

Social functioning of patients diagnosed with schizophrenia and the impact of the type of antipsychotic medication, level of adherence and the no of hospital admissions

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Objectives

To gain a comprehensive understanding of the level of social functioning of a community sample of Sri Lankan patients diagnosed with schizophrenia and how the type of antipsychotic the patient is on, the level of adherence to treatment, and the number of hospital admissions affect and relate to the level of social functioning.

Literature review

Schizophrenia is considered to be the most debilitating of all psychiatric disorders causing serious disability of individuals diagnosed with this disorder and falling under one of top ten causes of disability. Schizophrenia could impose major obstacles to maintaining a healthy level of quality of living conditions. There are numerous gender differences in presentation and course of schizophrenia, and the resulting level of functioning and thereby the quality of life are observed to be better for females. Social functioning is concerned the most important aspect of resulting level of functioning, in which females are observed to be better than males. Research suggests strong associations between certain aspects of neurocognitive functioning and social functioning.

While unemployment rates are observed to be high among these patients, Indian studies have demonstrated better employment rates than in western societies. Also research has demonstrated better functional outcome in developing countries.

While antipsychotic medication remains the mainstay of treatment of schizophrenia, psychosocial interventions have received a compulsory significance, as research demonstrates antipsychotics are limited in efficacy to controlling positive symptoms and other important disease related aspects such as negative symptoms, level of adherence, neuro-cognitive deficits and side effects of antipsychotics better respond to psychosocial modes of treatment.

While there are numerous research observing the superior efficacy of SGAs compared to FGAs , there is emerging research challenging this stance and the classification of SGAs as a homogenous group of drugs.

While adherence to medication is considered an important factor in deciding the resulting level of social functioning and thereby the quality of life , it is demonstrated to have a bilateral relationship with schizophrenia ; both the disorder itself affecting the level of

adherence and the level of adherence in turn affecting the severity of the disorder. Research also indicates that simple medication regimes are better adhered to.

While understandably, the no of hospital admissions are strongly related to the level of adherence, as hospital admissions are observed to result in a serious break from the society, they pose readjustment challenges , which can lower the level of social functioning after discharge.

Research Design and Methodology

100 males and 100 females (N=200) , who had received a diagnosis of schizophrenia from a consultant psychiatrist and who spoke either Sinhala or English ,and who did not have a diagnosis of any Pervasive Development Disorder (PDD)were recruited for the current study, using convenient sampling through the clinics of National Institute of Mental Health (NIMH) after receiving informed consent. A translated, validated form of the Social Functioning Scale (SFS) was administered to each patient/ relative to gauge the level of social functioning, and the antipsychotic medication regime , the level of adherence and the approximate number of hospital admissions were recorded for each patient.

Ethical clearance was obtained by the Faculty of graduate studies of the University of Colombo and subsequent permission to conduct the research obtained by the NIMH, after a review of the initial proposal.

Findings and Conclusions.

Sri Lankan schizophrenia patients report high levels of social functioning compared to those in developed countries, while women report higher levels of social functioning than men. They are also observed to be better included in the society as evidenced by high prosocial behaviour. While the majority of the patients do not have partners, there is no observed gender difference in this. The level of education of the participants possibly reflects the insidious onset of schizophrenia beginning in adolescence. Thus, it may reflect the need for early interventions for schizophrenia.

The unemployment rates of schizophrenia are very high and this seems higher in females. The observed rates are similar to that of observed in developed countries.

The majority of patients are high in social functioning, adhere well and are likely to receive only one antipsychotic which is a second generation antipsychotic (SGA).

A minority subset of patients have been identified in equal proportion in males and females who are comparatively poor in social functioning, adhere poorly, and receive a first generation antipsychotic (FGA) and more than one antipsychotic.

Study limitations and further research

The main limitations were the use of a convenient sample and the subjective estimate of the majority study variables and the presence of confounding variables. Also as this study does not have any similar studies in a Sri Lankan patient sample for comparison purposes, the need for similar studies to arrive at any conclusive evidence cannot be overemphasized.

References

Addington, J., & Addington, D. (2000). Neurocognitive and social functioning in schizophrenia: a 2.5 year follow-up study. *Schizophrenia Research*, 44 (1), 47-56.