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Is it true remission? A study of remitted patients affected by schizophrenia and schizoaffective disorders

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ABSTRACT

To date, few studies have reported analytical data relating to clinical remission, functional remission and subjective experience. The present study aimed to investigate these aspects in a sample of chronic outpatients. Methods: 112 schizophrenic or schizoaffective outpatients (Males=60; Females=52; mean age 43.5 ± 9.42 yr) were evaluated with regard to symptomatology (SCID-I; PANSS, CGI-SCH scales), functioning (PSP scale), subjective wellbeing (SWN-K scale) and Quality of Life (WHO-QoL-Bref scale). Results: 50% of patients were found to be in remission. Significantly higher scores at PANNS, CGI-SCH, PSP, but not at SWN and WHO-QoL, were found among remitted patients; a relevant proportion of remitted subjects continued to manifest a moderate level of symptoms (score > 3) both at PANSS (35% of cases) and CGI-SCH (29% of cases), significant functional impairment (total score < 70) at PSP (68% of cases), and a lesser degree of wellbeing (total score < 80) at SWN-K (34% of cases). Conclusion: patients in whom clinical remission was confirmed may display persisting symptoms, relevant areas of functional impairment and a decreased sense of wellbeing.

1. Introduction

In recent years increasing emphasis has been placed on remission (Nasrallah and Lasser, 2006) in schizophrenia, following the introduction of a set of well-established criteria by the Remission Schizophrenia Working Group (RSWG) (Andreasen et al., 2005), which has been proven to be conceptually viable and easy to use both in clinical trials and clinical practice (Van Os et al., 2006). Symptomatic remission is clinically relevant, as demonstrated by its association with improved functioning (De Hert et al., 2007; Helldin et al., 2007; Boden et al., 2009) but is not necessarily associated with functional improvement; indeed approx. 50% of patients treated achieve clinical remission, but only 20% reach functional remission (Schennach-Wolff et al., 2009). Moreover, the majority of functionally remitted patients are in clinical remission, whilst only a minority of clinically remitted patients achieve functional remission (Wunderink et al., 2007). The RSWG (Andreasen et al., 2005) underlined how the proposed criteria were somewhat arbitrary, being based upon only eight items of the PANSS and a cut-off score below 3, thus not excluding the presence of still clinically relevant symptoms. A recent study (Karow et al., 2012) revealed that remitted patients displayed persisting symptoms of emotional distress, deficits in different areas of functioning and reduced sense of wellbeing. The aim of the present study was to assess whether remitted patients according to RSWG severity criteria: (1) display a better symptomatic and functional status respect to non remitted patients, and the magnitude of these differences; (2) continued to manifest clinically relevant symptoms, although their symptomatic status was significantly better than that observed in non-remitted patients; (3) continued to display deficits in different areas of functioning, despite an overall better functioning compared to non-remitted patients; (4) continued to display impaired wellbeing and subjective quality of life, despite an overall higher level of wellbeing and subjective quality of life compared to non-remitted patients.

2. Materials and methods

2.1. Sample

In the context of an ongoing prospective naturalistic follow-up study of chronic outpatients routinely treated in a community setting (Carpiniello et al., 2012), all patients with a diagnosis of schizophrenia or schizoaffective disorder according to DSM-IV-TR attending a university community mental health centre in the year 2010 were enrolled consecutively. Patients with other comorbid disorders, including patients with substance use disorders were included in the study, with the exception of those with comorbid mental retardation or organic brain diseases. Standard care

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Table 1
Characteristics of the sample according to gender.

Items	Males	Females	Total	Statistics
Age (mean yrs ± S.D.)	42.76 (8.32)	45.34 (11.70)		t (110) = −1.138 p=0.261
Marital status (*N*, %)				
Single	72 (90)	25 (78.1)	97 (86.6)	$\chi^2(1)=2.779$,
Married	8 (10)	7 (21.9)	15 (13.4)	$p=0.096$
Occupation (*N*, %)				
Unemployed	60 (75)	23 (71.9)	83 (74.1)	$\chi^2(1)=0.116$,
Employed	20 (25)	9 (28.1)	29 (25.9)	$p=0.733$
Education (mean yrs ± S.D.)	10.35 (3.681)	12-06 (4.10)		$t(110)=-2.152$ $p=0.034$
Diagnosis (*N*, %)				
Schizophrenia	36 (45)	10 (31.2)	46 (41.1)	$\chi^2(1)=1.786$,
Schizoaffective Dis	44 (55)	22 (66.8)	66 (58.9)	$p=0.181$
Total (*N*, %)	80 (71.4)	32 (28.6)	112 (100)	

generally provided in community mental health centres in Italy (pharmacological treatment; clinical monitoring at least on a monthly basis; home care when required, psychosocial and rehabilitation interventions tailored to patient's needs) was provided to patients included in the study.

