

CONFUSION
HALLUCINATIONS
DISORGANIZED SPEECH
SCHIZOPHRENIA
DISORGANIZED THINKING DELUSIONS
ABNORMAL MOTOR BEHAVIOR
DISORGANIZED THINKING
CONFUSION
HALLUCINATIONS



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SCHIZOPHRENIA LIBRARY

SCHIZOPHRENIA Factsheet

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How is cognition related to symptoms?

Schizophrenia is characterised by positive, negative and disorganised symptoms. Positive symptoms refer to experiences additional to what would be considered normal experience, such as hallucinations and delusions. Negative symptoms include blunted affect, impoverished thinking, alogia, asociality, avolition and anhedonia. Alogia is often manifested as poverty of speech, asociality involves reduced social interaction, avolition refers to poor hygiene and reduced motivation, while anhedonia is defined as an inability to experience pleasure. Disorganised symptoms involve bizarre behavior and disorganised thought and speech. Cognitive deficits are also a core feature of schizophrenia. These deficits may be present in chronic patients, as well as prior to onset of the disorder and during its early and acute stages. Cognitive deficits may be associated with specific symptoms as well as functional impairment.

What is the evidence for cognition and symptoms of schizophrenia?

Moderate to high quality evidence shows more severe overall symptoms are associated with poor prospective memory, insight, executive functioning, facial perception, facial emotion recognition, emotion processing and perception, social perception, and Theory of Mind.

More severe positive symptoms are associated with poorer insight, attention/vigilance, reasoning, problem solving, non-emotional recognition, self-recognition, psychomotor speed, executive functioning, Theory of Mind, verbal list learning and digit span performance. More severe negative symptoms are associated with poorer language fluency, IQ, attention, memory, learning, speed of processing, reasoning, executive functioning, insight, social cognition, and olfaction. More severe disorganised symptoms are associated with poorer IQ, attention, executive functioning, speed of processing, reasoning/problem solving, and memory, but not verbal working memory. Thought disorder was associated with poorer semantic priming and verbal fluency.

For further information see the technical table



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NeuRA (Neuroscience Research Australia) is one of the largest independent medical and clinical research institutes in Australia and an international leader in neurological research.

Diseases of the brain and nervous system pose the greatest health, economic and social burden of any disease group because they are chronic, debilitating and have no known cures.

Medical research is the cornerstone of efforts to advance the health and wellbeing of families and the community. Our dedicated scientists are focussed on transforming their research into significant and practical benefits for all patients.

While we hope you find this information useful, it is always important to discuss any questions about schizophrenia or its treatment with your doctor or other health care provider.

HOW YOUR SUPPORT HELPS

We are able to make significant advances due to the generosity of countless people. Your donation allows us to continue to work towards transforming lives. For information on how you can support our research, phone **1300 888 019** or make a secure donation at neura.edu.au/donate/schizophrenia.

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