

Original Research

Assessment of Severity of disability in persons with schizophrenia

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ABSTRACT:

Background: The present study was conducted for assessing Severity of disability in persons with schizophrenia. **Materials & methods:** 50 patients who were suffering from schizophrenia who gave consent for the study were enrolled. Complete demographic and clinical details of all the subjects was obtained. A semi-structured pro forma specifically developed for this study comprising sociodemographic variables, illness profile, and treatment details. World Health Organization (WHO) instrument was used in order to assess behavioral limitations and restrictions to participation experienced by an individual and it was administered through interview mode.^{2,3} All the results were recorded and analysed by SPSS software. Chi-square test was used for evaluation of level of significance. **Results:** Majority of the subjects belonged to rural residence. Out of 50 subjects, 35 subjects were married while the remaining 15 subjects were unmarried. While analysing statistically, it was seen that majority of the unemployed subjects were associated with higher form of disability. **Conclusion:** Schizophrenia can be disabling, but if given comprehensive effective treatment affected people can live reasonably normal lives. Better health policies should be framed to improve the quality of life of persons with schizophrenia.

Key words: Disability, Schizophrenia

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INTRODUCTION

Schizophrenia is a severe, chronic, and disabling mental illness comprising several discrete clinical features with extensive variation between individuals, which places a significant burden not only on the individuals but also on their families and society. Disability is one of the consequences of schizophrenia that individuals afflicted with it experience. It is highly prevalent across patients themselves, families, communities, and professionals. According to the World Health Organization report, schizophrenia is the world's fourth leading cause of disability. Disability in schizophrenia interferes with self-care and mental illness, medical care, further worsening physical health to produce a vicious cycle of disability, and the level of disability is more in chronic and episodic mental disorders.¹⁻³ Despite long years of pharmacological and psychosocial interventions, schizophrenia remains one of the leading causes of disability including poor self-care, inability to manage the tasks of daily living,

social withdrawal, poor functioning in affiliative roles, and work incapacity. A recent study comparing the functional disability between schizophrenia and bipolar disorder resulted in greater disability in schizophrenia than bipolar Disorder.⁴ Hence; the present study was conducted for assessing Severity of disability in persons with schizophrenia.

MATERIALS & METHODS

The present study was conducted for assessing Severity of disability in persons with schizophrenia. 50 patients who were suffering from schizophrenia who gave consent for the study were enrolled. Complete demographic and clinical details of all the subjects was obtained. A semi-structured pro forma specifically developed for this study comprising sociodemographic variables, illness profile, and treatment details. World Health Organization (WHO) instrument was used in order to assess behavioral limitations and restrictions to participation experienced by an individual and it was administered

through interview mode.^{2, 3} All the results were recorded and analysed by SPSS software. Chi-square test was used for evaluation of level of significance.

RESULTS

In the present study, a total of 50 subjects were analysed. Mean age of the subjects was 45.8 years. Majority of the subjects were males. Out of 50

subjects, 12 subjects were illiterate. Majority of the subjects belonged to rural residence. Out of 50 subjects, 35 subjects were married while the remaining 15 subjects were unmarried. While analysing statistically, it was seen that majority of the unemployed subjects were associated with higher form of disability.

Table 1: Distribution of subjects according to level of disability

		Lower disability	Higher disability	p- value
Gender	Males	15	12	0.142
	Females	13	10	
Occupation	Employed	16	7	0.001 (Significant)
	Unemployed	12	15	
Residence	Rural	16	10	0.512
	Urban	12	12	
Marital status	Married	19	16	0.685
	Unmarried	9	6	

DISCUSSION

Schizophrenia remains one of the most debilitating diseases despite very good response rates to antipsychotic medication in individuals who are adherent to treatment. Over three fourths of patients display a reduction or elimination of positive psychotic symptoms with antipsychotic medications during their disease course, but recovery rates are still extremely low. Aside from an array of psychiatric symptoms, individuals with schizophrenia experience a spectrum of heterogeneous impairments including cognitive deficits, poor health, and functional skills deficits. Unfortunately, treatment-related reduction or even elimination of positive psychotic symptoms does not guarantee improvement in everyday outcomes, because clinical improvements associated with antipsychotic treatments rarely lead to improved cognition or negative symptoms. The result is that individuals with schizophrenia continue to struggle with critical areas of everyday functioning such as maintaining employment, social relationships, and living independently while suffering from poor physical health, despite adequate antipsychotic treatment. Specifically, 70–90% of individuals with schizophrenia have vocational and residential challenges, and live on average 20-years less than the general population.⁶⁻⁸

