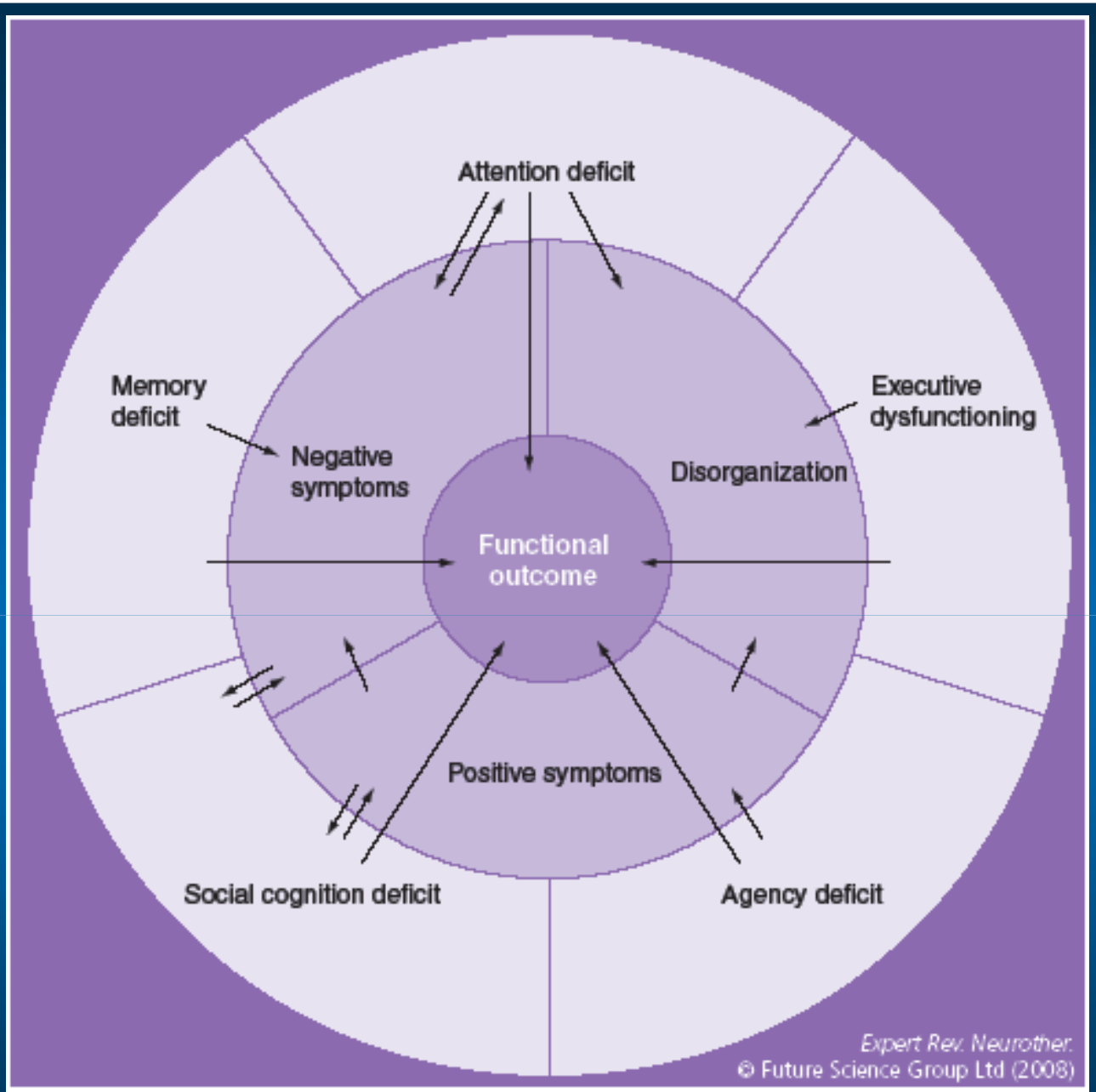


Figure 1. Relationships between cognitive impairments, symptoms and functional outcome in schizophrenia (the listing of deficits is not exhaustive).

Demily & Franck, Exp Rev Neurother, 2008

Individual Psychotherapies

- Action on the contents of subject's thought
- Different actions are supplementary:
  - Best knowledge for self awareness (Analytic therapy, Self-client centered therapy…)
  - Action on positive symptoms like social cognition , delirium, hallucinations (Behaviour therapy)
  - Action on negative symptoms with an individual help to generalise cognitive skills in everyday life (Cognitive Therapy)

And the families ?

- It depends on subject's family history, family dynamics and culture
- Most often, it's necessary to involve families to the care of patients to change their way to see the disease (behaviour, cognitions and emotions)
- Sometimes, we must refer to the systemic theory of 'double bind' to protect patient of a pathologic relation…

And the society ?

- Most often, the stigmatization of schizophrenia disease is unfortunately the rejection of patients by the society.
- The hope of biological, psychological and social help can't be enough if society isn't aware that Schizophrenia is an ILLNESS like any other.

Conclusion

We can say that we will soon cure Schizophrenia through Cognitive Remediation in association with other helps. In France, programs of CR to treat social cognition are now developped too. Cognitive Remediation is a hopeful project for schizophrenic patients, which is only at its beginning!

Illustration: Fanny

- She was 21 years old when I met her in a psychiatric hospital for anorectic disorders with behaviour troubles and flat affects.
- Then, she took antipsychotic medication
- An individual therapy and a family therapy were done with Cognitive Remediation.
- The cognitive functions mostly altered were attention and executive functions.

Cognitive Remediation for Fanny

- I used REHACOM® procedures : We begin with Attention-concentration and Logical Reasoning in 2 individual sessions per week.
- I saw her in individual interviews too, to help her think about a life project.
- Then we experimented other procedures.
- After 3 months, she took a work formation and improved her everyday life with activities like hobbies, house-work, social meetings.

THANK YOU VERY MUCH FOR YOUR ATTENTION!

