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Supplementary Material

- Article Title: Long-Term Changes in Cognition Among Patients With Schizophrenia Spectrum Disorders and Different Durations of Illness: A Meta-Analysis
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Supplementary Table 1. Search history

	PsycInfo
#	Query / limiters
1	(Schizophrenia or Disorganized or Paranoid or Acute Schizophreniform disorder or Psychosis Schizoaffective disorder or Schizophrenia spectrum disorder Psychotic disorder).af.
2	(Delusion or Thought disturbances or Paranoia or Hallucinations or Visual or Auditory).af.
3	(Course or Prognosis or Disease or Evaluation or Rehabilitation or Remission or Recovery or Changes or Improvement or Deterioration or Development or Enhancement or Decrease or Decay or Depravation).af.
4	(Functioning or Social or Vocational or Work or Education or Relationships or Functional or Society or Symptom or Symptoms or Positive or Negative or Disorganized or Disorganization or Depression or Mood or Psychotic or Quality of life or QOL or Subjective or Well-being or Self-esteeem or Stigma or Personal or Recovery or Personal recovery or Cognition or Intelligence or IQ or Memory or Working or Long-term or Executive or Language or Motor or Perception or Processing speed or Recognition or Visuospatial).af.
5	1 and 2
6	3 and 4 and 5
7	limit 6 to (english language and abstracts and (2100 general psychology or 2224 clinical psychological testing or 2225 neuropsychological assessment or 2820 cognitive & perceptual development or 2840 psychosocial & personality development or 3000 social psychology or 3040 social perception & cognition or 3210 psychological disorders or 3213 schizophrenia & psychotic states or 3300 health & mental health treatment & prevention or 3310 psychotherapy & psychotherapeutic counseling or 3380 rehabilitation or 3384 occupational & vocational rehabilitation) and adulthood <18+ years> and ("300 adulthood <age 18="" 29="" to="" yrs=""> or 340 thirties <age 30="" 39="" to="" yrs=""> or 360 middle age <age 40="" 64="" to="" yrs=""> or "380 aged <age 65="" and="" older="" yrs="">") and ("0100 journal" or "0110 peer-reviewed journal") and journal article and human")</age></age></age></age>
Results	5267

PsycInfo	

	Pubmed	
Search number	Query	Results
1	(((((((schizophrenia[MeSH Terms]) OR (disorganized schizophrenia[MeSH Terms])) OR (catatonic schizophrenia[MeSH Terms])) OR (disorders, schizophreniform[MeSH Terms])) OR (disorders, schizophrenic[MeSH Terms])) OR (disorders, schizoaffective[MeSH Terms])) OR (psychosis[MeSH Terms])) OR (disorder, psychotic[MeSH Terms])	152,257
2	((((delusion[MeSH Terms]) OR (thought disturbance[MeSH Terms])) OR (behavior, paranoid[MeSH Terms])) OR (auditory hallucination[MeSH Terms])) OR (visual hallucinations[MeSH Terms])	12,750
3	(((((((((((((((((((course, short term[MeSH Terms]) OR (course[MeSH Terms])) OR (prognosis[MeSH Terms])) OR (evaluation[MeSH Terms])) OR (care, self rehabilitation[MeSH Terms])) OR (rehabilitation[MeSH Terms])) OR (remission[MeSH Terms])) OR (recovery[MeSH Terms])) OR (changes[MeSH Terms])) OR (improvement[MeSH Terms])) OR (deterioration[MeSH Terms])) OR (development[MeSH Terms])) OR (enhancement[MeSH Terms])) OR (decrease[MeSH Terms])) OR (decay[MeSH Terms])) OR (depravation[MeSH Terms]))	550,904
4	<pre>((((((((((((((((((((((((((((((((((((</pre>	1,655,594

	(subjective[MeSH Terms])) OR (wellbeing[MeSH Terms])) OR (self-esteem[MeSH Terms])) OR (social	
	stigma[MeSH Terms])) OR (internalized stigma[MeSH Terms])) OR (self-stigma[MeSH Terms])) OR	
	(personal recovery[MeSH Terms])) OR (cognition[MeSH Terms])) OR (intelligence[MeSH Terms])) OR	
	(IQ[MeSH Terms])) OR (memory[MeSH Terms])) OR (working memory[MeSH Terms])) OR (long-term	
	memory[MeSH Terms])) OR (executive functions[MeSH Terms])) OR (language[MeSH Terms])) OR	
	(activity, motor[MeSH Terms])) OR (perception[MeSH Terms])) OR (processing speed[MeSH Terms]))	
	OR (recognition[MeSH Terms])) OR (visuospatial[MeSH Terms])	
5	#1 AND #2 AND #3 AND #4	2862

CINAHL

#	Query	Limiters/Expanders	Results
S1	TI schizophrenia OR TI disorganized OR TI paranoid OR TI acute OR TI schizophreniform disorder OR TI schizoaffective disorder OR TI psychosis OR TI psychotic disorder OR TI schizophrenia spectrum OR TI delusion OR TI hallucination OR TI thought disturbance	Limiters - Abstract Available; English Language; Peer Reviewed; Research Article; Human; Journal Subset: Peer Reviewed; Publication Type: Journal Article; Age Groups: Adult: 19-44 years, Middle Aged: 45-64 years	49,264
S2	TI course OR TI prognosis OR TI evaluation OR TI rehabilitation OR TI remission OR TI recovery OR TI changes OR TI improvement OR TI enhancement OR TI development OR TI decrease OR TI deterioration	Limiters - Abstract Available; English Language; Peer Reviewed; Research Article; Journal Subset: Peer Reviewed; Publication Type: Journal Article; Age Groups: Adult: 19-44 years, Middle Aged: 45-64 years	13,042
S3	TI quality of life OR TI qol OR TI subjective OR TI well-being OR TI self-esteem OR TI self-efficacy OR TI empowerment OR TI stigma OR TI self-stigma OR TI personal recovery OR TI recovery	Limiters - Abstract Available; English Language; Peer Reviewed; Research Article; Journal Subset: Peer Reviewed; Publication Type: Journal Article; Age Groups: Adult: 19-44 years, Middle Aged: 45-64 years	2,236
S4	S1 OR S2 OR S3		11,490
S 8	S1 AND S2 AND S4		1568

Pubmed

Cochrane

ID	Search	Hits
	MeSH descriptor: [Schizophrenia] OR Schizophrenia Spectrum and Other Psychotic Disorders]	
#1	OR [Psychotic Disorders] OR [Delusions] OR [Hallucinations] explode all trees	9795
	MeSH descriptor: [Disease Progression] OR [Mental Health Recovery] explode all trees OR	
#2	(course of illness) OR (prognosis of illness) OR (changes in illness):ti,ab,kw	18104
#3	MeSH descriptor: [Mental Processes] explode all trees	124937
#4	#1 AND #2 AND #3	1357

