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Remission in different domains of symptoms and deficits Konstantinos N Fountoulakis*

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Definitions of remission of schizophrenia are generally restricted to the assessment of positive and negative symptoms as well as disorganization, and may indirectly take into account the general functioning. Remission of positive symptoms and disorganization is easy to assess, and they constitute the domains of symptoms that best respond to treatment. Remission of negative symptoms is much more difficult both to achieve and to assess, partially because of their nature and partially because they do not respond impressively to treatment. Cognitive disorder in schizophrenia, although known to exist, is not included in any remission criteria, at least not directly. The reasons for this are complex and the difficulty in the neuropsychological assessment of patients is a key factor. However preliminary data from an ongoing study at the 3rd Dept of Psychiatry, AUTh, suggest that it is not impossible to assess the cognitive deficit with easy and short neuropsychological testing, at least in a big percentage of patients. This kind of paper and pencil testing could be easily performed in everyday clinical practice and may provide important clinically relevant information. At least 30% of patients seem to manifest detectable cognitive deficits and they improve impressively shortly after antipsychotic medication. This improvement is independent of the positive and negative symptoms remission and is strongly related to the general outcome of the patient.