

Bipolar disorder vs. schizophrenia

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BIPOLAR DISORDER Factsheet

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Why assess differences in cognition between bipolar disorder and schizophrenia?

Neurocognitive deficits are a core feature of both schizophrenia and bipolar disorder. People with either disorder may perform poorly on cognitive tasks assessing intelligence, memory, executive functioning, language, information processing and attention. Establishing differences in these cognitive domains may assist correct diagnosis and treatment of the two disorders.

What is the evidence for cognition in bipolar disorder compared to schizophrenia?

Moderate to high quality evidence found large effects of better overall cognition, attention, and social cognition, and medium-sized effects of better speed of processing, working memory, learning, reasoning, and problem solving in people with bipolar disorder. A small effect was found of better overall cognition in people with bipolar disorder compared to people with schizoaffective disorder (particularly depressive type), which remained across different cognitive domains, bipolar disorder type (I or I and II mixed), age, sex, duration of illness, antipsychotic use or no use, and symptom severity.

Moderate to high quality evidence found a medium-sized effect of higher premorbid IQ, and moderate to low quality evidence found a medium-sized effect of higher current IQ in people with first-episode bipolar disorder compared to people with first-episode schizophrenia. There were also medium-sized effects of better verbal memory and verbal fluency, and small effects of better working memory and processing speed in people with first-episode bipolar disorder.

Compared to controls without a mental illness, moderate to high quality evidence found a small effect of poorer pre-illness-onset cognitive functioning, and a medium-sized effect of poorer post-illness-onset cognitive functioning in people with bipolar disorder. In people with schizophrenia compared to controls, there was a medium-sized effect of poorer pre-illness-onset cognitive functioning and a large effect of poorer post-illness-onset cognitive functioning. Moderate quality evidence found similar, medium to large effects of poor semantic inhibition in people with bipolar disorder and in people with schizophrenia when compared to controls.

A medium-sized effect was found of better social cognition in people with bipolar disorder on Theory of Mind and negative facial emotion recognition tasks, particularly in male patients, but no differences between bipolar disorder and schizophrenia on positive (happy) facial emotion recognition tasks.

For more information see the technical table



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 bipolar disorder 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.