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Neurocognitive Dysfunction is frequent in various states of Bipolar Disorder (BD) and may account for some of the long-term functional disability associated with BD. However, the contribution of neurocognitive function to general function remains unclear, but has gained increased interest recently. Research in this area shows that neurocognitive function is associated cross-sectionally with general and domain-specific function across mood states in BD (depressed, manic, euthymic, current, recurrent and remitted states). In addition, the examination of the longitudinal relationship between baseline neurocognitive function and general function in BD shows that better performance in various baseline neurocognitive domains was associated with improved general and domain-specific function at 6-month, 12-month, 2-year, and 4-year follow-up. These longitudinal associations suggest that neurocognitive assessment can potentially be used as a prognostic tool of function in BD in future. However, results in this area are still heterogeneous as well as the employed study methodologies, such as inclusion of various age groups (e.g., adolescents, adults, old age), time to follow-up in longitudinal studies and type of cognitive and functional measures. Although some first pharmacological and remediation therapy interventions have shown positive effects on neurocognitive dysfunction in BD, their effects on general function requires further studies. In addition, more research is needed to dissect the complex bidirectional (temporal) relationship between cognitive function and general function as well as to explore extended treatment opportunities of cognitive dysfunction in BD. To target the neurocognitive phenotype of BD therapeutically, may enhance improved treatment outcomes in BD in the future.