Supplementary Table 2. Differences of demographic and functional characteristics at baseline between the baseline duration of illness

subgroups

			Continu	ous variable	s					
		Durat	tion of illness	(DOI) subgr	oups			Analysi	is of subg	coup differences
	1. DOI <5 y	vears	2. DOI 5-1	0 years	3. DOI >10) years		ANO	VA	
Baseline demographic, clinical and functional characteristics	M (SD)	K studies	M (SD)	K studies	M (SD)	K studies	F	Df	р	Specific subgroup differences
Age at baseline	34.1 (13.3)	28	33.0 (13.0)	7	42.7 (14.0)	14	0.49	2	0.62	None
Age at onset	24.5 (3.1)	25	26.1 (2.1)	6	25.0 (4.2)	12	0.54	2	0.59	None
Baseline level of motor skills and construction ^H	27.6 (20.2)	10	53.0 (39.9)	3	62.6 (26.1)	7	4.16	2	0.03	1 < 3
Baseline level of attention and vigilance ^H	66.8 (19.5)	6	53.9 (21.1)	4	20.6 (29.0)	3	4.34	3	0.04	1 > 3
Baseline level of verbal memory ^H	66.3 (26.5)	13	59.6 (20.9)	6	49.7 (22.5)	8	1.16	2	0.33	None
Baseline level of visual memory ^H	67.3 (29.9)	10	65.7 (24.3)	6	50.3 (29.3)	5	0.65	2	0.54	None
Baseline level of executive functioning ^H	52.6 (29.3)	16	58.2 (37.3)	5	48.7 (37.7)	10	0.14	2	0.89	None
Baseline level of processing speed ^H	50.8 (25.4)	6	26.3 (19.3)	5	42.8 (27.2)	8	1.37	2	0.28	None
Baseline level of language skills ^H	41.8 (43.1)	7	42.7 (3.0)	3	47.7 (29.6)	3	0.03	2	0.97	None
Baseline level of overall cognition ^H	36.9 (26.3)	14	69.9 (27.5)	3	48.2 (32.8)	7	1.75	2	0.20	None
Baseline severity of negative symptoms ^L	44.3 (27.7)	16	23.2 (19.1)	5	28.8 (25.9)	6	1.62	2	0.22	None
Baseline severity of overall symptoms ^L	37.0 (24.8)	12	26.1 (32.6)	6	36.1 (23.1)	6	0.37	2	0.70	None
Baseline severity of positive symptoms ^L	45.3 (22.9)	17	20.9 (11.3)	5	38.2 (25.3)	7	2.35	2	0.12	1 > 2
Duration of Untreated Psychosis (DUP) in months	13.2 (11.7)	5	13.3 (2.2)	3	NA	NA	0.26	2	0.78	None
Ethnicity: % caucasian / white / born in country of residence	66.5 (24.6)	10	NA	NA	69.2 (18.9)	4	0.15	2	0.86	None
Gender: % female	34.1 (14.4)	27	38.3 (11.2)	7	31.5 (15.1)	15	0.57	2	0.57	None
General functioning at baseline ^H	35.2 (13.1)	6	75.2 (21.8)	3	45.7 (4.3)	2	2.90	2	0.11	None
Hospitalization: Percentage (%) of participants who are hospitalized at baseline	64.0 (46.5)	7	34.9 (49.3)	2	100.0 (0.0)	2	1.11	2	0.38	None
IQ score at baseline ^H	97.6 (6.7)	8	NA	NA	93.4 (11.7)	7	0.75	2	0.40	None
Percentage (%) of schizoaffective disorder	15.3 (9.0)	12	6.4 (6.9)	2	10.7 (7.9)	6	0.62	2	0.61	None

			Categor	ical variable	5					
		Durat	tion of illness	s (DOI) subgro	oups			Analysi	s of subgi	roup differences
	1. DOI <5 y	ears	2. DOI 5-1	0 years	3. DOI >10) years		Chi-squ	ared	
Baseline demographic, clinical and	n (%)	K studies	n (%)	K studies	n (%)	K studies	χ^2	Df	р	Specific subgroup
functional characteristics										differences
All participants diagnosed with schizophrenia	14 (53.8%)	26	5 (71.4%)	7	7 (53.8%)	13	0.75	2	0.69	None
Antipsychotic use by all participants	9 (52.8%)	17	4 (66.7%)	6	4 (40.0%)	10	1.10	2	0.58	None
Duration of illness subgroup overlap: The range of the duration of illness of the study sample overlaps with other duration of illness subgroups	9 (45.0%)	20	1 (20.0%)	5	5 (45.5%)	11	1.12	2	0.57	None
High level of education	9 (50.0%)	18	2 (33.3%)	6	7 (58.3%)	12	1.00	2	0.61	None
Publication less than 10 years ago	10 (35.7%)	28	1 (14.3%)	7	4 (26.7%)	15	1.34	2	0.51	None
Study design: clinical trial	3 (10.7%)	28	0 (0.0%)	7	3 (20.0%)	15	1.91	2	0.39	None
Treatment focused on outcomes	1 (16.7%)	6	0 (0.0%)	2	1 (16.7%)	7	0.39	2	0.82	None

 $^{\rm H}$ = a higher score indicates better functioning and lower severity; $^{\rm L}$ = a lower score indicates better functioning and lower severity

* NA = Not Applicable: baseline data available for less than 2 studies

			· ·	ation and perception		
				_		
(Sub)a	analysis	K (studies)	N (baseline-FU)	Effect size (95% CI)* and	K large effect**	Heterogeneity
				magnitude of effect**	[+/-]***	(I ² (95%CI))*
	and outcomes	9	506 - 499	d = 0.10 [N] (-0.13 to 0.33)	+ = 0/- = 1	I ² = 79% (67-87%)
9	groups					
Baseline subgroup	Follow-up cohort					
	< 2 years	3	299 - 299	d = 0.19 [N] (0.06 to 0.33) ²	+ = 0/- = 0	$I^2 = 0\% (0-52\%)$
Duration of illness	≥ 2 - < 5 years	3	196 - 196	d = 0.40 [S] (0.21 to 0.59) ³	+ = 0/- = 0	$I^2 = 16\% (0-48\%)$
< 5 years	≥ 8 years	2	58 - 58	d = -0.48 [S] (-1.33 to 0.37)	+ = 0/- = 1	$I^2 = 86\%$ (NA)
	Subgroup differences	s between follow	-up cohorts		$\chi^2 = 5.81; df = 2; p = 0.05$	
Duration of illness	< 2 years	1	39 - 39	d = 0.70 [M] (0.24 to 1.16) ¹	+=0/-=0	Not Applicable
5-10 years	≥ 8 years	1	12 - 12	d = 0.07 [N] (-0.87 to 0.73)	+=0/-=0	Not Applicable
	Subgroup differ	rences between f	ollow-up cohorts		$\chi^2 = 2.67; df = 1; p = 0.10$	
Duration of illness	≥ 2 - < 5 years	1	50 - 43	$d = -0.56$ [M] $(-0.97 \text{ to } -0.15)^1$	+=0/-=0	Not Applicable
>10 years						
	Subgroup differ	rences between f	ollow-up cohorts		Not Applicable	
Duration of illness			Γ	There are no studies available for th	is subgroup	
unclear						
			Motor	skills and construction	l	
(Sub)a	analysis	K (studies)	N (baseline-FU)	Effect size (95% CI)* and	K (%) large effect**	Heterogeneity
				magnitude of effect**	[+/-]***	(I ² (95%CI))*
All studies a	and outcomes	20	1782 - 1736	d = 0.05 [N] (-0.07 to 0.16)	+=0/-=0	$I^2 = 73\% (59-83\%)$
Subg	groups					
Baseline subgroup	Follow-up cohort					
- *	< 2 years	6	698 - 577	d = 0.12 [N] (0.02 to 0.23) ³	+=0/-=0	$I^2 = 0\% (0-73\%)$
Duration of illness	$\geq 2 - < 5$ years	2	660 - 660	d = 0.30 [S] (0.20 to 0.40)	+=0/-=0	$I^2 = 0\%$ (NA)
< 5 years	≥ 8 years	4	283 - 283	d = 0.11 [N] (-0.29 to 0.52)	+=0/-=0	$I^2 = 47\% (0-76\%)$
	Subgroup differences	s between follow	-up cohorts		$\chi^2 = 5.99; df = 2; p = 0.05$	
Duration of illness	< 2 years	2	86 - 86	d = 0.24 [S] (-0.65 to 1.13)	+=0/-=0	$I^2 = 88\%$ (NA)
5-10 years	$\geq 2 - < 5$ years	1	11 - 10	d = -0.07 [N] (-0.92 to 0.78)	+=0/-=0	Not Applicable

Supplementary Table 3. Meta-analysis of subdomains of cognition.

