Improving outcome through improving cognition in Severe Mental Illness

Cognitive Remediation Training combined with transcranial Direct Current Stimulation.

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Seven percent % of service-users (SU) with a severe mental illness need longterm intensive (clinical) psychiatric treatment.

Illness is often characterized by an incomplete recovery

Problems in multiple life domains, e.g.:

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- persistent complaints due to medication resistance
- physical health problems - self-care
- psychosocial dysfunction.
 - cognitive dysfunction

Neural plasticity in service-users with SMI appears to be reduced

might hinder newly learned cognitive skills to sustain

> "Well, I let my brain work for a bit. You know. Just being active again."

Feasibility study

12 SU randomly assigned to two cognitive remediation training programs

- → 7 people tested adapted version of Compensatory Cognitive Training (Mullen et al., 2017; Twamley et al., 2008)
- → 5 people tested Computerised Interactive Remediation of Cognition – a Training for Schizophrenia (CIRCuiTS; Reeder et al., 2016)

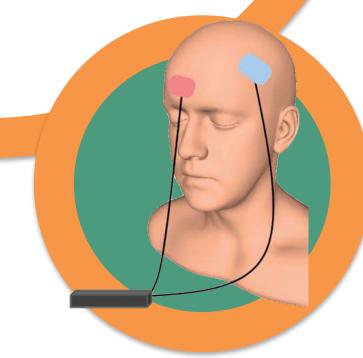
New study in

preparation Results & Conclusions

Training program tolerable for: - one SU (out of seven) testing CCT - four SU (out of five) testing CIRCuiTS

Tolerability simultaneous tDCS + CIRCuiTS well for all SU in the CIRCuiTS group

Transcranial direct current stimulation (tDCS) for the program with the best tolerability



'A little proud perhaps"

WATTING LIST Group 1 Waiting period CIRCuiTS + sham tDCS T_0 T_2 T_3 6 months care as usual 16 weeks, 2x30 min./week 16 weeks N = 13WATTING LIST Group 2 T_2 Waiting period CIRCuiTS + active tDCS T_3 6 months care as usual 16 weeks, 2x30 min./week 16 weeks N = 13









