



Association between functioning in adolescence prior to first admission for schizophrenia and affective disorders and patterns of hospitalizations thereafter

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Abstract

Background: Kraepelin and Blueler suggested that subtle manifestations of schizophrenia are present in some persons for many years before formal diagnosis and that the severity of these is associated with outcomes in schizophrenia. Empirical support for this hypothesis comes primarily from small samples using retrospectively collected data.

Aims: We tested this hypothesis, for the first time, using a population-based cohort.

Method: The Israeli Draft Board Registry, which contains measures of intellectual and behavioral functioning for the unselected population of 17-year-olds, was merged with the National Psychiatric Hospitalization Case Registry that contains data on all psychiatric hospitalizations. The database was used to identify adolescents assessed by the draft board *at least 1 year prior to their first hospitalization* for schizophrenia ($n=996$) or affective disorder ($n=335$).

Results: Poorer social functioning and organizational ability prior to first admission were associated with more days per year in the hospital for the male schizophrenia group. There were no significant correlations between days per year in the hospital and any of the behavioral functioning measures for the affective group. Among females the higher the previous level of intellectual functioning the fewer the days per year in the hospital in both the schizophrenia group and affective groups. For males no such correlations were evident. The comparisons between patients who had one as opposed to more than one admission found that in both diagnostic groups female patients with one admission had higher pre-first hospitalization intellectual functioning.

Conclusions: Gender and disease specific premorbid deficits may have differential prognostic value for outcomes in schizophrenia and affective disorders.

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1. Introduction

As hypothesized by Kraepelin and Bleuler, recent large-scale studies have supported the existence of deficits among many persons with schizophrenia prior to first hospitalization and formal diagnosis (Davidson et al., 1999; Häfner, 2000; Klosterkötter et al., 2001; Malmberg et al., 1998; Rabinowitz et al., 2000). A corollary hypothesis is that poorer functioning prior to first hospitalization would be associated with poorer outcomes. Along these lines, Crow (1980) and others (Kaplan and Sadock, 1989; Kelley et al., 1992) suggested two distinct subtypes of schizophrenia, the first characterized mainly by good premorbid functioning, positive symptoms, acute onset, good response to treatment, and a better long-term course and the second schizophrenia characterized mainly by poor premorbid functioning (Kaplan and Sadock, 1989; Krauss et al., 1998), negative symptoms, an insidious onset (Kaplan and Sadock, 1989; Krauss et al., 1998), or deteriorated premorbid functioning (Haas and Sweeney, 1992; Kelley et al., 1992; Larsen et al., 1998; Shtasel et al., 1992), a tendency to being refractory to treatment (Kaplan and Sadock, 1989), having poorer long-term course and outcome (Bromet et al., 1996), and extensive need for hospitalization (Keefe et al., 1987; Krauss et al., 1998).

Most, if not all, studies in this area have examined the association of functioning prior to formal diagnosis and or first hospitalization and outcomes in clinical samples of fewer than 200 patients, which in most, but not all (Bromet et al., 1996; Haas and Sweeney, 1992; Ho et al., 2000; Larsen et al., 1996; Silverstein et al., 2002, 2003), were chronic patients and in which data on both prior functioning and outcomes were collected retrospectively (Cannon-Spoor et al., 1982; Childers and Harding, 1990; Findling et al., 1996; Gittelman-Klein and Klein, 1969; Keefe et al., 1989). Taken together the majority of these retrospective studies suggest that better functioning before formal diagnosis appears to be associated with better outcomes in schizophrenia. Yet, by and large this association has not been studied prospectively. Earlier studies left unanswered the extent to which premorbid functioning has prognostic value for chronic as well as non-chronic patients with schizophrenia, and in what domains prior deficits and strengths might be associated with outcomes. Finally,

the specificity of this association to other major psychiatric disorders has not been sufficiently addressed. The current research uses a large population-based cohort in a historical prospective design using standardized testing given to an entire national population of 16- and 17-year-olds to examine these questions.

2. Methods

The association between functioning at least 1 year prior to first hospitalization and hospitalizations were examined by merging data from the National Hospitalization Psychiatric Case Registry in Israel with cognitive and behavioral test scores from the Israel Draft Board Pre-induction Registry. Both data sets provide complete national coverage. The study protocol was approved by the local IRB committee.

2.1. Case registry

Hospitalization and diagnostic data were extracted from the National Psychiatric Hospitalization Case Registry of the State of Israel Ministry of Health. The registry is a complete listing of all psychiatric hospitalizations since 1950 regardless of type and auspices of facility or patient's medical insurance. A special department of the Ministry of Health verifies compliance of reporting, completion of forms, and consistency of information. The source of the data are the report of the treating board certified psychiatrist who is required by law to complete a form that is entered into the case registry for any admission and discharge to a psychiatric bed in Israel. The form includes patient diagnosis according to the ICD-9 (Organization, 1977). Although as previously found, diagnoses in the registry are very consistent over time (Rabinowitz et al., 1994) only the diagnosis given at the time of last discharge or admission was analyzed in this report. In the cohort examined for this report, first admission and final discharge diagnosis were unchanged in 73% of the cases.

2.2. Draft board behavioral and cognitive assessment

As mandated by law, Israelis between the ages of 16 and 17 are summoned for evaluation by the Draft

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