Cognitive impairment is associated with Benzodiazepine Long-Term Administration in schizophrenia. Results from the multicentre FACE-SZ dataset.

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**Objectives.** To assess with a comprehensive cognitive battery the cognitive impairment associated with benzodiazepine long-term administration (BLTA) in a non-selected community-dwelling sample of stabilized SZ subjects.

**Method.** 407 community-dwelling stabilized SZ subjects were consecutively included in the FondaMental Academic Centers of Expertise for Schizophrenia Cohort (FACE-SZ). Patients taking daily benzodiazepine were defined as BLTA+ as all patients examined by the Expert Center were clinically stabilized and under stable dose of treatment for at least 3 months. Each patient has been administered a 1-day long comprehensive cognitive battery (including The National Adult Reading Test, the Wechsler Adult Intelligence Scale, the Trail Making Test, the California Verbal Learning Test, the Doors test, and The Continuous Performance Test – Identical Pairs).

**Results.** In the multivariate analyses, results showed that education level, gender, and BLTA were the factors accounting significantly for impaired attention/working memory (Table 3). BLTA did not significantly account for impairment of the two other components. In fact, age, level of education, and duration of illness predicted “Mental flexibility / Processing speed” impairment; level of education was the sole factor predicting “Memory / Reasoning” impairment.

**Conclusion.** BLTA is associated with cognitive impairment in schizophrenia. The BLTA benefit/risk ratio should be regularly reevaluated. Alternative pharmacological and non-pharmacological strategies for comorbid anxiety disorders should be preferred when possible. It seems reasonable to withdraw BLTA before the start of cognitive remediation therapy, as soon as possible, to improve the effectiveness of this therapy.