

Summary

Cognitive deficit is an attendant feature of schizophrenia. It has a negative influence on the functional prognosis of patients. Disturbances are mostly seen in attention, working memory and executive functions.

The positive effect of acetylcholinesterase inhibitors (ACHEI) on cognitive functions were documented in Alzheimer dementia, and recently in vascular dementia. In the literature there are plenty of encouraging case reports describing the positive effects of ACHEI in patients with schizophrenia. Nevertheless, the results of double blind studies are inconclusive as yet.

We held a double blind, randomised clinical study with two parallel branches. The effect of ACHEI donepezil on cognitive functions was compared with that of a placebo. The inclusion criteria were diagnosis of schizophrenia, age 18 to 50 years, remission of the illness and maintenance therapy with stable dosage of risperidone. The study lasted for 16 weeks. At the start, on the 84th day and at the end of the study the specific set of cognitive tests was applied. We screened 68 patients. 41 patients signed informed consent forms. 3 patients were excluded due to a relapse of psychosis, extrapyramidal side effects or withdrawal of informed consent. For statistical analysis we acquired a set of 38 patients of whom 20 persons received donepezil.

The study failed in proving superiority of donepezil over placebo in treatment of cognitive deficit in schizophrenia. No group with common demographic or psychopathological characteristics was identified whose cognitive performance showed an improvement in response to the addition of donepezil. Nevertheless, our study represents data on the largest number of schizophrenia patients regarding the cognitive effect of ACHEI (donepezil). We mapped the cognitive profile of our sample and came to several interesting correlations between the cognitive performance, demographical and clinical characteristics and medication status.

In the active branch of the sample, the cognitive performance correlated negatively with the length of the illness, with the number of hospitalizations, with the age and with negative symptoms. Patients with longer period of education reached better results more frequently at the endpoint than patients with a shorter period of education. We consider the significant positive correlation between the dosage of risperidone and cognitive performance at the beginning of the study to be an interesting finding and one which supports previous evidence of the beneficial effect of this drug on cognitive deficit in schizophrenia.