

## Cognitive function in schizoaffective disorder and clinical subtypes of schizophrenia

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### Abstract

Cognitive studies of patients with Schizoaffective Disorder typically indicate that the cognitive function of these patients resembles that of patients with Schizophrenic Disorder more than it does patients with nonpsychotic Mood Disorder. In this study patients with Schizoaffective Disorder were compared with patients with Paranoid, Undifferentiated and Residual clinical subtypes on a number of measures of cognitive function. Multivariate analyses of variance indicated that the cognitive function of Schizoaffective and Paranoid patients had more intact cognitive function than did Undifferentiated and Residual patients. Application of cluster analysis indicated that there were relative high percentages of Schizoaffective and Paranoid patients in a “Neuropsychologically Normal” cluster. It was concluded that Schizoaffective Disorder as well as other clinical subtypes of schizophrenia are cognitively heterogeneous, and it was suggested that a subgroup of patients with Schizoaffective Disorder may not differ in cognitive ability from patients with nonpsychotic Mood Disorder.

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In considering cognitive heterogeneity in schizophrenia, there is evidence that patients with paranoid and schizoaffective disorder have better cognitive function than patients with other forms of schizophrenia. Thus, Paranoid and Schizoaffective Disorder patients may group together at the more intact end of cognitive function with patients with other subtypes taking up the lower end. Nevertheless, studies of cognitive heterogeneity in schizophrenia have not only shown wide spread diversity among patients, they have also shown that

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patients with schizoaffective disorder, paranoid and undifferentiated schizophrenia all exhibit this heterogeneity, and patients ranging from significantly impaired to normal or near normal cognitive abilities exist in each of these subgroups (Seaton, Goldstein, & Allen, 2001). These findings have been based largely on cluster analytic studies of schizophrenia in which empirically derived subtypes were developed based upon performance on cognitive test batteries. These studies have identified clusters of patients with very severe, generalized cognitive impairment, patients with moderate impairment with varying profiles of abilities, and patients whose cognitive function is normal or near normal. This latter group has been characterized as “neuropsychologically normal schizophrenia” and has received extensive study (Allen, Goldstein, & Warnick, 2003; Kremen et al., 2000; Palmer et al., 1997). The major hypothesis proposed here is that schizoaffective disorder and paranoid and undifferentiated schizophrenia are cognitively heterogeneous. Thus, the findings regarding cognitive superiority of paranoid and schizoaffective subgroups relative to other subgroups of schizophrenia may be attributable to relatively larger proportions of individuals with “Neuropsychologically Normal Schizophrenia” in these subgroups.

With regard to Schizoaffective Disorder in particular, the diagnosis is controversial in that some authorities feel that these patients either have a Mood Disorder or Schizophrenia rather than a combination of the two (Evans et al., 1999). Thus, establishment of cognitive heterogeneity with close to normal and impaired subgroups within a schizoaffective sample but not in other subgroups might suggest that those in the near normal group might be more appropriately diagnosed as having a Mood Disorder. A determination was therefore made as to whether or not there was a difference in the cognitive profiles of schizoaffective patients and patients with paranoid, undifferentiated, and residual forms of Schizophrenia. This analysis would provide evidence of heterogeneity among subtypes with all members of an individual subtype being considered as belonging to one group. We then compared patients identified in previous research (Allen, Goldstein, & Warnick, 2003; Goldstein & Shemansky, 1995) as having “neuropsychologically normal” schizophrenia with patients with cognitive impairment within the schizoaffective, paranoid, undifferentiated, and residual subtypes of schizophrenia. Such a comparison would aid in clarifying the matter of whether the paranoid and schizoaffective forms of schizophrenia are necessarily associated with higher levels of cognitive ability relative to other forms of the disorder or, alternatively, higher levels of cognitive ability appear more often in paranoid schizophrenia and schizoaffective disorder, but are not inherently a characteristic of those disorders.

## 1. Method

The total sample consisted of 83 male psychiatric patients with Schizophrenia or Schizoaffective Disorder. They were all VA hospital male inpatients at the time of testing. Diagnoses were made using the Structured Clinical Interview for DSM-III-R (SCID-P) (Spitzer et al., 1989) and expert clinical judgment. The interviews were conducted by trained, reliable interviewers ( $Kappa > .75$ ). When criteria for schizoaffective disorder were met, a classification was made into manic, depressed, or bipolar subtypes. Schizophrenia patients were classified into the subtypes contained in DSM-III-R. The sample consisted only of patients with paranoid,

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