

Insight and psychopathology in never-treated schizophrenia

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Abstract

Insight is a feature of schizophrenia related to psychopathology, which could be modified by treatment. The real relationship will be more evident in the never-treated state. This study compared insight and its relationship to psychopathology in 143 never-treated patients with chronic schizophrenia with 183 treated patients. The treated patients had not received any structured intervention for improvement of insight. The item on insight and judgment from the Positive and Negative Syndrome Scale for schizophrenia was used as a measure of insight. Never-treated patients were more ill and poorer in insight than the TT group. Sex, age, duration of illness, negative symptoms related to insight only in the TT group. Positive symptoms score correlated with insight in both the groups, but negative symptoms correlated with insight only among the treated patients. Delusions, uncooperativeness, and poor attention predicted 27% of variation in the level of insight in the never-treated, whereas age; duration of illness; and symptoms of emotional withdrawal, difficulty in abstract thinking, and uncooperativeness predicted 30.3% of variation in insight of the TT group. The observed differences between the never-treated and treated subjects were due to influence of treatment on the association between insight and psychopathology. A subgroup of patients with a treatment-resistant trait of negative symptoms associated with poor insight was hypothesized.

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1. Introduction

Insight or self-awareness is a quality highly valued by most clinicians in the mental health field, largely because a strong link is assumed between good insight and better quality of life [1]. It was proposed that insight is not an “all-or-none” phenomenon but composed of 3 distinct overlapping dimensions, namely, the recognition that one has a mental illness, compliance with treatment, and the ability to relabel unusual mental events (delusions and hallucinations) as pathological [2].

Severe self-awareness deficits are a prevalent feature of schizophrenia, perhaps stemming from the neuropsychological dysfunction associated with the disorder, and are more common in schizophrenia than in other psychotic disorders [3]. The concept of insight into psychosis has received scant attention in the psychiatric literature [1] but during the past decade, there is a resurgence of interest in investigating the relationship between insight and symptoms in schizophrenia

[4]. Insight may be associated with the overall severity of psychopathology [5,6]. Several studies have identified specific associations of insight with positive, negative, and mood symptoms [6–8], although some did not [9].

Studies on insight were carried out with patients receiving treatment. Treatment modified both psychopathology and insight. Hence, one could not be sure how far artifacts of drug treatment and associated factors influenced the descriptions of the relationship between insight and psychopathology. The nature of this relationship in the natural chronic untreated state is not known. Knowledge of this is not merely of clinical interest but of importance in understanding the neuropathology of the illness. We had the opportunity to study a group of patients with chronic schizophrenia in India, who never entered any treatment process for their illness. We report here an analysis of insight and its relation to psychosis in these subjects and compared them with a group of patients who received antipsychotic treatment.

2. Method

The study involved a group of 143 patients who were never treated (NT group) and 183 patients who were treated

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(TT). Aspects of the NT group have been reported previously [10–12]. A paper submitted elsewhere described the frequency and factor structure of symptoms in the NT group. The treated subjects were consecutive samples of patients attending the outpatient clinical service of Schizophrenia Research Foundation (India) in Chennai, India. Clinical interview and review of case history and case records were conducted, and a diagnosis of schizophrenia was made based on *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* criteria [13]. All subjects were residents of Chennai, its suburbs, and outlying villages. Majority of never-treated patients were identified through the community outreach services of Schizophrenia Research Foundation. The ethical review board of the institution approved the study. Patients gave informed consent after receiving an explanation of the study. All the never-treated patients were offered treatment, irrespective of their consent to participate in the study. The treated patients were on antipsychotic medication. We did not have information to give details of the type of antipsychotic medications used, their dosage, and patient compliance with treatment. They had not been on any specific programs aimed at developing insight beyond the unstructured psychoeducation inputs they received at clinical reviews by the clinicians.

Our confidence in the never-treated status of the never treated patients was expressed in an earlier report [10]. The duration of illness was measured as the time from first recognition of psychotic symptoms by the patient and/or a family member. Duration of treatment in the TT group was the period since first psychiatric treatment was sought. “Proportion of illness treated” was the duration of treatment expressed as a percentage of duration of illness. The proportion of illness treated essentially reflects the duration of untreated illness before treatment was started. At least one informant living with the patient at the time of onset was available for this assessment. Psychopathology was measured using the Positive and Negative Syndrome Scale (PANSS) for schizophrenia [14]. The PANSS comprised of a positive scale (P scale) to measure positive symptoms, negative scale (N scale) to measure negative symptoms, and general psychopathology scale (GP scale) to measure other symptoms including anxiety and depression. The rating of items for each patient was made with reference to the

previous month. Ratings were based on an interview with the patient and at least 1 caregiver living with the patient in the same household. The assessment was made by one of the authors (ST, RT, RP) who have extensive experience in the use of the PANSS. The raters were aware of the treatment status of the subjects.

The score on the item “lack of judgment and insight” in the GP scale of PANSS was taken as the measure of insight. The glossary definition of this item was, “Impaired awareness or understanding of one’s own psychiatric condition and life situation. This is evidenced by failure to recognise past or present psychiatric illness or symptoms, denial of need for psychiatric hospitalisation or treatment, decisions characterised by poor anticipation of consequences and unrealistic short-term or long-range planning.” The rating is based on thought content expressed during the interview. It was rated on a 7-point scale. A score of 1 indicated good to excellent insight, and a score of 7, extremely poor insight.

Data compilation and statistical analysis were carried out using the Statistical Package for Social Sciences, version 7.5.1 (SPSS, Chicago, Ill). χ^2 and *t* Tests were used to compare subgroups of patients and Pearson’s correlation analysis to study the relationship between variables. Variables found significantly associated with insight scores at univariate analysis were entered into linear stepwise regression analyses to identify symptoms/variables that predicted level of insight. PANSS subscale total scores were not considered for this analysis because individual symptoms were included. A few subjects had incomplete data that accounted for the difference in degrees of freedom applied in some of the statistical analyses.

3. Results

Comparison of NT with TT is shown in Table 1. The NT had been ill for a significantly shorter duration and had higher total scores on all the 3 PANSS scales. The NT had a higher mean score on insight item (indicating poorer insight). A logistic regression analysis revealed 4 variables—treatment status, PANSS positive and negative scale totals, and duration of illness predicted 32.3% variation in insight scores ($F = 37.83$, $P < .001$). Among these variables, treatment status predicted most of the variation

Table 1
Comparison of never- treated and treated patients

Variable	Never treated	Treated	Statistics
Male/female ratio	71:72	102:71	$\chi^2 = 1.19$ (NS)
Mean age (SD)	46.9 y (16.3)	44.4 y (13.6)	$t = 1.55$ (NS)
Mean duration of illness	10.7 y (9.1)	14.1 y (10.1)	$T = 3.14$, $df = 324$, $P < .01$
PANSS (mean score [SD])			
Positive scale	18.5 (7.6)	11.1 (4.5)	$T = 10.95$, $df = 323$, $P < .01$
Negative scale	16.8 (9.9)	11.7 (6.3)	$t = 5.68$, $df = 323$, $P < .01$
GP scale minus insight item	23.7 (8.6)	21.7 (6.3)	$t = 2.37$, $df = 324$, $P < .02$
Insight	3.7 (1.9)	2.0 (1.5)	$t = 9.34$, $df = 324$, $P < .01$

NS indicates nonsignificant.

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