		1 .				
	$\geq 5 - < 8$ years	1	58 - 58	d = 0.24 [S] (-0.13 to 0.61)	+=0/-=0	Not Applicable
	≥ 8 years	1	12 - 12	d = -0.45 [N] (-1.26 to 0.36)	+ = 0/- = 0	Not Applicable
	Subgroup differ	rences between f	ollow-up cohorts		$\chi^2 = 2.54; df = 3; p = 0.47$	
	< 2 years	2	193 - 193	$d = -0.11 $ [N] $(-0.25 \text{ to } 0.03)^1$	+=0/-=0	$I^2 = 0\%$ (NA)
Duration of illness	$\geq 2 - < 5$ years	1	50 - 43	d = -0.37 [S] (-0.78 to 0.04)	+=0/-=0	Not Applicable
>10 years	\geq 5 - < 8 years	3	331 - 331	d = -0.21 [S] (-0.63 to 0.21)	+=0/-=0	$I^2 = 82\% (34-95\%)$
	Subgroup differ	rences between f	ollow-up cohorts		$\chi^2 = 1.53; df = 2; p = 0.47$	
Duration of illness	< 2 years	1	38 - 38	d = -0.24 [S] (-0.56 to 0.08)	+=0/-=0	Not Applicable
unclear	Subgroup differences	s between follow	-up cohorts		Not Applicable	·
			• • •			
			Atte	ntion and vigilance		
(Sub)	analysis	K (studies)	N (baseline-FU)	Effect size (95% CI)* and	K (%) large effect**	Heterogeneity
				magnitude of effect**	[+/-]***	(I ² (95%CI))*
All studies	and outcomes	16	2240 - 1873	d = -0.02 [N] (-0.07 to 0.02)	+=2/-=0	$I^2 = 84\% (78-88\%)$
Sub	groups					
Baseline subgroup	Follow-up cohort					
	< 2 years	5	440 - 420	d = 0.22 [S] (-0.02 to 0.46) ²	+=0/-=0	$I^2 = 78\% (50-91\%)$
Duration of illness	≥ 2 - < 5 years	4	757 - 754	d = -0.12 [N] (-0.41 to 0.18)	+=0/-=0	$I^2 = 88\% (70-95\%)$
< 5 years	≥ 8 years	1	149 - 149	$d = -0.16$ [N] $(-0.39 \text{ to } 0.07)^2$	+=0/-=0	Not Applicable
	Subgroup differences	s between follow	-up cohorts		$\chi^2 = 19.21; df = 2; p < 0.01$	
Duration of illness	< 2 years	3	154 - 121	d = 0.02 [N] (-0.60 to 0.55) ¹	+ = 1/- = 0	$I^2 = 88\% (60-97\%)$
5-10 years	$\geq 2 - < 5$ years	1	12 - 12	d = 0.06 [N] (-0.74 to 0.86)	+=0/-=0	Not Applicable
	\geq 8 years	1	12 - 12	d = 1.01 [L] (0.15 to 1.87) ¹	+ = 1/- = 0	Not Applicable
	Subgroup differ	ences between f	ollow-up cohorts		$\chi^2 = 8.45; df = 2; p < 0.05$	
Duration of illness	$\geq 2 - < 5$ years	2	957 - 654	d = 0.07 [N] (-0.40 to 0.54)	+=0/-=0	$I^2 = 75\%$ (NA)
>10 years						
	Subgroup differ	ences between f	ollow-up cohorts		Not Applicable	
	< 2 years	2	113 - 105	d = 0.19 [N] (-0.38 to 0.77)	+=0/-=0	$I^2 = 85\%$ (NA)
						t

Duration of illness unclear	Subgroup differences	between follow	-up cohorts		Not Applicable	
				Verbal memory		
(Sub)	analysis	K (studies)	N (baseline-FU)	Effect size (95% CI)* and magnitude of effect**	K (%) large effect** [+/-]***	Heterogeneity (I ² (95%CI))*
All studies	and outcomes	31	3402 - 2898	<i>d</i> = 0.21 [S] (0.13 to 0.28)	+ = 1/- = 0	$I^2 = 77\% (72-81\%)$
Sub	groups					
Baseline subgroup	Follow-up cohort					
	< 2 years	8	728 - 690	d = 0.25 [S] (0.18 to 0.31) ²	+=0/-=0	$I^2 = 5\% (0-70\%)$
Duration of illness	$\geq 2 - < 5$ years	4	778 - 778	d = 0.27 [S] (0.16 to 0.38) ³	+=0/-=0	$I^2 = 65\% (7-87\%)$
< 5 years	≥ 8 years	4	465 - 380	d = -0.06 [N] (-0.41 to 0.29)	+=0/-=0	$I^2 = 76\% (35-91\%)$
	Subgroup differences	between follow	-up cohorts		$\chi^2 = 3.24; df = 2; p = 0.20$	·
Duration of illness	< 2 years	6	333 - 265	d = 0.49 [S] (0.28 to 0.69) ¹³	+ = 1/- = 0	$I^2 = 55\% (17-76\%)$
5-10 years	$\geq 2 - < 5$ years	1	50 - 50	d = 0.27 [S] (0.07 to 0.47) ³	+=0/-=0	Not Applicable
	\geq 5 - < 8 years	1	58 - 58	d = 0.11 [N] (-0.15 to 0.37)	+=0/-=0	Not Applicable
	≥ 8 years	1	12 - 12	d = 0.36 [S] (-0.45 to 1.17)	+=0/-=0	Not Applicable
	Subgroup differ	ences between f	ollow-up cohorts		$\chi^2 = 5.20; df = 3; p = 0.16$	
	< 2 years	4	295 - 273	d = 0.05 [N] (-0.24 to 0.35) ²	+=0/-=0	$I^2 = 83\% (53-94\%)$
Duration of illness	$\geq 2 - < 5$ years	4	1043 - 737	$d = -0.01$ [N] $(-0.13 \text{ to } 0.12)^{12}$	+=0/-=0	$I^2 = 31\% (0-62\%)$
>10 years	\geq 5 - < 8 years	3	334 - 334	d = 0.01 [N] (-0.11 to 0.13)	+=0/-=0	$I^2 = 0\% (0-93\%)$
	Subgroup differ	ences between f	ollow-up cohorts		$\chi^2 = 0.14; df = 2; p = 0.93$	
	< 2 years	2	113 - 105	d = 0.61 [M] (0.28 to 0.94)	+ = 0/- = 0	$I^2 = 75\%$ (NA)
Duration of illness	≥ 2 - < 5 years	1	14 - 14	d = -0.09 [N] (-0.83 to 0.65)	+ = 0/- = 0	Not Applicable
unclear	Subgroup differences	between follow	-up cohorts		$\chi^2 = 2.84; df = 1; p = 0.09$	
	·			Visual memory		
(Sub)	analysis	K (studies)	N (baseline-FU)	Effect size (95% CI)* and magnitude of effect**	K (%) large effect** [+/-]***	Heterogeneity (I ² (95%CI))*
All studies	and outcomes	24	2909 - 2393	d = 0.17 [N] (0.07 to 0.26)	+=2/-=0	$I^2 = 80\% (74-84\%)$

