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A Study on Different Domains of Quality Of Life in Schizophrenia Patients

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Abstract

Introduction: Schizophrenia is a severe psychiatric illness which affects the thinking, behaviour, communication, mood and perception of an individual. The chronic, debilitating course of the illness affects the quality of life (QOL) of the patient and their family as a whole. Many studies have documented the effect of schizophrenia on QOL of affected individuals. In this study, we aim to study the impact of schizophrenia on different domains of QOL.

Materials and Methods: This observational study included 50 patients affected with schizophrenia, diagnosed with ICD 10 and met the inclusion and exclusion criteria. PANSS was used to assess the symptom severity and QOL was assessed by using WHO QOL-BREF. Appropriate statistical tests were used to arrive at the results.

Results: Female patients had a better QOL when compared to male patients. Severity of schizophrenia had a direct impact on the QOL of patients and was negatively correlated. Positive subscale scores and total PANSS score showed significant correlation in negative direction with physical, psychological, social relationship domains and total QOL. The lowest score of QOL was seen in the social relationship domain. Patients with predominant negative symptoms had a poorer quality of life than those without predominant negative symptoms.

Conclusion: The poor quality of life in schizophrenia is made worse by stigmatization, discrimination at neighbourhood and workplace, leading to social isolation. We need to identify further such factors and plan treatment interventions. Cultural factors have to be taken into consideration while planning interventions to improve the quality of life of a suffering patient and family

Keywords: Schizophrenia, QOL, Stigma

Introduction

Schizophrenia is a severe and debilitating psychiatric disorder with 1% universal prevalence. Dr Emil Kraeplin identified the disorder in 1887 and the name "Schizophrenia" is less than 100 years old. The illness has accompanied the mankind a long way along the history. Written documents mentioning the presence of illness similar to Schizophrenia can be traced to the old Pharaonic Egypt, as far back as 2000BC[1]. It affects general health, functioning, autonomy, subjective wellbeing, and life satisfaction of the patient. Schizophrenia remains one of the top causes of debility that can devastate the lives of people, despite 50 years of pharmacological and psychosocial innovations.

From a bio-psycho-social perspective, QoL is a new view of health that has the potential to improve the lives of patients and their caregivers. It emerged as a perceived need, to balance and supplement the successes of modern medicine, so as to improve the

lives of sufferers of chronic, serious and debilitating disease[2]. QOL involves elements from the physical, mental and social spheres and refers to subjective satisfaction experienced by an individual. The concept of QOL is most important in those disorders which involves long term treatment, is of non-curative nature and runs a chronic, debilitating course[3]. Over the past two decades, the concept of QOL has become an inevitable attribute in the care of schizophrenic patients[4].

The disastrous consequences of suffering from schizophrenia includes imposing a significant amount of burden on the caregivers, thereby affecting the QOL of not just the patient but also their caregivers. The burden on the caregiver of schizophrenia includes lack of leisure time, work overload, financial problems, disrupted sleep and more. Experiences such as isolation by loved and near ones, discrimination at work, stigmatization adds to the agony and is referred to as environmental burden[5]. Shortage of healthcare resources, financial limitations can exhaust the caregivers further. Many publications, independent of social status, reported a reduced QoL for the caregiver as a result of reduction in patient's QoL [6,7].

Although attempts have been made to generate measures of QOL in recent years, quality of life research in psychiatry requires further exploration. Factors influencing QoL in schizophrenia needs a lot more attention to identify factors other than established factors such as social support, unmet needs, and medication side effects[8]. Poor QOL in schizophrenia is also associated with significant amount of anxiety and depression[9]. Importance of improved QoL for better social reintegration and reduction of stigma are mentioned in several studies. On careful investigation, one could establish that QOL is not just an outcome but also is a contributor to several other outcomes. It also cannot be ignored as an important predictor of relapse [10,11].

The relationship between psychiatric symptoms and QoL needs to be clarified as it represents an important step, both in understanding the social aspect of the schizophrenia and also for further guiding future treatment[12]. Assessment of quality of life of such patients often helps in planning the management strategies by devising suitable pharmacotherapy as well as behavioural interventions for the patients. Hence this study is being undertaken to assess the quality of life (QOL) in patients with schizophrenia.

