



Socio-demographic and clinical predictors of quality of life in patients with schizophrenia or schizo-affective disorder

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Abstract

This article discusses the relationships between socio-demographic, clinical characteristics and Quality of Life (QOL) of individuals with schizophrenia. The client form of the Canadian version of the Wisconsin Quality of Life Index (CaW-QLI) was used with a population of 181 individuals with either schizophrenia or schizo-affective disorder. Multivariate analyses of variance with Tukey post hoc tests were used to assess differences between groups defined according to socio-demographic and clinical characteristics on all sub-scale scores in addition to the global score on the CaW-QLI. Relationships between socio-demographic characteristics and QOL were found for gender, age, education, employment status and living arrangement. Differences in QOL were found between groups with different clinical characteristics, such as diagnosis, hospitalization during the last 12 months and age at first hospitalization. Using socio-demographic and clinical variables in addition to psychosocial variables appears to be promising for understanding QOL in psychotic patients. Methodological considerations for future research are discussed.

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1. Introduction

Over the past 15 years, there has been an increased amount of research on the quality of life (QOL) of

individuals with severe psychiatric disorders such as schizophrenia. In the literature, QOL has mainly been used as an outcome indicator for the evaluation of services and programs and, more recently, in clinical trials for new drugs. However, numerous personal and social variables in addition to mental health services can have an impact on QOL in the community. Thus, it is important to identify these variables in order to plan services that could improve QOL in patients with

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severe mental illness. Many cross-sectional studies have explored the relationships between socio-demographic and clinical variables and subjective QOL. Some results converge around certain variables that could affect subjective QOL; but for other variables, it is difficult to draw firm conclusions. A number of factors could explain the variations in findings in studies that identify variables linked to QOL. On one hand, the concept of subjective QOL may vary from one study to the next. On the other hand, some variables may affect distinct populations differently, just as they may have differing effects on the various dimensions of QOL. Finally, the diversity of the instruments used, the specificity of the populations for which they were developed and their psychometric characteristics may also be factors.

The concept of QOL has both an objective and a subjective component. The subjective component refers to a concept of “well-being”, “life satisfaction” or “happiness”, while the objective component hinges on aspects of social functioning and environment (Bigelow et al., 1991). Conceptualization, operationalization and measurement of QOL have been the subject of many publications, and a scholarly overview can be found in Katschnig et al. (1997). However, most scales are time consuming, require trained interviewers, and/or have psychometric properties that have not been adequately evaluated.

The proceedings from a 1997 workshop co-sponsored by Health Canada and the Canadian Alliance for Research on Schizophrenia (Holley, 1998) identified two measures that show promise: (a) the Lancashire Quality of Life Profile and (b) the Wisconsin Quality of Life Index.

The Wisconsin Quality of Life Index (W-QLI) (Becker et al., 1993) has incorporated most of the characteristics that should be contained in a good QOL clinical and research tool. It is an instrument specifically designed to address the issue of QOL in individuals with severe mental illnesses and is increasingly being incorporated into clinical studies (Awad et al., 1997). This instrument relies on a multidimensional concept of QOL; the scales cover different domains, and some of them measure specific aspects of life among individuals with severe mental illness. Some of the scales include existing scales: The Satisfaction with the Life Domains Scale (Baker and Intagliata, 1982), Bradburn's Affect Balance Scale

(Bradburn, 1969), the outcome scale related to frequency and type of social contact of the International Pilot Study on Schizophrenia (Strauss and Carpenter, 1974) and the Spitzer's QL-Index and Uniscale (Spitzer et al., 1981). These scales have been retained by the authors on the basis that they have been identified in previous studies as relevant in the measurement of QOL (Becker et al., 1993).

The objective of this study is to explore the relationship between socio-demographic and clinical variables and dimensions and the global QOL score with patients who have schizophrenia, using the Canadian version of the W-QLI, a multidimensional instrument that is specifically designed for patients with severe mental illness and exhibits good psychometric properties.

1.1. Literature review

Many cross-sectional studies have explored the relationships between variables related to demographic, clinical, social and environmental factors and subjective QOL. Summaries of these studies of general as well as clinical populations have been published (Andrews and Withey, 1976; Diener, 1984; Mercier, 1994).

Some QOL research in the general population (Andrews and Withey, 1976; Campbell et al., 1976; Kearns et al., 1991) has not found a connection between gender and QOL. However, most of the research on the mentally ill population reports a link between those variables. In a study of individuals with severe mental illness, Röder-Wanner et al. (1997) found that QOL predictors differed according to gender. Their results supported the existence of gender-specific processes and contexts of subjective evaluation.

Two studies on psychiatric patients in the United States reported an interaction between age and gender; males under the age of 25 (Lehman et al., 1995) and males between 36 and 45 (Lehman et al., 1992) reported greater general life satisfaction than females. However, they also found a positive relationship in females for satisfaction with daily activities. For the leisure and health domains in some age categories, males scored higher, while females were more satisfied in other categories. Vandiver (1998) compared QOL according to gender in the United States,

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