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Psychiatry Research 101 (2001) 23–31

PSYCHIATRY
RESEARCH

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An analysis of the specificity and the syndromal correlates of verbal memory impairments in schizophrenia

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Received 28 April 2000; received in revised form 19 September 2000; accepted 18 November 2000

Abstract

It was investigated whether schizophrenic and depressive patients show a distinguishable mnemonic profile. A further aim was to explore the psychopathological correlates of memory malperformance in schizophrenic patients. For the present study, schizophrenic, depressive and healthy samples ($n = 25$ each) were compared regarding their performance in the Rey Auditory Verbal Learning Test. Subjects' sociodemographic background variables were comparable except for age (entered as a covariate). Depressive and schizophrenic patients performed significantly worse than healthy controls regarding both short-term and long-term free recall as well as recognition. No differences occurred for two parameters reflecting proneness to interference. Negative schizophrenic symptomatology was strongly correlated with memory dysfunction before and after controlling for distractibility. The study supports previous research suggesting that memory impairments in schizophrenia are not an epiphenomenon of deficits in verbal fluency or an attentional impairment. The major deficit in both schizophrenic and depressive patients is inferred to be the capability to learn. © 2001 Elsevier Science Ireland Ltd. All rights reserved.

Keywords: Schizophrenia; Depression; Memory; Learning; Attention

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1. Introduction

It is widely acknowledged that memory dysfunctions are of major prognostic importance for the course of the schizophrenic disorder. A recent review compiled by Green (1996) emphasizes the significance of verbal memory for the functional outcome (e.g. social problem solving, community outcome, social skill acquisition) in schizophrenia, thus highlighting the need to ameliorate cognitive deficits by means of both pharmacological and neuropsychological interventions to prevent disability and social stigma. Moritz et al. (2000b) report that mnemonic deficits predict the symptomatic outcome of first-episode patients. Further, a preserved capability to encode and recall verbal information is essential for the long-term efficacy of psychoeducational programs and cognitive-behavioral interventions which presuppose the successful transfer of newly acquired skills/knowledge into everyday life.

Despite a plethora of studies on memory dysfunctions in schizophrenia, it is still disputed whether memory impairments are associated with the primary illness process or reflect mere side effects of drug treatment. Although a meta-analysis by Aleman et al. (1999) concludes that medication does not substantially affect memory in schizophrenia, a growing literature demonstrates that antiparkinson agents which are commonly prescribed to treat unwanted neurological side effects induced by typical neuroleptics may severely disturb learning and memory due to their anticholinergic properties (Green and King, 1996; Krausz et al., 1999; Sweeney et al., 1991).

Further, there still is controversy whether memory dysfunctions independently coexist with other cognitive disturbances (Kenny and Meltzer, 1991) or arise due to attentional problems (Nuechterlein and Dawson, 1984). The latter position was initially put forward by Bleuler (1911), who ascribed memory dysfunctions solely to internal or external distractibility. He wrote: "The ill frequently appear to be 'forgetful'. The housewife forgets to prepare the meal; the man forgets to go to work. However, these are not memory disorders but the consequences of schizophrenic 'ab-

sent-mindedness'" (1911; p. 286, translation by S.M.).

The specificity of mnemonic dysfunctions has seldom been the target of neuropsychological research. Previous studies indicate, however, that memory dysfunctions are slightly more pronounced in schizophrenia than in depression. This conclusion can be inferred from both direct (Goldberg et al., 1993; Jeste et al., 1996) and indirect evidence: Aleman et al. (1999) stress that the *d*-value of their meta-analysis considerably exceeds the *d*-value from a recent meta-analysis (Burt et al., 1995) on memory performance in depressives. Goldberg et al. (1993) demonstrated that schizophrenic patients exhibited greater mnemonic deficits in comparison to psychiatric controls. However, subsequent analyses revealed significant differences only for the visual reproduction subscore of the Wechsler Memory Scale. Jeste et al. (1996) reported significant differences between patients with schizophrenia and non-psychotic depressives regarding three (story learning, figures learning, California Verbal Learning Test) of five memory parameters. Significant differences disappeared when non-paranoid schizophrenic patients were excluded whereas patients with undifferentiated subtype still performed worse on two of the five indices.

Over the last two decades, increasing efforts have been undertaken to elaborate the neuropsychological profile of distinct schizophrenic dimensions or subgroups. Investigations from different fields of schizophrenia research converge in the assumption that schizophrenia is a heterogeneous disorder with separable psychopathological dimensions or subtypes (Liddle, 1987; Norman et al., 1997). Whereas research in the 1980s clearly favored a two-type model of schizophrenia (positive vs. negative schizophrenia; Crow, 1980; Andreasen and Olsen, 1982), more recent studies have confirmed that schizophrenia is best represented by three (partly overlapping, i.e. not co-exclusive) dimensions called disorganization, positive and negative symptomatology (Andreasen et al., 1995; Liddle, 1995). From a recent meta-analysis (Aleman et al., 1999), it has been inferred that memory dysfunctions are most closely re-

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