

The relationship between depressive symptoms and subjective well-being in newly admitted patients with schizophrenia

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Abstract

Background: Depressive symptoms are common in schizophrenia and are considered core features of the disorder. The purpose of the present study was to examine the relationship between depressive symptoms and subjective well-being in newly admitted patients with schizophrenia.

Methods: Eighty newly admitted patients were comprehensively evaluated for subjective well-being, schizophrenic symptoms, and depressive symptoms using the Subjective Well-Being Under Neuroleptics Scale (SWN), the Positive and Negative Syndrome Scale (PANSS), and the Beck Depression Inventory. Correlation coefficients were obtained between depressive symptoms and subjective well-being while controlling for the influence of the severity of psychotic symptoms, extrapyramidal side effect, and subjective attitude toward antipsychotics, as assessed by the PANSS, the Drug-Induced Extrapyramidal Symptoms Scale, and the Drug Attitude Inventory, respectively.

Results: The SWN score had a significant negative correlation with the PANSS depression factor score ($P < .001$). Correlation analysis also revealed a significant negative correlation between the SWN score and the Beck Depression Inventory score ($P < .001$).

Conclusions: The results of our study suggest that depressive symptoms are significantly associated with a low subjective well-being in newly admitted patients with schizophrenia and that the relationship is significant even after controlling for the influence of potential confounding variables. Detection and appropriate management of depressive symptoms in schizophrenic patients may affect their perceptions of their own well-being.

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1. Introduction

Depressive symptoms are common in schizophrenia and are considered core features of the disorder [1,2]. Previous studies have shown a high prevalence of comorbid depressive symptoms in patients with schizophrenia, ranging up to 75% [2-6]. Depressive symptoms in schizophrenia have often been associated with worse outcome, poor psychosocial functioning, higher rates of relapse, and suicidality [2].

Depression in schizophrenia has recently been readdressed because it has been suggested that atypical antipsychotics have beneficial effects on affective symptoms in addition to antipsychotic activity, which may be partly attributable to their favorable profile for extrapy-

ramidal side effect, akathisia, and antipsychotic-induced dysphoria [2,7-11].

With regard to subjective well-being or quality of life, previous studies have shown that depressive symptoms are associated with a low quality of life in schizophrenia [12-15], suggesting that detection and appropriate treatment of depressive symptoms in schizophrenic patients may affect the perceptions of their own well-being. However, previous studies mainly focused the relationship in clinically stable outpatients, and the results may not be generalized to inpatients with acute exacerbation. It has been increasingly recognized that subjective well-being is a specific measurable parameter [16-21] and that most schizophrenic patients, if not experiencing severe cognitive impairment, are able to represent their subjective well-being [18,19,22-24].

Hence, the purpose of the present study was to examine the relationship between depressive symptoms and subjective well-being in newly admitted patients to contribute to the growing interest in depressive symptoms of schizophrenia.

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2. Methods

2.1. Subjects

The study protocol was approved by the institutional review board, and all procedures used in the study were conducted in accordance with international ethical standards, Declaration of Helsinki. The criteria for patient recruitment were as follows: (1) a diagnosis of schizophrenia by *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* [25], (2) age between 18 and 60 years, (3) newly admitted inpatients, and (4) ability to be rated reliably on the psychiatric rating scales and to complete measures of subjective well-being and depressive symptoms. Patients were excluded if they (1) met the diagnostic criteria for a psychiatric diagnosis other than schizophrenia; (2) had severe cognitive impairment; (3) had a concurrent diagnosis of substance abuse or dependence; or (4) had any concurrent medical or neurological disorder.

