iCAHE JC Critical Appraisal Summary

Journal Club Details

Journal Club location SALHN Transitional Care and Early Psychosis Team

JC Facilitator Kate W

JC Discipline Occupational Therapy + Mental Health

Background

Article selected by Journal Club

Article/Paper

Mosiołek, A, Gierus J, Koweszko, T & Szulc A 2016, 'Cognitive impairment in schizophrenia across age groups: a case–control study', *BMC Psychiatry*, vol. 16, no. 37, DOI 10.1186/s12888-016-0749-1.

Please note: due to copyright regulations CAHE is unable to supply a copy of the critically appraised paper/article. If you are an employee of the South Australian government you can obtain a copy of articles from the <u>DOHSA librarian</u>.

Article Methodology: Case Control

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| Ques No. | Yes | Can't Tell | No | Comments |
|-------------|----------|---------------|----|--|
| 1 | | | | Did the study address a clearly focused issue? |
| | √ | | | The study aimed to determine the seriousness of the dysfunctions suffered by patients with schizophrenia, whether these "deficits" (in comparison to controls) are global vs. selective, or whether they are "more visible" across age groups. |
| | | | | P- 128 patients (64 W+ 64 M) aged 18–55 years, hospitalized with a diagnosis of paranoid schizophrenia. |
| | | | | C- 64 healthy individuals (32 W+ 32 M) matched for sex and age with the clinical group. |
| 2 | | | | Did the authors use an appropriate method to answer their question? |
| | ✓ | | | A case-control study design was used to address study aims / questions. |
| | | | | Is it worth continuing? YES |
| 3 | | | | Were the cases recruited in an acceptable way? |
| | ✓ | | | Participants were recruited from a group of patients hospitalised with a diagnosis of paranoid schizophrenia (diagnosis was made on the basis of DSM-IV-TR criteria). |
| | | | | Were the controls selected in an acceptable way? |
| 4 | | ✓ | | As reported in the methods section the control group consisted of 64 healthy individuals (32 W+ 32 M) matched for sex and age with the clinical group, however there was insufficient information on the recruitment – ie where the control group were recruited from etc. |
| 5 | | | | Was the exposure accurately measured to minimise bias? |
| | √ | | | The outcome measures listed in the study have all been cited, indicating that the measure has been previously validated for use in a similar population. |
| 6 | | | | What confounding factors have the authors accounted for? |
| | | | | This has not been reported. |
| | | √ | | Have the authors taken account of the potential confounding factors in the design and/or in their analysis? |
| | | | | This has not been reported. |

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| | | What are the results of this study? |
|----|----------------------------|---|
| 7 | | Results summary: |
| | | Patients with schizophrenia obtained significantly lower scores versus the control group in regard to all the measured cognitive functions. |
| | | Deficits regarding executive functions do not seem to be at a significant level among the youngest group, whereas they are more noticeable in the group of 46–55-year-olds. |
| | | Executive functions are significantly lowered in the group aged 36–45 in comparison to the "younger" groups. The level of cognitive functions shows a mild exacerbation in connection with age, whereas cognitive rigidity proved to be related to the number of years spent without hospital treatment. |
| | | How precise are the results? |
| | | This study does not report confidence intervals, therefore the precision cannot be determined. |
| | | *Notes on confidence intervals [used to determine precision of results] |
| 8 | | Confidence intervals (CI) describe the uncertainty inherent in the observed effect and describe a range of values within which one can be reasonably confident that the true effect actually lies. If the CI is relatively narrow, the effect size is known precisely. If the interval is wider the uncertainty is greater, although there may still be enough precision to make decisions about the utility of the intervention. Intervals that are very wide indicate that we have little knowledge about the effect, and that further information is needed. |
| | | The width of the CI for an individual study depends to a large extent on the sample size. Larger studies tend to give more precise estimates of effects (and hence have narrower CI) than smaller studies. |
| 9 | | Do you believe the results? |
| 10 | | What do the study findings mean to practice (i.e. clinical practice, systems or processes)? |
| 11 | Journal Club to discuss | What are your next steps? (e.g. evaluate clinical practice against evidence-based recommendations; organise the next four journal club meetings around this topic to build the evidence base; organize training for staff, etc.) |
| 12 | | What is required to implement these next steps? |

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