Stability and relationships between trait or state anhedonia and schizophrenic symptoms in schizophrenia: A 13-year follow-up study

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Abstract

The aim of the present study was to explore the stability of anhedonia and its relationships with schizophrenic symptoms across a 13-year study period. We tested the hypothesis that trait anhedonia, rated by the Physical Anhedonia Scale (PAS), was stable and independent of schizophrenic symptoms across this period, while measures of state anhedonia were not. Sixty schizophrenic subjects were evaluated at two time points, at hospital admission or during an ambulatory psychiatric consultation and 13 years later. Trait anhedonia was assessed using the Chapman Physical Anhedonia Scale, while state anhedonia was assessed with a subscale extracted from the Beck Depression Inventory. The Positive and Negative Syndrome Scale (PANSS) was used to rate schizophrenic symptomatology. Unlike trait anhedonia, state anhedonia decreased significantly over time. Based on results from multiple regressions, negative and depressive dimensions were significant predictors of state anhedonia. Trait anhedonia was not associated with negative symptoms, but was associated with severity of disorganization symptoms at baseline and with our state measure of anhedonia at follow-up. In the current study, state and trait anhedonia were correlated, but depressive symptoms in general were not associated with physical anhedonia. The results indicated that trait anhedonia, in contrast to state anhedonia, had absolute stability, was independent of the negative dimension, as measured by the PANSS, of schizophrenic symptomatology and correlated with specific aspects of depressive anhedonia.

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1. Introduction

Anhedonia, the decreased ability to feel pleasure, has been hypothesized to be a core feature of schizophrenia that may contribute to the liability to develop the disorder (Meehl, 1962, 1990). Anhedonia has been defined in a number of different ways in studies of mentally ill
populations. These different definitions and related criteria cannot be used interchangeably as they measure different conceptualizations of anhedonia; the differences in definition have not always been clearly taken into account in the literature. Anhedonia scales have been developed to evaluate loss of previous levels of enjoyment (typical of a depressive state), trait experience of absence of pleasure (as assessed with the self-report scales of Chapman et al.), or decrease in pursuit of potentially pleasurable activities as assessed by an interviewer (e.g. Scale for the Assessment of Negative Symptoms, SANS). Moreover, instruments vary in the time frame assessed. For example, the SANS typically rates the last 1–2 weeks, while the Schedule for the Deficit Syndrome (SDS) seeks to identify enduring deficit negative symptoms and scores on the PAS or SAS have been found (Kirkpatrick and Buchanan, 1990; Loas et al., 1996a, 2000). As noted earlier, these negative symptom scales are typically completed by interviewers, vary in their actual focus on anhedonia in contrast to other negative symptoms, and tend to measure anhedonia based on observed engagement in the social environment rather than on internal state. When negative symptom assessment involves actual discussion of experiences of pleasure with patients, such as in interviews to assess deficit negative symptoms (Carpenter et al., 1988), stronger relationships between deficit negative symptoms and scores on the PAS or SAS have been found (Kirkpatrick and Buchanan, 1990; Loas et al., 1996b). Past studies also indicate that trait anhedonia self-report scores are unrelated to depressive symptoms as measured by the BPRS or the Beck Depression Inventory (BDI) (Blanchard et al., 1994, 2001; Loas et al., 2000). In sum, these data support the distinction between anhedonia as assessed by decreased engagement in social activities (which contributes to measures of depressive and negative symptom anhedonia) and self-reported experiences of gaining pleasure from engagement with the social and/or physical environment.

1.2. Assessment of stability of anhedonia

Several longitudinal studies, to date, have explored the stability of the Chapman anhedonia scale over time, by assessing cross-time correlations, or by assessing whether changes in severity of symptoms influence anhedonia scores. Blanchard et al. (1998) reported satisfactory test–retest reliabilities on the PAS and SAS over a 3-month period in 37 schizophrenic outpatients and 15 controls. Further, in a 1-year follow-up study, Blanchard et al. (2001) found significant test–retest correlations for SAS scores between the two evaluations (baseline and 1 year later) in three different samples (23 schizophrenic subjects, 13 patients with depression, and 28 controls). Only one study has explored the long-term stability of anhedonia assessed by the Chapman scale over multiple years. Herbener and Harrow (2002), using prospectively collected longitudinal data covering a 10-year span for 127 schizophrenic or schizoaffective patients, found that
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