Sub	groups							
Baseline subgroup	Follow-up cohort							
	< 2 years	7	708 - 603	d = 0.22 [S] (0.07 to 0.38) ³	+=0/-=0	$I^2 = 64\% (35-80\%)$		
Duration of illness	$\geq 2 - < 5$ years	4	721 - 721	d = 0.31 [S] (0.18 to 0.43)	+=0/-=0	$I^2 = 21\% (0-90\%)$		
< 5 years	≥ 8 years	4	476 - 377	d = 0.10 [N] (-0.24 to 0.44)	+=0/-=0	$I^2 = 85\% (60-94\%)$		
	Subgroup differences	between follow	-up cohorts		$\chi^2 = 1.60; df = 2; p = 0.45$			
Duration of illness	< 2 years	5	276 - 190	d = 0.30 [S] (-0.14 to 0.75)	+=2/-=0	$I^2 = 86\% (70-94\%)$		
5-10 years	$\geq 2 - < 5$ years	1	50 - 50	d = 0.04 [N] (-0.24 to 0.32)	+=0/-=0	Not Applicable		
	\geq 5 - < 8 years	1	58 - 58	d = 0.23 [S] (-0.03 to 0.49)	+=0/-=0	Not Applicable		
	≥ 8 years	1	12 - 12	d = -0.27 [S] (-0.84 to 0.30)	+=0/-=0	Not Applicable		
	Subgroup differ	ences between f	ollow-up cohorts		$\chi^2 = 3.44; df = 3; p = 0.33$			
	< 2 years	3	129 - 129	$d = 0.00 [N] (-0.12 \text{ to } 0.13)^1$	+=0/-=0	$I^2 = 0\% (0-95\%)$		
Duration of illness	$\geq 2 - < 5$ years	2	999 - 696	d = 0.20 [S] (-0.29 to 0.69)	+ = 0/- = 0	$I^2 = 95\%$ (NA)		
>10 years	\geq 5 - < 8 years	1	78 - 78	d = 0.53 [M] (0.08 to 0.98)	+=0/-=0	Not Applicable		
	Subgroup differences between follow-up cohorts			$\chi^2 = 5.28; df = 2; p = 0.07$				
	Subgroup unier		-					
Duration of illness	<pre>< 2 years</pre> Subgroup differences	2	113 - 105 	<i>d</i> = 0.10 [N] (-0.14 to 0.35)	+=0/-=0 Not Applicable	$I^2 = 41\%$ (NA)		
Duration of illness unclear	< 2 years	2	-up cohorts			I ² = 41% (NA)		
unclear	< 2 years Subgroup differences	2 s between follow	-up cohorts Exe	ecutive functioning	Not Applicable			
unclear	< 2 years	2	-up cohorts			I ² = 41% (NA) Heterogeneity (I ² (95%CI))*		
unclear (Sub)	< 2 years Subgroup differences	2 s between follow	-up cohorts Exe	Effect size (95% CI)* and	Not Applicable K (%) large effect**	Heterogeneity		
unclear (Sub) All studies	< 2 years Subgroup differences analysis	2 between follow K (studies)	•up cohorts Exe N (baseline-FU)	Effect size (95% CI)* and magnitude of effect**	Not Applicable K (%) large effect** [+/-]***	Heterogeneity (I ² (95%CI))*		
unclear (Sub) All studies	< 2 years Subgroup differences analysis and outcomes	2 between follow K (studies)	•up cohorts Exe N (baseline-FU)	Effect size (95% CI)* and magnitude of effect**	Not Applicable K (%) large effect** [+/-]***	Heterogeneity (I ² (95%CI))*		
unclear (Sub) All studies Sub	< 2 years Subgroup differences analysis and outcomes groups	2 between follow K (studies)	•up cohorts Exe N (baseline-FU)	Effect size (95% CI)* and magnitude of effect**	Not Applicable K (%) large effect** [+/-]***	Heterogeneity (I ² (95%CI))*		
unclear (Sub) All studies Sub	<pre>< 2 years Subgroup differences analysis and outcomes groups Follow-up cohort</pre>	2 between follow K (studies) 36	-up cohorts Exe N (baseline-FU) 3568 - 3058	Example 2Effect size (95% CI)* and magnitude of effect** $d = 0.19$ [N] (0.12 to 0.26)	Not Applicable K (%) large effect** [+/-]*** + = 2/ - = 1	Heterogeneity (I ² (95%CI))* I ² = 75% (70-80%)		
unclear (Sub) All studies Sub Baseline subgroup	< 2 years	2 between follow K (studies) 36 9 6 4	-up cohorts Exe N (baseline-FU) 3568 - 3058 692 - 653 692 - 653 863 - 863 481 - 371	Example 2Effect size (95% CI)* and magnitude of effect** $d = 0.19$ [N] (0.12 to 0.26) $d = 0.23$ [S] (0.09 to 0.38)	Not Applicable K (%) large effect** [+/-]*** + = 2/ - = 1 + = 1/ - = 0	Heterogeneity (I ² (95% CI))* I ² = 75% (70-80%) I ² = 77% (61-87%)		
unclear (Sub) All studies Sub Baseline subgroup Duration of illness	< 2 years	2 between follow K (studies) 36 9 6 4	-up cohorts Exe N (baseline-FU) 3568 - 3058 692 - 653 692 - 653 863 - 863 481 - 371	Example 1 Example 1 d = 0.19 [N] (0.12 to 0.26) d = 0.19 [N] (0.12 to 0.26) d = 0.23 [S] (0.09 to 0.38) d = 0.29 d = 0.23 [S] (0.06 to 0.53) d = 0.08 [S] (-0.15 to 0.30) Example 1	Not Applicable K (%) large effect** $[+/-]***$ $+ = 2/- = 1$ $+ = 1/- = 0$ $+ = 1/- = 0$ $+ = 0/- = 0$ $\chi^2 = 1.86; df = 2; p = 0.39$	Heterogeneity $(I^2 (95\% CI))^*$ $I^2 = 75\% (70-80\%)$ $I^2 = 77\% (61-87\%)$ $I^2 = 73\% (45-87\%)$ $I^2 = 56\% (0-82\%)$		
unclear (Sub) All studies Sub Baseline subgroup Duration of illness < 5 years	< 2 years	2 between follow K (studies) 36 9 6 4 between follow 6	-up cohorts Exe N (baseline-FU) 3568 - 3058 692 - 653 692 - 653 863 - 863 481 - 371 -up cohorts 334 - 283	Example 1 Effect size (95% CI)* and magnitude of effect** $d = 0.19$ [N] (0.12 to 0.26) $d = 0.23$ [S] (0.09 to 0.38) $d = 0.29$ [S] (0.06 to 0.53) $d = 0.08$ [S] (-0.15 to 0.30) $d = 0.45$ [S] (0.28 to 0.62)	Not Applicable K (%) large effect** $[+/-]***$ $+ = 2/ - = 1$ $+ = 2/ - = 1$ $+ = 1/ - = 0$ $+ = 1/ - = 0$ $+ = 0/ - = 0$ $\chi^2 = 1.86; df = 2; p = 0.39$ $+ = 0/ - = 0$	Heterogeneity (I ² (95%CI))* I ² = 75% (70-80%) I ² = 77% (61-87%) I ² = 73% (45-87%) I ² = 56% (0-82%) I ² = 56% (18-76%)		
unclear (Sub) All studies Sub Baseline subgroup Duration of illness < 5 years	< 2 years	2 between follow K (studies) 36 9 6 4 between follow	-up cohorts Exc N (baseline-FU) 3568 - 3058 692 - 653 863 - 863 481 - 371 -up cohorts	Example 1 Example 1 d = 0.19 [N] (0.12 to 0.26) d = 0.19 [N] (0.12 to 0.26) d = 0.23 [S] (0.09 to 0.38) d = 0.29 d = 0.23 [S] (0.06 to 0.53) d = 0.08 [S] (-0.15 to 0.30) Example 1	Not Applicable K (%) large effect** $[+/-]***$ $+ = 2/- = 1$ $+ = 1/- = 0$ $+ = 1/- = 0$ $+ = 0/- = 0$ $\chi^2 = 1.86; df = 2; p = 0.39$	Heterogeneity (I ² (95% CI))* I ² = 75% (70-80%) I ² = 77% (61-87%) I ² = 73% (45-87%) I ² = 56% (0-82%)		

