In patients treated with conventional (first-generation) neuroleptics, reduced performance in spatial processing and verbal fluency has been occasionally reported. Studies by our research group have demonstrated that neuroleptic-induced extrapyramidal symptoms as well as high doses of conventional (but not atypical) antipsychotics are accompanied by an increased number of subjective neurocognitive complaints (Moritz, Krausz, Gottwalz, & Andresen, 2000; Moritz et al., 2001; Moritz, Woodward, PERSIST Study Group, Krausz, & Naber, 2002).

The aim of our current projects is to confirm these findings with objective neuropsychological tests and questionnaires regarding neurocognition. Furthermore, we are trying to replicate previous results indicating that subjective cognitive dysfunctions at baseline are associated with a less favorable symptomatic outcome (Moritz, Krausz, Gottwalz, Lambert, et al., 2000; Moritz, Perro, Woodward, & Krausz, 2002). In addition, we work in close cooperation with PD Dr. Anne Karow and Prof. Dr. Martin Lambert, who are especially interested in quality of life under antipsychotics (Karow, Moritz, Krausz, & Naber, 2000) and in specific treatment indications for antipsychotics, respectively (Lambert, Moritz, & Naber, 1999; Lambert, Moritz, Haasen, & Naber, 2000). We are also investigating whether antipsychotic agents ameliorate existing metamemory problems, particularly whether they reduce overconfidence (see Moritz, Woodward, Jelinek, & Klinge, 2008). Moreover, in more recent projects we are trying to identify the cognitive mechanisms through which neuroleptics exert their effects on positive symptoms (e.g., enhanced emotional detachment; see Moritz, Andreou, Klingberg, Thoering, & Peters, 2013). Finally, we are exploring the importance of memory problems (Moritz et al., 2009) as well as other factors that contribute to nonadherence, such as a positive attitude towards symptoms (Moritz, Favrod, et al., 2013).

Research Team

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References