The economic burden associated with schizophrenia is equally staggering. The bulk of this cost is due to reductions in ability to achieve real-world, functional outcomes including independence in residence and employment, rather than direct health-care expenditure on medications and hospitalizations. The cost burden of schizophrenia reflects the disease's chronic and debilitating nature. Consequently, in a large sample of people recently diagnosed with schizophrenia, 80% were found to be either receiving disability compensation or dependent on a relative for financial support within 18 months of diagnosis. Ultimately, long-term everyday outcomes of

individuals with schizophrenia have changed little from functional outcomes in the 19th century.⁸⁻¹⁰Hence; the present study was conducted for assessing Severity of disability in persons with schizophrenia.

In the present study, a total of 50 subjects were analysed. Mean age of the subjects was 45.8 years. Majority of the subjects were males. Out of 50 subjects, 12 subjects were illiterate. Majority of the subjects belonged to rural residence. Out of 50 subjects, 35 subjects were married while the remaining 15 subjects were unmarried. Sharma et al assessed disability in clinically stable patients of schizophrenia as even though they are stable but are disabled and may benefit from disability benefits and rehabilitation. Sixty-two clinically stable patients of schizophrenia were assessed on the Mini-International Neuropsychiatric Interview, Positive and Negative Syndrome Scale (PANSS), and Schizophrenia Cognition Rating Scale. Disability was assessed on the Indian Disability Evaluation and Assessment Scale (IDEAS). Nearly one-fourth of the "stable patients" had moderate-to-severe disability (22.6% – moderate and 1.6% – severe), i.e., certifiable disability as per IDEAS. Disability had a significant correlation with all three domains of PANSS as well as total PANSS score. The correlation was stronger with negative than with positive symptom scores. Disability also strongly correlated with cognitive impairment. "Work," "communication and understanding," and "interpersonal relationship" domains of IDEAS had a strong correlation with cognitive impairment. Nearly 25% of the stable patients had certifiable disability.¹¹ While analysing statistically, it was seen that majority of the unemployed subjects were associated with higher form of disability. Sandeep Grover et al evaluated the prevalence of depression using different measures in patients with schizophrenia. A total of 136 patients with schizophrenia were

evaluated for depression, cognitive insight and socio-occupational functioning. Of the 136 patients included in the study, one-fourth (N = 34; 25%) were found to have depression as per the Mini International Neuropsychiatric Interview (MINI). The prevalence of depression as assessed by Calgary Depression Scale for Schizophrenia (CDSS), Hamilton depression rating scale (HDRS) and Depressive Subscale of Positive and Negative Syndrome Scale (PANSS-D) was 23.5%, 19.9% and 91.9%, respectively. Among the different scales, CDSS has highest concordance with clinician's diagnosis. Sensitivity, specificity, positive predictive value and negative predictive value for CDSS was also higher than that noted for HDRS and PANSS-D. When those with and without depression as per clinician's diagnosis were compared, those with depression were found to have significantly higher scores on Positive and Negative Syndrome Scale (PANSS) positive and general psychopathology subscales, PANSS total score, participation restriction as assessed by P-scale and had lower level of functioning as assessed by Global Assessment of Functioning (GAF). No significant difference was noted on negative symptom subscale of PANSS, clinical insight as assessed on G-12 item of PANSS, disability as assessed by Indian Disability Evaluation and Assessment Scale (IDEAS) and socio-occupational functioning as assessed by Social and Occupational Functioning Assessment Scale (SOFS). In terms of cognitive insight, those with depression had significantly higher score for both the subscales, that is, self-reflective and self-certainty subscales as well as the mean composite index score.¹²

CONCLUSION

Schizophrenia can be disabling, but if given comprehensive effective treatment affected people can live reasonably normal lives. Better health policies should be framed to improve the quality of life of persons with schizophrenia.

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