	≥ 8 years	1	12 - 12	d = -0.01 [N] (-0.41 to 0.39)	+ = 0/- = 0	Not Applicable		
	Subgroup differ	ences between f	ollow-up cohorts	$\chi^2 = 8.79; df = 3; p < 0.05$				
	< 2 years	4	147 - 136	d = 0.14 [N] (-0.01 to 0.28)	+=0/-=0	$I^2 = 0\% (0-99\%)$		
Duration of illness	$\geq 2 - < 5$ years	6	1175 - 862	d = 0.04 [N] (-0.18 to 0.27)	+=0/-=1	$I^2 = 86\% (72-93\%)$		
>10 years	\geq 5 - < 8 years	2	116 - 116	d = 0.07 [N] (-0.22 to 0.35)	+=0/-=0	$I^2 = 0\%$ (NA)		
	Subgroup differ	ences between f	ollow-up cohorts		$\chi^2 = 0.55; df = 2; p = 0.76$			
	< 2 years	2	167 - 159	d = 0.02 [N] (-0.08 to 0.12)	+=0/-=0	$I^2 = 0\%$ (NA)		
Duration of illness	$\geq 2 - < 5$ years	1	14 - 14	d = -0.27 [S] (-1.01 to 0.47)	+=0/-=0	Not Applicable		
unclear	Subgroup differences between follow-up cohorts				$\chi^2 = 0.58; df = 1; p = 0.45$			
			F	Processing speed				
(Sub)analysis		K (studies)	N (baseline-FU)	Effect size (95% CI)* and	K (%) large effect**	Heterogeneity		
				magnitude of effect**	[+/-]***	(I ² (95%CI))*		
All studies and outcomes		21	2940 - 2445	d = 0.32 [S] (0.22 to 0.41)	+ = 1/- = 0	$I^2 = 76\%$ (%)		
Sub	groups							
Baseline subgroup	Follow-up cohort							
	< 2 years	4	459 - 439	d = 0.20 [S] (0.01 to 0.39)	+=0/-=0	$I^2 = 64\% (5-86\%)$		
Duration of illness	$\geq 2 - < 5$ years	2	660 - 660	d = 0.45 [S] (0.34 to 0.56) ³	+=0/-=0	$I^2 = 0\%$ (NA)		
< 5 years	≥ 8 years	3	420 - 325	d = 0.27 [S] (-0.35 to 0.89)	+=0/-=0	$I^2 = 89\% (61-97\%)$		
	Subgroup differences	between follow	-up cohorts		$\chi^2 = 4.92; df = 2; p = 0.09$			
Duration of illness	< 2 years	3	294 - 226	d = 0.43 [S] (0.01 to 0.85)	+ = 1/- = 0	$I^2 = 87\%$ (67-95%)		
5-10 years	$\geq 2 - < 5$ years	2	65 - 65	<i>d</i> = 0.40 [S] (0.12 to 0.69)	+ = 0/- = 0	$I^2 = 0\%$ (NA)		
	≥ 8 years	1	12 - 12	d = -0.07 [S] (-0.87 to 0.73)	+ = 0/- = 0	Not Applicable		
	Subgroup differences between follow-up cohorts			$\chi^2 = 1.28; df = 2; p = 0.53$				
	< 2 years	1	78 - 78	d = 0.29 [S] (-0.02 to 0.60)	+=0/-=0	Not Applicable		
Duration of illness	$\geq 2 - < 5$ years	4	1065 - 759	d = 0.18 [N] (-0.02 to 0.38) ¹	+=0/-=0	$I^2 = 66\% (10-87\%)$		
>10 years	\geq 5 - < 8 years	2	138 - 138	d = 0.21 [S] (-0.03 to 0.45)	+=0/-=0	$I^2 = 5\%$ (NA)		
	Subgroup differ	ences between f	ollow-up cohorts		$\chi^2 = 0.31; df = 2; p = 0.86$			
	< 2 years	2	113 - 105	d = 0.40 [S] (0.27 to 0.54)	+=0/-=0	$I^2 = 0\%$ (NA)		
				d = 0.58 [M] (0.27 to 0.89)	+=0/-=0	Not Applicable		

Duration of illness unclear	Subgroup differences between follow-up cohorts			$\chi^2 = 1.06; df = 1; p = 0.30$			
]	Language skills			
(Sub)	analysis	K (studies)	N (baseline-FU)	Effect size (95% CI)* and magnitude of effect**	K (%) large effect** [+/-]***	Heterogeneity (I ² (95%CI))*	
All studies and outcomes		15	1438 - 1311	d = 0.13 [N] (0.05 to 0.22)	+ = 0/- = 0	$I^2 = 63\% (51-72\%)$	
Subg	groups						
Baseline subgroup	Follow-up cohort						
	< 2 years	5	501 - 481	<i>d</i> = 0.16 [N] (0.01 to 0.30)	+=0/-=0	$I^2 = 50\% (2-75\%)$	
Duration of illness	$\geq 2 - < 5$ years	1	93 - 93	d = 0.21 [S] (0.10 to 0.32)	+=0/-=0	Not Applicable	
< 5 years	≥ 8 years	1	246 - 140	d = 0.16 [N] (-0.04 to 0.36)	+=0/-=0	Not Applicable	
	Subgroup differences between follow-up cohorts			$\chi^2 = 0.39; df = 2; p = 0.82$			
Duration of illness	< 2 years	3	114 - 114	d = 0.14 [N] (-0.06 to 0.34)	+=0/-=0	$I^2 = 0\% (0-44\%)$	
5-10 years	≥ 2 - < 5 years	2	26 - 25	d = 0.39 [S] (-0.12 to 0.89)	+=0/-=0	$I^2 = 16\%$ (NA)	
	\geq 5 - < 8 years	1	58 - 58	d = -0.11 [N] (-0.47 to 0.25)	+=0/-=0	Not Applicable	
	Subgroup differences between follow-up cohorts			$\chi^2 = 2.64; df = 2; p = 0.27$			
	< 2 years	2	246 - 246	d = 0.05 [N] (-0.23 to 0.33)	+=0/-=0	$I^2 = 80\%$ (NA)	
Duration of illness	$\geq 2 - < 5$ years	2	395 - 395	d = 0.40 [S] (0.22 to 0.57)	+=0/-=0	$I^2 = 0\%$ (NA)	
>10 years	\geq 5 - < 8 years	4	409 - 409	d = 0.01 [N] (-0.19 to 0.22)	+=0/-=0	$I^2 = 65\% (6-87\%)$	
	Subgroup differ	ences between f	follow-up cohorts	$\chi^2 = 9.14; df = 2; p < 0.05$			
Duration of illness unclear			Т	There are no studies available for th	nis subgroup		
			S.	Social cognition			
(Sub)analysis		K (studies)	N (baseline-FU)	Effect size (95% CI)* and magnitude of effect**	K (%) large effect** [+/-]***	Heterogeneity (I ² (95%CI))*	
All studies and outcomes		6	1135 - 824	d = 0.11 [N] (-0.07 to 0.28)	+ = 0/- = 0	I ² = 59% (22-78%)	
Subg	groups						
Baseline subgroup	Follow-up cohort						
	< 2 years	2	89 - 89	d = 0.23 [S] (0.06 to 0.41)	+=0/-=0	$I^2 = 26\%$ (NA)	