2.2. Evaluation

In line with procedures applied in previous studies (Carpiniello et al., 2002; Primavera et al., 2012), retrospective data were collected from standardized clinical records routinely used in the community mental health centre, as described by the Italian version of procedures suggested by the Association for Methodology and Documentation in Psychiatry (AMDP) (Conti et al., 1988). In particular, socio-demographic (gender, age, education, marital status, employment status) and clinical data, course of illness according to DSMIV-TR course specifier criteria for schizophrenia, inpatient admissions, attempted suicides, legal problems, pharmacological and non pharmacological treatments were taken into account. To enhance the retrospective evaluation of cases, clinical records were examined to ascertain their suitability for providing reliable retrospective data. In order to confirm diagnosis, subjects underwent comprehensive psychiatric evaluation by means of the Structured Clinical Interview for Diagnosis for Axis I DSM-IV (SCID-I Research Version) (First et al., 1996) after having signed an informed consent form. Interviews were conducted by residents in psychiatry trained in the use of the instruments; inter-rater reliability, assessed using Cohen's K before the study, was higher than 0.80. Personal and social data, and clinical history were collected on the basis of a structured interview purpose-developed for the present study. Symptoms were evaluated by means of PANSS (Positive and Negative Syndrome Scale) (Kay et al., 1987), consisting in 30 items grouped into three distinct clusters (positive symptoms, negative symptoms, general psychopathological symptoms); symptoms are rated on a 7-point scale. To evaluate clinical remission, criteria developed by the RSWG (Andreasen et al., 2005) based on ratings at eight focal symptoms of PANSS (P1, P2, P3, N1, N4, N6, G5, G9) were applied. Patients are judged to be in clinical remission when scores obtained at each of these items is less than or equal to three over a six-month period. Due to the cross-sectional nature of the study clinical remission was evaluated taking into account only the severity criterion. Overall clinical status was evaluated by means of the Clinical Global Impression-Schizophrenia scale (CGI-SCH) (Haro et al., 2003); CGI-SCH is the adapted version of the CGI (Clinical Global Impression Rating Scale). The CGI-SCH provides for the assessment of severity and improvement of positive, negative, cognitive, symptoms and depression over the week before the visit. The CGI scale comprises three main domains: severity of illness, global improvement and efficacy index. For the purposes of the present study only the severity score was applied.

Functioning was evaluated by means of PSP (Personal and Social Performance Scale) (Morosini et al., 2000), an instrument assessing social functioning of patients with schizophrenia in 4 main areas: social activities, personal and social relationships, self-care and disturbing /aggressive behaviours. For each area a score ranging from 0 (no disability) to 5 (very severe disability) is attributed according to specific criteria. A comprehensive overall score ranging from 1 (maximum dysfunction) to 100 (maximum functioning) is attributed, based on score obtained at each single area. A total score equal to or higher than 80 indicates a condition of "functional remission".

Subjective wellbeing was evaluated by means of Subjective Wellbeing under Neuroleptics-Short Version (SWN-K) (Naber et al., 2001), a self-administered 20-item rating scale aimed at assessing the psychological and physical wellbeing of patients treated with neuroleptics. An overall score equal to or higher than 80 indicates a state of subjective wellbeing.

Subjective quality of life was evaluated by means of the Subjective Wellbeing under Neuroleptics-Short Version and WHO Quality of Life Brief questionnaire (WHOQOL-Brief) (Skevington et al., 2004), a self-evaluated 26-item questionnaire. WHOQOL-Bref yields four subscores focusing on different domains (physical, psychological, social relationships, environment). Two additional items evaluate the overall subjective quality of life and overall perceived quality of personal health.

A number of other standardised measures were used to obtain a comprehensive evaluation of patients. In particular, premorbid adjustment was evaluated by means of PAS (Premorbid Adjustment Scale) (Cannon-Spoor et al., 1982); adherence was assessed by means of CRS (Clinical Rating Scale) (Byerly et al.,2005); attitudes towards treatments was measured by means of DAI-10 (Drug Attitudes Inventory) (Hogan et al., 1983); side effects were assessed by means of DOTES (Dosage and Treatment Emergent Symptoms Scale) (Guy, 1976).

2.3. Statistical analysis

Categorical data were analysed using Pearson's χ^2 Test (Chi-square) or Fisher's exact test; continuous variables were assessed by means of Student's "*t*" test for independent samples. The magnitude of differences in mean scores obtained at different rating scales was calculated by means of Cohen's "*d*". Data analyses were performed using SPSS 19.0. Level of significance was set at a p value <0.05 for two-tailed hypothesis.

3. Results

3.1. Baseline characteristics

For the purpose of this study baseline (Table 1) characteristics of the cohort enrolled in the study during the year 2010 were taken into consideration. The sample was made up of 112 patients, 80 males (71.4%) and 32 (28.6%) females, who met the above-mentioned inclusion/exclusion criteria; 46 patients (41.1%) were affected by schizophrenia and 66 (58.9%) by schizoaffective disorder (58.9%); mean age was 43.5 ± 9.42 years (range 25–68); mean years of education were 10.84 ± 3.9 (range 4–24); 97 subjects (86.6%) were single; 83 (74.1%) were unemployed.

3.2. Baseline clinical characteristics

Course of illness was continuous or episodic with interepisodic residual symptoms in 89 cases (79.4%). Seventy-five patients (67%) had been admitted to hospital at least once in their life, with the most significant proportion (n=38, 33.9%) having had 2–4 admissions and 10.8% (n=12) of which had five or more admissions. Thirty-three patients (29.5%) had attempted suicide at least once in their life (n=17, 15.2% two or more attempted suicides); nine subjects (8.0%) had been prosecuted by a criminal court for acts of violence (one had been admitted to a Forensic Psychiatric Hospital); 38 patients were taking typical (33. 9%), and 86 (76.8%) atypical