Aim and Objectives

Aim

To assess the quality of life (QOL) in patients with schizophrenia.

Objectives

1. To assess the different domains of quality of life in patients suffering from schizophrenia.
2. To evaluate the relationship between QOL & severity of schizophrenia.

Materials and Methods

This was an observational study which included 50 patients diagnosed with schizophrenia with ICD 10, meeting the inclusion and external criteria.

Inclusion Criteria:

1. Age: 18 to 60 years
2. Diagnosis of Schizophrenia according to I.C.D. – 10 DCR with at least two year duration of illness.

Exclusion Criteria:

1. Co-morbid physical illness
2. H/O head trauma
3. Mental retardation
4. Substance abuse
5. Uncooperative attitude
6. Duration of illness less than 2 years
7. Acute psychotic symptoms

After taking informed consent, a semi structured proforma was used to collect socio-demographic details. Patients who suffer from schizophrenia were screened for severity of symptoms using PANSS. Quality of Life was assessed by using WHO QOL-BREF. Appropriate statistical methods were used to arrive at the results.

Results

Majority of patients where in the age group 40-50 years (n=17, 34%), followed by 30-40 years (n=14, 28%). There were 29 males and 21 females in this study. Majority of the patients were married (n=31, 62%). Majority of the patients were unemployed (n=19, 38%). Most of the patients had done metric or

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intermediate level of education. There were no major differences in the income groups. 32 patients stayed in nuclear family, 18 patients stayed with joint family. 34 patients had Duration of illness between 2-5 years, 16 patients had Duration of illness >5 years.

Panss Score (Table 1, Figure 1)

Among females, mean positive symptoms score was 13.18 ± 4.76, mean negative symptom score was 16.13 ± 7.32, mean General psychopathology score was 30.09 ± 10.42 and total score was 59.4 ± 13.65.

Among males, mean positive symptoms score was 11.69 ± 5.67, mean negative symptom score was 12.63 ± 6.72, mean General psychopathology score was 24.41 ± 6.93 and total score was 48.73 ± 12.64.

Mean overall positive symptoms score was 12.61 ± 4.32, Mean overall negative symptoms score was 14.32 ± 5.37, mean overall general psychopathology score was 27.94 ± 7.62. Total PANSS score was 54.87 ± 11.45.

There was statistically significant difference between male and females in all subscales of PANSS.

Quality Of Life Scores QOL (Table 2, Figure 2)

In females, mean physical health score was 26.34 ± 6.82, mean Psychological health was 23.69 ± 5.11, mean social relationship was 13.54 ± 4.67, mean Environment score was 27.61 ± 6.23.

In males, mean physical health score was 19.23 ± 4.12, mean Psychological health was 17.86 ± 4.66, mean social relationship was 7.81 ± 5.42, mean Environment score was 23.16 ± 3.21. Overall mean score in Physical health was 22.68 ± 5.72, Psychological health was 19.32 ± 3.61, Social relationship was 9.72 ± 3.72, and Environment was 25.23 ± 4.25. Total score was 76.95 ± 14.31. There was statistically significant difference between male and females in all subscales of WHO QOL BREF except environment.

Negative Symptoms and QOL (Table 3, Figure 3)

There was significant difference between all variables of WHO QOL between patients without predominant negative symptoms and patients with predominant negative symptoms.

Severity of Schizophrenia and Quality Of Life Scores (Table 4, Figure 4)

Severity of schizophrenia had a negative correlation with QOL scores.

Discussion

Quality of life in schizophrenic patients have invited much attention in the recent years. The factors negatively affecting the quality of life of an affected individual includes social isolation, stigmatization, lack of employment opportunities and inability to involve meaningfully in relationships. In this study, we attempted to study the different domains of quality of life in patients suffering from schizophrenia and to evaluate the relationship between QOL & severity of schizophrenia.