Duration of illness	$\geq 2 - < 5$ years	1	25 - 25	d = -0.67 [S] (-1.24 to -0.10) ³	+=0/-=0	Not Applicable	
< 5 years	Subgroup differences between follow-up cohorts $\chi^2 = 8.83; df = 1; p < 0.01$						
Duration of illness 5-10 years	There are no studies available for this subgroup						
	< 2 years	1	25 - 25	d = -0.02 [N] (-0.30 to 0.26)	+=0/-=0	Not Applicable	
Duration of illness	$\geq 2 - < 5$ years	1	921 - 618	d = 0.25 [S] (-0.11 to 0.61) ¹	+=0/-=0	Not Applicable	
>10 years	Subgroup differences between follow-up cohorts			$\chi^2 = 1.32; df = 1; p = 0.25$			
	< 2 years	1	75 - 67	d = 0.12 [N] (-0.11 to 0.35)	+=0/-=0	Not Applicable	
Duration of illness unclear	Subgroup differences	between follow-	up cohorts	Not Applicable			
	L			Overall cognition			
(Sub)analysis		K (studies)	N (baseline-	Effect size (95% CI)* and	K (%) large effect**	Heterogeneity	
			FU)	magnitude of effect**	[+/-]***	$(I^2 (95\% CI))^*$	
All studies and outcomes		30	3607 - 3123	d = 0.13 [N] (0.05 to 0.22)	+=1/-=0	$I^2 = 78\% (73-82\%)$	
Sub	groups						
Baseline subgroup	Follow-up cohort						
	< 2 years	6	347 - 330	<i>d</i> = 0.35 [S] (0.17 to 0.52)	+ = 0/- = 0	$I^2 = 40\% (2-63\%)$	
Duration of illness < 5 years	$\geq 2 - < 5$ years	5	1681 - 1249	d = 0.11 [N] (-0.10 to 0.32)	+ = 0/- = 0	$I^2 = 81\% (57-92\%)$	
	\geq 5 - < 8 years	1	1022 - 602	<i>d</i> = 0.35 [S] (0.25 to 0.45)	+ = 0/- = 0	Not Applicable	
	≥ 8 years	3	200 - 200	$d = 0.07 [N] (-0.48 \text{ to } 0.62)^3$	+ = 0/- = 0	$I^2 = 85\% (45-96\%)$	
	Subgroup differences	between follow-			$\chi^2 = 4.88; df = 3; p = 0.18$		
Duration of illness	< 2 years	1	47 - 47	d = -0.03 [N] (-0.43 to 0.37)	+ = 0/- = 0	Not Applicable	
5-10 years	≥ 2 - < 5 years	2	58 - 57	d = -0.02 [N] (-0.38 to 0.34)	+ = 0/- = 0	$I^2 = 0\%$ (NA)	
	\geq 5 - < 8 years	1	58 - 58	d = 0.26 [S] (0.00 to 0.52)	+ = 0/- = 0	Not Applicable	
	≥ 8 years	1	12 - 12	$d = -0.01 $ [N] $(-0.47 \text{ to } 0.45)^3$	+ = 0/- = 0	Not Applicable	
	Subgroup differe	nces between fol	low-up cohorts		$\chi^2 = 2.49; df = 3; p = 0.48$		
	< 2 years	6	859 - 775	d = 0.08 [N] (-0.11 to 0.28)	+=0/-=0	$I^2 = 77\% (53-89\%)$	
Duration of illness	$\geq 2 - < 5$ years	4	504 - 504	d = -0.08 [N] (-0.29 to 0.12)	+ = 0/- = 0	$I^2 = 31\% (0-62\%)$	
>10 years	\geq 5 - < 8 years	4	409 - 409	d = 0.19 [N] (-0.25 to 0.64)	+ = 1/- = 0	$I^2 = 89\% (73-96\%)$	
	≥ 8 years	1	44 - 44	d = -0.66 [M] (-0.96 to -0.36) ¹²	+ = 0/- = 0	Not Applicable	

	Subgroup differences between follow-up cohorts			$\chi^2 = 17.95; df = 3; p < 0.01$			
	< 2 years	2	182 - 168	d = 0.28 [S] (0.07 to 0.48)	+=0/-=0	$I^2 = 12\%$ (NA)	
Duration of illness	$\geq 2 - < 5$ years	3	208 - 184	d = 0.21 [S] (0.04 to 0.39)	+=0/-=0	$I^2 = 0\% (0-63\%)$	
unclear	≥ 8 years	1	80 - 48	d = 0.42 [S] (0.24 to 0.60)	+=0/-=0	Not Applicable	
	Subgroup differences between follow-up cohorts			$\chi^2 = 2.68; df = 2; p = 0.26$			



Supplementary figure 1. Overview of funnel plots

Supplementary references

S1. Albus M, Hubmann W, Scherer J, et al. A prospective 2-year follow-up study of neurocognitive functioning in patients with first-episode schizophrenia. *European archives of psychiatry and clinical neuroscience*. 2002; 252: 262-267.

S2. Albus M, Hubmann W, Mohr F, et al. Neurocognitive functioning in patients with firstepisode schizophrenia: results of a prospective 5-year follow-up study. *European archives of psychiatry and clinical neuroscience*. 2006; 256: 442-451.

S3. Balanzá-Martínez V, Tabarés-Seisdedos R, Selva-Vera G, et al. Persistent cognitive dysfunctions in bipolar I disorder and schizophrenic patients: a 3-year follow-up study. *Psychotherapy and psychosomatics*. 2005; 74(2): 113-119.

S4. Tabarés-Seisdedos R, Balanzá-Martínez V, Sánchez-Moreno J, et al. Neurocognitive and clinical predictors of functional outcome in patients with schizophrenia and bipolar I disorder at one-year follow-up. *Journal of affective disorders*. 2008; *109*(3): 286-299.

S5. Barnett JH, Croudace TJ, Jaycock S, et al. Improvement and decline of cognitive function in schizophrenia over one year: a longitudinal investigation using latent growth modelling. *BMC psychiatry*. 2007; 7: 1-10.

S6. Bonner-Jackson A, Grossman LS, Harrow M, et al. Neurocognition in schizophrenia: a
20-year multi–follow-up of the course of processing speed and stored
knowledge. *Comprehensive psychiatry*. 2010; *51*(5): 471-479.

S7. Kuharic DB, Makaric P, Kekin I, et al. Changes of neurocognitive status in patients with the first-episode psychosis after 18 months of treatment–A prospective cohort study. *Psychiatry Research*. 2021; *304*: 114131.

S8. Bowie CR, Harvey PD. Communication abnormalities predict functional outcomes in chronic schizophrenia: Differential associations with social and adaptive functions. *Schizophrenia research*. 2008; *103*(1-3): 240-247.

S9. Friedman JI, Harvey PD, McGurk SR, et al. Correlates of change in functional status of institutionalized geriatric schizophrenic patients: focus on medical comorbidity. *American Journal of Psychiatry*. 2002; *159*(8): 1388-1394.

S10. Harvey PD, Lombardi J, Leibman M, et al. Cognitive impairment and negative symptoms in geriatric chronic schizophrenic patients: a follow-up study. *Schizophrenia research*. 1996; 22(3): 223-231.

S11. Harvey PD, Parrella M, White L, et al. Convergence of cognitive and adaptive decline in late-life schizophrenia. *Schizophrenia research*. 1999; *35*(1): 77-84.

S12. Harvey PD, Friedman JI, Bowie C, et al. Validity and stability of performance-based estimates of premorbid educational functioning in older patients with schizophrenia. *Journal of clinical and experimental neuropsychology*. 2006; 28(2): 178-192.

S13. McGurk SR, Moriarty PJ, Harvey PD, et al. The longitudinal relationship of clinical symptoms, cognitive functioning, and adaptive life in geriatric schizophrenia. *Schizophrenia Research*. 2000; *42*(1): 47-55.

S14. Putnam KM, Harvey PD. Cognitive impairment and enduring negative symptoms: a comparative study of geriatric and nongeriatric schizophrenia patients. *Schizophrenia bulletin*. 2000; *26*(4): 867-878.

