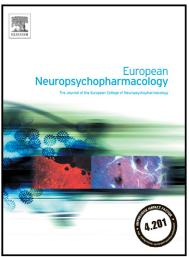
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Cognitive enhancing agents in schizophrenia and bipolar disorder

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Summary

Cognitive dysfunction is a core feature of schizophrenia and is also present in bipolar disorder (BD).

Whereas decreased intelligence precedes the onset of psychosis and remains relatively stable

thereafter; high intelligence is a risk factor for bipolar illness but cognitive function decreases after

onset of symptoms. While in schizophrenia, many studies have been conducted on the development

of cognitive enhancing agents, in BD such studies are almost non-existent. This review focuses on the

pharmacological agents with putative effects on cognition in both schizophrenia and bipolar illness;

specifically agents targeting the dopaminergic, cholinergic and glutamatergic neurotransmitter

pathways in schizophrenia and the cognitive effects of lithium, anticonvulsants and antipsychotics in

BD. In the final analysis we conclude that cognitive enhancing agents have not yet been produced

convincingly for schizophrenia and have hardly been studied in BD. Importantly, studies should focus

on other phases of the illness. To be able to treat cognitive deficits effectively in schizophrenia,

patients in the very early stages of the illness, or even before – in the ultra-high risk stages – should

be targeted. In contrast, cognitive deficits occur later in BD, and therefore drugs should be tested in

BD after the onset of illness. Hopefully, we will then find effective drugs for the incapacitating effects

of cognitive deficits in these patients.

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