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SCHIZOPHRENIA Factsheet

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What are high-risk groups?

There are two key approaches for identifying people with early signs that may suggest a high risk of developing psychosis or schizophrenia. The first approach is based on Huber's Basic Symptoms, which focuses on a detailed way of describing phenomenological (subjective) disturbances. Because the basic symptoms refer only to subtle subjectively experienced abnormalities, they may reflect an earlier phase in the disease process than the second approach, which identifies at-risk mental states as a combination of; a family history of psychosis (familial risk) plus non-specific symptoms and recent decline in functioning; recent onset Attenuated Psychotic Symptoms with decline in functioning; and Brief Limited Intermittent Psychotic Symptoms.

What is the evidence for cognition in high-risk groups?

Moderate to high quality evidence finds medium-sized effects of poorer verbal learning, reasoning and problem-solving, visual memory, verbal memory, working memory, olfaction, visual learning, and executive functioning in people at clinical high-risk for psychosis compared to controls. There were also small effects of poorer general intelligence, processing speed, attention/vigilance, premorbid intelligence, visuospatial ability, social cognition, and motor functioning in people at clinical high risk for psychosis.

High quality evidence shows people at clinical high risk of psychosis and familial high risk of psychosis are similarly impaired on processing speed, verbal and visual memory, attention and language fluency when compared with controls. People at familial high risk were more impaired on premorbid and current IQ than those at clinical high risk, and those at clinical high risk were more impaired on visuospatial working memory than those at familial high risk.

Moderate quality evidence finds medium-sized effects of poorer verbal learning, visual memory, and executive functioning in people at high-risk of psychosis who made the transition to psychosis compared to people at high-risk of psychosis who did not make the transition to psychosis. There were small effects of poorer processing speed, attention/vigilance, and general intelligence in those who transitioned to psychosis, with no differences in working memory, premorbid intelligence, olfaction, or motor functioning.

Moderate quality evidence finds medium-sized effects of better verbal learning, general intelligence, and executive functioning in people at high-risk of psychosis compared to people with first-episode psychosis. There were no differences in premorbid intelligence or processing speed.

High quality evidence finds small improvements in cognition over time in people at ultra-high risk of psychosis and in people with first-episode psychosis.

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**.

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