S15. Breier A, Liffick E, Hummer TA, et al. Effects of 12-month, double-blind N-acetyl cysteine on symptoms, cognition and brain morphology in early phase schizophrenia spectrum disorders. *Schizophrenia Research*. 2018; *199*: 395-402.

S16. Buonocore M, Spangaro M, Bechi M, et al. Integrated cognitive remediation and standard rehabilitation therapy in patients of schizophrenia: persistence after 5 years. *Schizophrenia research*. 2018; *192*: 335-339.

S17. Chang WC, Hui CL, Tang JY, et al. Persistent negative symptoms in first-episode schizophrenia: a prospective three-year follow-up study. *Schizophrenia research*.
2011; *133*(1-3): 22-28.

S18. Chang WC, Hui CLM, Tang JYM, et al. Impacts of duration of untreated psychosis on cognition and negative symptoms in first-episode schizophrenia: a 3-year prospective follow-up study. *Psychological Medicine*. 2013; *43*(9): 1883-1893.

S19. Chang WC, Tang JYM, Hui CLM, et al. The relationship of early premorbid adjustment with negative symptoms and cognitive functions in first-episode schizophrenia: a prospective three-year follow-up study. *Psychiatry research*. 2013; 209(3): 353-360.

S20. Chang WC, Tang JYM, Hui CLM, et al. The relationship of early premorbid adjustment with negative symptoms and cognitive functions in first-episode schizophrenia: a prospective three-year follow-up study. *Psychiatry research*. 2013; 209(3): 353-360.

S21. Chang WC, Tang JYM, Hui CLM, et al. Clinical and cognitive predictors of vocational outcome in first-episode schizophrenia: a prospective 3 year follow-up study. *Psychiatry research*. 2014; 220(3): 834-839.

S22. Chanpattana W, Sackeim HA. Electroconvulsive therapy in treatment-resistant schizophrenia: prediction of response and the nature of symptomatic improvement. *The Journal of ECT*. 2010; *26*(4): 289-298.

S23. Chen EY, Kwok CL, Au JW, et al. Progressive deterioration of soft neurological signs in chronic schizophrenic patients. *Acta Psychiatrica Scandinavica*. 2000; *102*(5): 342-349.

S24. Dal Santo F, Jarratt-Barnham I, González-Blanco L, et al. Longitudinal effects of clozapine concentration and clozapine to N-desmethylclozapine ratio on cognition: a mediation model. *European Neuropsychopharmacology*. 2020; *33*: 158-163.

S25. Dempster K, Norman R, Théberge J, et al. Cognitive performance is associated with gray matter decline in first-episode psychosis. *Psychiatry Research: Neuroimaging*. 2017; *264*: 46-51.

S26. Ekerholm M, Waltersson SF, Fagerberg T, et al. Neurocognitive function in long-term treated schizophrenia: a five-year follow-up study. *Psychiatry research*. 2012; *200*(2-3): 144-152.

S27. Fett AKJ, Velthorst E, Reichenberg A, et al. Long-term changes in cognitive functioning in individuals with psychotic disorders: findings from the Suffolk County Mental Health Project. *JAMA psychiatry*. 2020; 77(4): 387-396.

S28. Foti D, Perlman G, Hajcak G, et al. Impaired error processing in late-phase psychosis:
Four-year stability and relationships with negative symptoms. *Schizophrenia research*.
2016; *176*(2-3): 520-526.

S29. Galderisi S, Rucci P, Mucci A, et al. The interplay among psychopathology, personal resources, context-related factors and real-life functioning in schizophrenia: stability in relationships after 4 years and differences in network structure between recovered and non-recovered patients. *World Psychiatry*. 2020; *19*(1): 81-91.

S30. Granholm E, Holden JL, Dwyer K, et al. Mobile-assisted cognitive-behavioral social skills training in older adults with schizophrenia. *Journal of Behavioral and Cognitive Therapy*. 2020; *30*(1): 13-21.

S31. Harvey PD, Reichenberg A, Bowie CR, et al. The course of neuropsychological performance and functional capacity in older patients with schizophrenia: influences of previous history of long-term institutional stay. *Biological psychiatry*. 2010; *67*(10): 933-939.

S32. Heaton RK, Gladsjo JA, Palmer BW, et al. Stability and course of neuropsychological deficits in schizophrenia. *Archives of general psychiatry*. 2001; *58*(1): 24-32.

S33. Heeramun-Aubeeluck A, Liu N, Fischer F, et al. Effect of time and duration of untreated psychosis on cognitive and social functioning in Chinese patients with first-episode schizophrenia: a 1-year study. *Nordic journal of psychiatry*. 2015; *69*(4): 254-261.

S34. Ho KK, Lui SS, Wang Y, et al. Theory of mind performances in first-episode
schizophrenia patients: an 18-month follow-up study. *Psychiatry Research*. 2018; 261: 357-360.

S35. Hoff AL, Svetina C, Shields G, et al. Ten year longitudinal study of neuropsychological functioning subsequent to a first episode of schizophrenia. *Schizophrenia research*.
2005; 78(1): 27-34.

S36. Horan WP, Green MF, DeGroot M, et al. Social cognition in schizophrenia, part 2: 12month stability and prediction of functional outcome in first-episode patients. *Schizophrenia bulletin*. 2012; *38*(4): 865-872. S37. Hui CLM, Longenecker J, Wong GHY, et al. Longitudinal changes in semantic categorization performance after symptomatic remission from first-episode psychosis: a 3-year follow-up study. *Schizophrenia research*. 2012; *137*(1-3): 118-123.

S38. Keefe RS, Seidman LJ, Christensen BK, et al. Comparative effect of atypical and conventional antipsychotic drugs on neurocognition in first-episode psychosis: a randomized, double-blind trial of olanzapine versus low doses of haloperidol. *American Journal of Psychiatry*. 2004; *161*(6): 985-995.

S39. Keefe RS, Perkins DO, Gu H, et al. A longitudinal study of neurocognitive function in individuals at-risk for psychosis. *Schizophrenia research*. 2006; *88*(1-3): 26-35.

S40. Klingberg S, Wittorf A, Sickinger S, et al. Course of cognitive functioning during the stabilization phase of schizophrenia. *Journal of Psychiatric Research*. 2008; *42*(4): 259-267.

S41. Kukla M, Bell MD, Lysaker PH. A randomized controlled trial examining a cognitive behavioral therapy intervention enhanced with cognitive remediation to improve work and neurocognition outcomes among persons with schizophrenia spectrum disorders. *Schizophrenia research*. 2018; *197*: 400-406.

S42. Kurtz MM, Seltzer JC, Ferrand JL, et al. Neurocognitive function in schizophrenia at a 10-year follow-up: a preliminary investigation. *CNS spectrums*. 2005; *10*(4): 277-280.

S43. Leeson VC, Barnes TR, Hutton SB, et al. IQ as a predictor of functional outcome in schizophrenia: a longitudinal, four-year study of first-episode psychosis. *Schizophrenia research*. 2009; *107*(1): 55-60.

S44. Lindgren M, Birling H, Kieseppä T, et al. Is cognitive performance associated with anxiety and depression in first-episode psychosis?. *Journal of Affective Disorders*. 2020; *263*: 221-227.

S45. Lysaker P, Bell M. Insight and cognitive impairment in schizophrenia. *J Nerv Ment Dis*. 1994; *182*(11): 656.

S46. McGurk SR, Mueser KT, Harvey PD, et al. Cognitive and symptom predictors of work outcomes for clients with schizophrenia in supported employment. *Psychiatric services*. 2003; *54*(8): 1129-1135.

