Objective: to assess the value of donepezil as an augmentation strategy for patients who have not responded completely to their antipsychotics, especially in the areas of cognitive function and overall psychopathology.

Research Design: Patients will be randomized to receive either placebo or donepezil (5 mg daily) for four weeks, then continuation of placebo or increased donepezil (10 mg daily) for another four weeks. Medication will be double-blinded. Testing sessions will alternate on a weekly basis with phone assessments of adverse effects. Neurocognitive assessment will be performed at baseline and final visit. Twenty patients are expected at this site.

Methodology: Inpatient and outpatients will be recruited from ongoing treatment. The study physicians will prescribe the study medication, while the treating psychiatrist will continue prescription of ongoing medications. Baseline tests will include the psychological battery (PANSS, SANS, Calgary Depression Rating Scale), Neurocognitive Battery (CPT, FAS, Hopkins verbal learning, grooved pegboard, letter number span, trailmaking A and B), and Side Effect Battery (AIMS, Barnes, Simpson-Angus, and SAFTEE scales). Subjects will receive phone calls to check for side effects on Weeks 1, 3, 5, and 7. The Psychological Battery and Side Effect Battery will be repeated on Weeks 2, 4, and 8. The Neurocognitive Battery will be repeated at Week 8.

The primary outcome variable will be the PANSS score. Data analysis will be mixed model ANOVA of group and time effects on the Psychological and Neurocognitive Battery tests.

Findings: Project is ongoing. Nine patients have been enrolled.

Clinical relationship: If boosting cholinergic function is shown to enhance the psychological function of patients with schizophrenia, it could be added to current treatments with relative ease. Boosting cognitive function might lead to improved overall function and quality of life in this population.