Eighty newly admitted patients (46 men; 34 women) were enrolled in the study. Written informed consent was obtained from all subjects after a full explanation of the study procedure. The demographic and clinical characteristics of the subjects are presented in Table 1. The subjects had a mean (SD) age of 31.8 (9.1) years and a mean (SD) duration of illness of 7.6 (6.7) years. The mean (SD) years of education were 13.5 (2.6) years. At the time of the investigation, 28 patients were receiving antipsychotics. The antipsychotics that patients were taking at the time of the assessment were risperidone ($n = 11$), olanzapine ($n = 7$), clozapine ($n = 3$), quetiapine ($n = 2$), pimozide ($n = 2$), haloperidol ($n = 2$), and amisulpride ($n = 1$).

2.2. Assessments and procedures

Subjective well-being was assessed using the Subjective Well-Being Under Neuroleptics Scale (SWN) [16,26]. The SWN is a questionnaire that has been used to assess the subjective well-being and quality of life in patients

with schizophrenia [18,19,21,27,28]. The SWN consists of 20 items with a 6-point Likert response format, and it captures the subjective well-being of patients from the patient's perspective [26]. Previous studies have shown sufficient internal consistency and construct validity of the SWN [18,26]. The scale has been increasingly used in different samples of schizophrenia [18,20,21,29]. A Korean version of the SWN was developed [30] and used in this study.

The schizophrenic symptoms were assessed using the Positive and Negative Syndrome Scale (PANSS) [31]. The PANSS is a 30-item instrument that measures positive, negative, and general psychiatric symptoms [31]. A 5-factor model of the PANSS was used based on evidence from the recent factor analysis studies [32–34]. The factors were positive, negative, cognitive/disorganized, depression, and excitement. For the evaluation of subjective depressive symptoms, the Beck Depression Inventory (BDI) [35,36] was also applied. The standardized Korean version of the BDI [37] was used. The mean (SD) scores of the PANSS and BDI were 93.2 (17.2) and 15.4 (11.5), respectively, in the subjects. Subjective response to antipsychotic treatment was assessed using the 10-item version of the Drug Attitude Inventory (DAI-10) [38]. The DAI-10 is a self-report scale developed to measure subjective response and attitude of schizophrenic patients toward antipsychotic treatment. It is designed to capture not only the subjective responses to antipsychotics but also their long-term consequences (eg, attitude toward pharmacological treatment, treatment-adherence, and functioning) [39]. The global severity of extrapyramidal side effect was assessed using the Drug-Induced Extrapyramidal Symptoms Scale (DIEPSS) [40,41]. The metric properties of the DIEPSS are well established, and the scale has been used in clinical studies to assess the tolerability of antipsychotics [42].

Each patient had a baseline interview and was evaluated using the PANSS and the DIEPSS by an investigator (J.H.K.) who was familiar with the assessment of psychotic symptom and extrapyramidal side effect [41,43] and was assessed using the SWN, the DAI, and the BDI in the presence of a research assistant who monitored whether or not the questions were completely understood.

2.3. Statistical analysis

Correlation analyses were performed to explore relationships between subjective well-being and the clinical variables and measures of depression. Correlation coefficients were obtained between SWN total score and PANSS depression factor score while controlling for PANSS total score, DIEPSS score, and DAI score. Correlation coefficients were also calculated between SWN total score and BDI score using the same method. For all analyses, the level of statistical significance was defined as $P < .05$ (2-tailed). All statistical analyses were performed using SPSS 11.0 for windows (SPSS, Chicago, IL).

Table 1
Demographic and clinical characteristics of the subjects ($n = 80$)

Variables	Mean \pm SD/n (%)
Age (y)	31.8 \pm 9.1
Sex	
Male	46 (57.5)
Female	34 (42.5)
Duration of illness (y)	7.6 \pm 6.7
Education (y)	13.5 \pm 2.6
Marital status	
Single	65 (81.2)
Married	15 (18.8)
PANSS factor score	
Positive	20.8 \pm 4.8
Negative	21.9 \pm 7.1
Cognitive/disorganized	21.4 \pm 6.9
Depression/anxiety	15.6 \pm 4.7
Excitement	10.2 \pm 4.0

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