In this study, as shown in Table 2, there was a statistically significant difference between male and females in all subscales of WHO QOL BREF (P = 0.36, 0.041, 0.023) except environment (0.71). Female patients reportedly had a better quality of life than their male counterparts. This can be explained by the expectations from male population in rural India to provide for the family and also to maintain the social network. Failure to do so can significantly affect the subjective well being and confidence of the affected male.

Total PANSS score showed significant correlation in negative direction with physical, psychological, social relationship domains and total QOL (table 4). Significant negative correlation was found between the negative symptom subscale and physical, psychological domains and total QOL. There was linear correlation between number of negative symptoms and quality of life score, with higher the negative symptoms, lower was the quality of life (r=0.62). General psychopathology and all subscales of QOL also showed significant negative correlation. This is in line with the findings of Packer et al [13], Galletly et al [14], Priebe et al [15].

There was significant difference between all variables of WHO QOL between patients without predominant negative symptoms and patients with predominant negative symptoms (Table 3). Predominant negative symptoms like poor self-care, avolition, lack of motivation, indecisiveness can increase the duties of the caregiver and the patient may feel more dependent and worsen the subjective quality of life. It further adds to the burden in schizophrenia with the challenges posed by its

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treatment. It has been demonstrated with substantial evidence that the humanistic burden of schizophrenia spreads extensively from the patient to their caregivers. Hence, recording the impact on the caregiver should be adequately recorded to estimate the humanistic burden of the disease [16].

On QOL measures, schizophrenic patients had lowest scores on the social relationship domain as shown in Table 4 (mean = 9.72 ± 3.72). The stigma of mental illness which excludes them from social life are recognized to most extent and disliked by those suffering from chronic psychiatric illnesses. Several kinds of formal and informal discrimination are faced by these patients. This can also be explained by the negative symptoms present in these patients, among which asociality, avolition and apathy are known to be prominent. This finding is supported by an earlier study by Gupta *et al.*[17]

From our study, it is learnt that severity of symptoms significantly affects the quality of life of those with schizophrenia. Presence of intense symptoms can significantly affect social interaction, employment, relationships and productivity of the affected individual. Findings of our study are in consonance with findings by Gaur et al[18] who found that severity of illness and psychopathology have negative impact on QOL in schizophrenia and that early intervention may be helpful. Family history, past history and duration of illness had no significant correlation with QOL.

Conclusion

This study confirms poor QOL in schizophrenia. Poor quality of life was evident in all the domains of life as enumerated in WHO BREF. Patients with predominant negative symptoms had worse quality of life when compared to those who did not possess these predominant symptoms. Health care professionals need to consider the functional and social impairments associated with schizophrenia whenever making decisions regarding patient care. Such considerations can pave the way to more specific measures of response to treatment and targeted interventions. Community based awareness programmes and social rehabilitation should be planned much more efficiently in order to remove the stigmatization and discrimination against mental illnesses. This study also emphasizes the need for considering cultural aspects of QOL in future studies.

Tables and Figures

Table 1: Scores of positive, negative and general psychopathology subscales

Variable (PANSS)	**Females (**Mean ± SD)	**Males (**Mean ± SD)	Total **(**Mean ± SD)	P value
Positive	13.18 ± 4.76	11.69 ± 5.67	12.61 ± 4.32	0.031
Negative	16.13 ± 7.32	12.63 ± 6.72	14.32 ± 5.37	0.024
General psychopathology	30.09 ± 10.42	24.41 ± 6.93	27.94 ± 7.62	0.016
Total score	59.4 ± 13.65	48.73 ± 12.64	54.87 ± 11.45	0.037

Table 2: Quality of life scores

Variables (WHO QOL BREF)	**Females** (Mean ± SD)	**Males** (Mean ± SD)	**Total** (Mean ± SD)	**P value**
Physical health	26.34 ± 6.82	19.23 ± 4.12	22.68 ± 5.72	0.036
Psychological health	23.69 ± 5.11	17.86 ± 4.66	19.32 ± 3.61	0.041

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Variables (WHO QOL BREF)	**Females** (Mean ± SD)	**Males** (Mean ± SD)	**Total** (Mean ± SD)	**P value**
Social relationship	13.54 ± 4.67	7.81 ± 5.42	9.72 ± 3.72	0.023
Environment	27.61 ± 6.23	23.16 ± 3.21	25.23 ± 4.25	0.071
Total score	91.18 ± 6.32	68.06 ± 4.25	76.95 ± 4.12	0.037