S47. Meagher DJ, Quinn JF, Bourke S, et al. Longitudinal assessment of psychopathological domains over late-stage schizophrenia in relation to duration of initially untreated psychosis:
3-year prospective study in a long-term inpatient population. *Psychiatry research*.
2004; *126*(3): 217-227.

S48. Okin RL, Borus JF, Baer L, et al. Long-term outcome of state hospital patients discharged into structured community residential settings. *Psychiatric services (Washington, DC)*. 1995; *46*(1): 73-78.

S49. Olbrich R, Kirsch P, Pfeiffer H, et al. Patterns of recovery of autonomic dysfunctions and neurocognitive deficits in schizophrenics after acute psychotic episodes. *Journal of Abnormal Psychology*. 2001; *110*(1): 142.

S50. Oribe N, Hirano Y, Kanba S, et al. Progressive reduction of visual P300 amplitude in patients with first-episode schizophrenia: An ERP study. *Schizophrenia bulletin*. 2015; *41*(2): 460-470.

S51. Rodríguez-Sánchez JM, Pérez-Iglesias R, González-Blanch C, et al. 1-year follow-up study of cognitive function in first-episode non-affective psychosis. *Schizophrenia research*.
2008; *104*(1-3): 165-174.

S52. Rodríguez-Sánchez JM, Ayesa-Arriola R, Pérez-Iglesias R, et al. Course of cognitive deficits in first episode of non-affective psychosis: a 3-year follow-up study. *Schizophrenia research*. 2013; *150*(1): 121-128.

S53. Setien-Suero E, Neergaard K, Ramirez-Bonilla M, et al. Cannabis use in male and female first episode of non-affective psychosis patients: Long-term clinical, neuropsychological and functional differences. *Plos one*. 2017; *12*(8): e0183613.

S54. Setién-Suero E, Neergaard K, Ortiz-García de la Foz V. Stopping cannabis use benefits outcome in psychosis: findings from 10-year follow-up study in the PAFIP-cohort. *Acta Psychiatrica Scandinavica*. 2019; *140*(4): 349-359.

S55. Rund BR. Distractibility and recall capability in schizophrenics: A 4 year longitudinal study of stability in cognitive performance. *Schizophrenia Research*. 1989; 2(3): 265-275.

S56. Rund BR, Melle I, Friis S. The course of neurocognitive functioning in first-episode psychosis and its relation to premorbid adjustment, duration of untreated psychosis, and relapse. *Schizophrenia research*. 2007; *91*(1-3): 132-140.

S57. Kida H, Niimura H, Nemoto T, et al. Community transition at younger ages contributes to good cognitive function outcomes in long-term hospitalized patients with schizophrenia spectrum disorder: A 15-year follow-up study with group-based trajectory modeling. *Psychiatry and Clinical Neurosciences*. 2020; 74(2): 105-111.

S58. Nemoto T, Niimura H, Ryu Y, et al. Long-term course of cognitive function in chronically hospitalized patients with schizophrenia transitioning to community-based living. *Schizophrenia research*. 2014; *155*(1-3): 90-95.

S59. Ryu Y, Mizuno M, Sakuma K, et al. Deinstitutionalization of long-stay patients with schizophrenia: the 2-year social and clinical outcome of a comprehensive intervention program in Japan. *Australian & New Zealand Journal of Psychiatry*. 2006; *40*(5): 462-470.

S60. McCreadie RG, Wiles DH, Grant SM, et al. The Scottish First Episode Schizophrenia Study V. One-year Follow-up: The Scottish Schizophrenia Research Group. *The British Journal of Psychiatry*. 1988; *152*(4): 470-476.

S61. Seidman LJ, Pepple JR, Faraone SV, et al. Wisconsin Card Sorting Test performance over time in schizophrenia: Preliminary evidence from clinical follow-up and neuroleptic reduction studies. *Schizophrenia research*. 1991; 5(3): 233-242.

S62. Shrivastava A, Johnston M, Shah N, et al. Persistent cognitive dysfunction despite clinical improvement in schizophrenia: a 10-year follow-up study. *Journal of Psychiatric Practice*. 2011; *17*(3): 194-199.

S63. Smith TE, Hull JW, Huppert JD, et al. Recovery from psychosis in schizophrenia and schizoaffective disorder: symptoms and neurocognitive rate-limiters for the development of social behavior skills. *Schizophrenia research*. 2002; *55*(3): 229-237.

S64. Stip E, Sepehry AA, Prouteau A, et al. Cognitive discernible factors between schizophrenia and schizoaffective disorder. *Brain and Cognition*. 2005; *59*(3): 292-295.

S65. Stirling J, White C, Lewis S, et al. Neurocognitive function and outcome in first-episode schizophrenia: a 10-year follow-up of an epidemiological cohort. *Schizophrenia research*. 2003; *65*(2-3): 75-86.

S66. Sweeney JA, Haas GL, Keilp JG, et al. Evaluation of the stability of neuropsychological functioning after acute episodes of schizophrenia: one-year followup study. *Psychiatry research*. 1991; *38*(1): 63-76.

S67. Torgalsbøen AK, Mohn C, Czajkowski N, et al. Relationship between neurocognition and functional recovery in first-episode schizophrenia: results from the second year of the Oslo multi-follow-up study. *Psychiatry research*. 2015; 227(2-3): 185-191.

S68. Tyson PJ, Laws KR, Roberts KH, et al. A longitudinal analysis of memory in patients with schizophrenia. *Journal of Clinical and Experimental Neuropsychology*. 2005; 27(6): 718-734.

S69. Van Haren NEM, Van Dam DS, Stellato RK, et al. Change in IQ in schizophrenia patients and their siblings: A controlled longitudinal study. *Psychological Medicine*.
2019; 49(15): 2573-2581.

S70. Van Winkel R, Myin-Germeys I, Delespaul P, et al. Premorbid IQ as a predictor for the course of IQ in first onset patients with schizophrenia: a 10-year follow-up study. *Schizophrenia research*. 2006; *88*(1-3): 47-54.

S71. Van Winkel R, Myin-Germeys I, De Hert M, et al. The association between cognition and functional outcome in first-episode patients with schizophrenia: mystery resolved? *Acta Psychiatrica Scandinavica*. 2007; *116*(2): 119-124.

S72. Veerman SRT, Schulte PFJ, Deijen JB, et al. Adjunctive memantine in clozapine-treated refractory schizophrenia: an open-label 1-year extension study. *Psychological Medicine*.
2017; 47(2): 363-375.

S73. Veijola J, Guo JY, Moilanen JS, et al. Longitudinal changes in total brain volume in schizophrenia: relation to symptom severity, cognition and antipsychotic medication. *PloS one*. 2014; *9*(7): e101689.

S74. Waddington JL, Youssef HA. Cognitive dysfunction in chronic schizophrenia followed prospectively over 10 years and its longitudinal relationship to the emergence of tardive dyskinesia. *Psychological medicine*. 1996; *26*(4): 681-688.

S75. Wittorf A, Klingberg S, Wiedemann G. Secondary verbal memory: a potential endophenotype of schizophrenia. *Journal of psychiatric research*. 2004; *38*(6): 601-612.

S76. Liu KC, Chan RC, Chan KK, et al. Executive function in first-episode schizophrenia: a three-year longitudinal study of an ecologically valid test. *Schizophrenia research*.
2011; *126*(1-3): 87-92.

S77. Xu JQ, Hui CLM, Longenecker J, et al. Executive function as predictors of persistent thought disorder in first-episode schizophrenia: a one-year follow-up study. *Schizophrenia research*. 2014; *159*(2-3): 465-470.

S78. Zhang T, Xu L, Tang Y, et al. Relationship between duration of untreated prodromal symptoms and symptomatic and functional recovery. *European Archives of Psychiatry and Clinical Neuroscience*. 2019; 269: 871-877.