Table 3. Negative symptoms and quality of life

Variables (WHO QOL BREF)	**Patients without predominant negative symptoms**	**Patients with predominant negative symptoms**	**P value**
Physical health	30.84±5.46	17.11±6.26	0.016
Psychological health	28.92±6.43	16.22±2.88	0.021
Social relationship	12.66±5.2	8.91±5.56	0.019
Environment	31.45±7.3	20.43±4.95	0.021
Total score	103.87±7.3	62.67±5.3	0.033
r (correlation coefficient) = 0.64			

Table 4: Severity of Schizophrenia and Quality of life scores

Variables (WHO QOL BREF)	**Mildly ill (n=11)**	**Moderately ill (n= 24)**	**Markedly ill (n=7)**	**Severely ill (n=8)**	**P value**
Physical health	17.26 ± 8.45	19.47 ± 7.21	22.65 ± 6.35	26.81 ± 5.91	**0.013**
Psychological health	15.82 ± 2.61	18.82± 7.32	21.85 ± 3.27	24.98 ± 3.65	**0.021**
Social relationship	8.65 ± 4.83	8.91 ± 5.97	10.16 ± 3.52	11.53 ± 3.71	**0.014**
Environment	22.67 ± 7.43	24.54 ± 5.76	28.19 ± 3.45	29.87 ± 4.16	**0.018**
Total score	64.4	71.74	82.85	93.19	**0.015**

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Figure 1: Scores of positive, negative and general psychopathology subscales

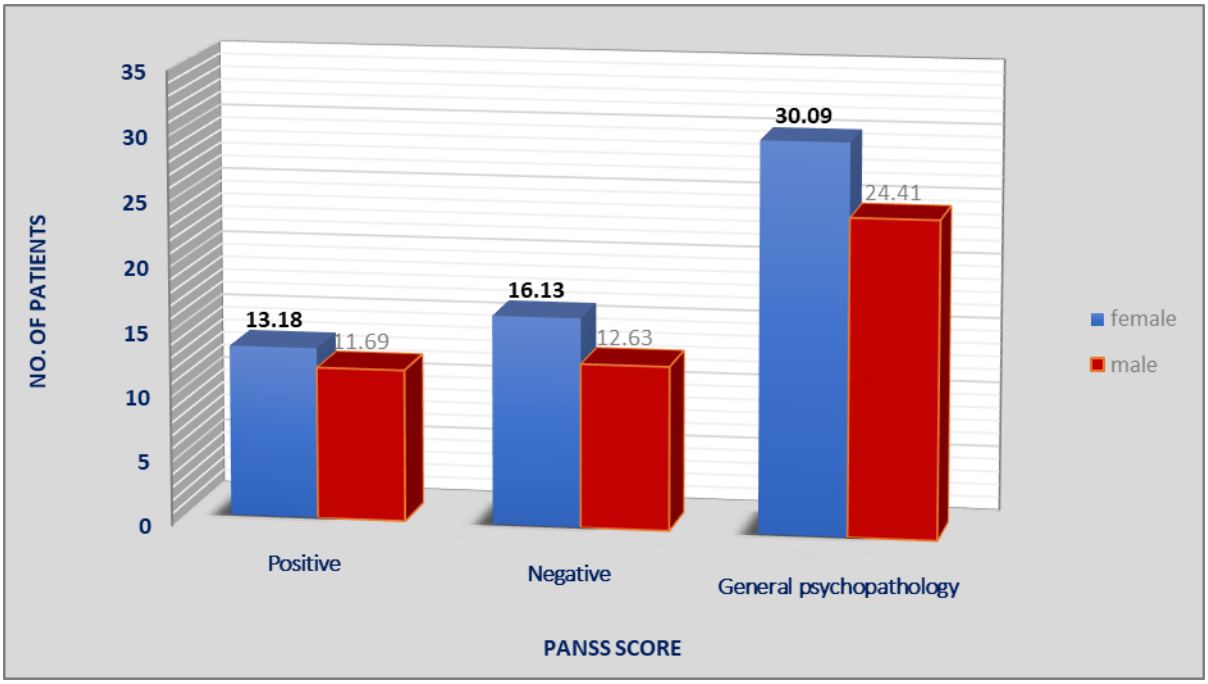

Figure 2: Quality of life scores

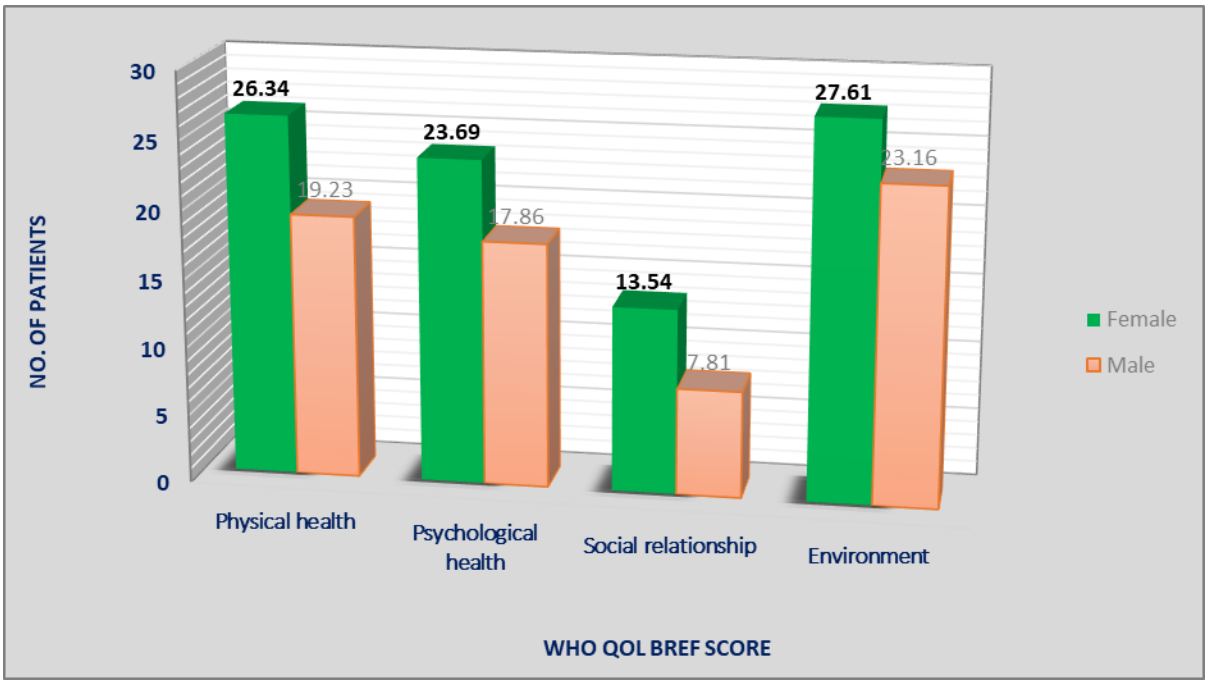

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Figure 3. Negative symptoms and quality of life

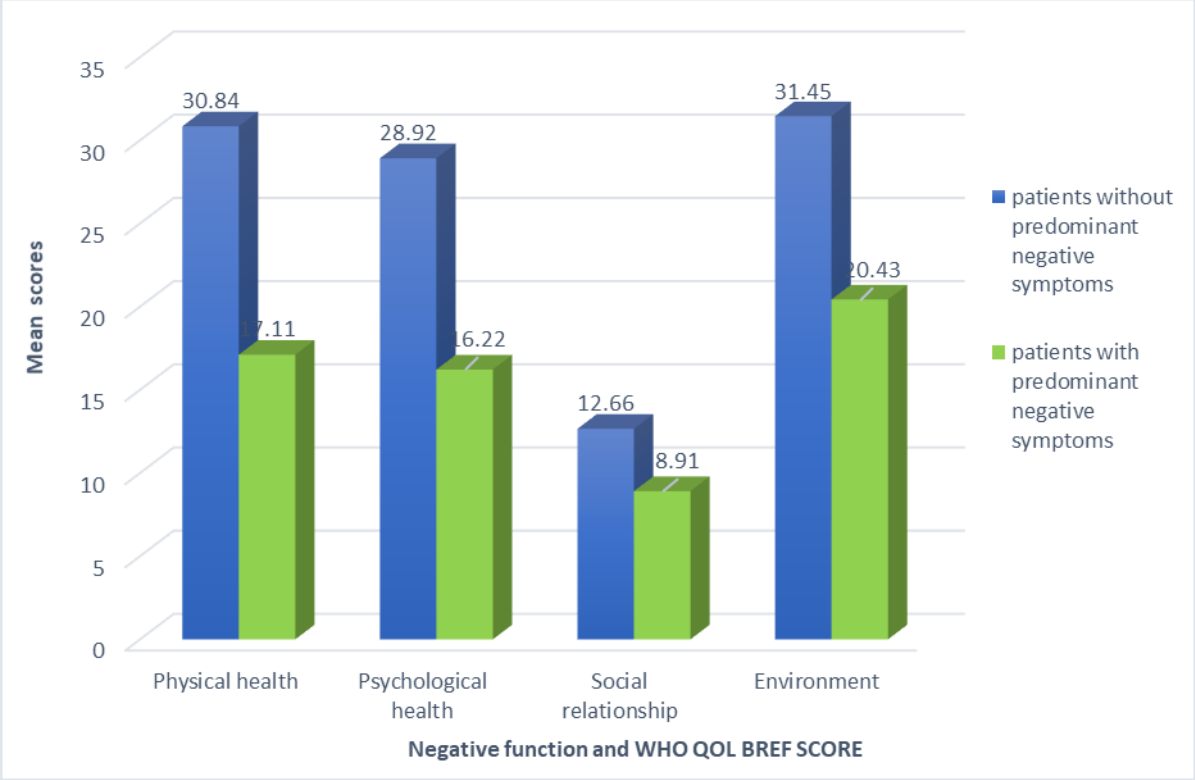
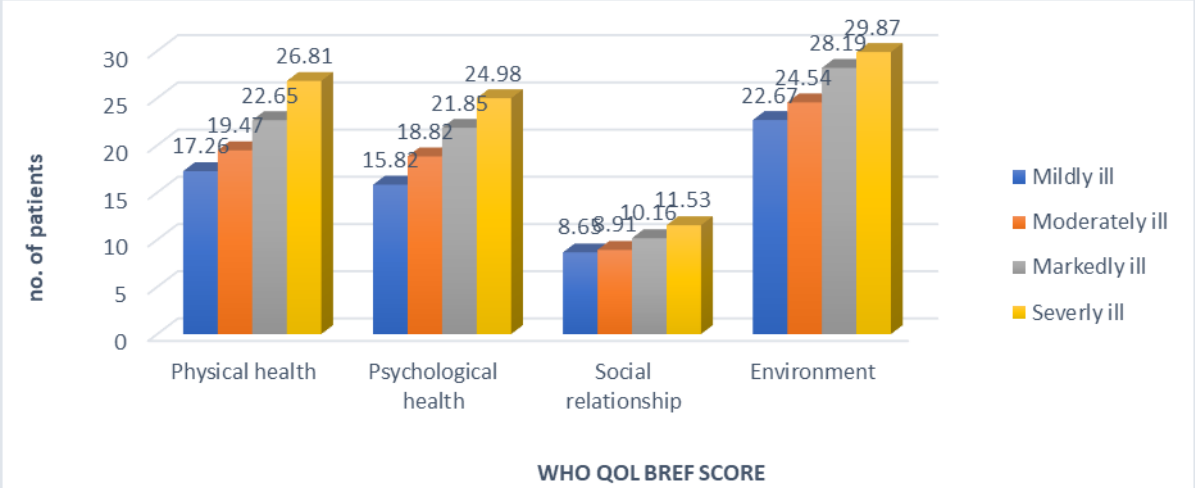


Figure 4: Severity of Schizophrenia and Quality of life scores



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