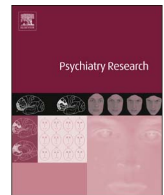
Psychiatry Research 255 (2017) 209–214

Contents lists available at ScienceDirect

Psychiatry Research

journal homepage: www.elsevier.com/locate/psychres



"With a little help from my friends" social predictors of clinical recovery in first-episode psychosis

Jone Bjornestad[a,*], Wenche ten Velden Hegelstad[a], Inge Joa[a,b], Larry Davidson[c], Tor Ketil Larsen[d], Ingrid Melle[e], Marius Veseth[f], Jan Olav Johannessen[a,b], Kolbjorn Bronnick[a,b]

[a] Stavanger University Hospital, TIPS – Centre for Clinical Research in Psychosis, 4011 Stavanger, Norway
[b] University of Stavanger, Network for Medical Sciences, 4036 Stavanger, Norway
[c] Yale University, School of Medicine and Institution for Social and Policy Studies, New Haven, CT, USA
[d] University of Bergen, Department of Clinical Medicine, 5020 Bergen, Norway
[e] University of Oslo, Norwegian Centre for Mental Disorders Research, 0424 Oslo, Norway
[f] University of Bergen, Department of Clinical Psychology, 5020 Bergen, Norway

ARTICLE INFO

Keywords:
Schizophrenia
First-episode schizophrenia
Social functioning
Protective factors
Recovery
Remission
Functional outcome

ABSTRACT

Social functioning is a conglomerate of factors central to clinical recovery after a first-episode psychosis. There is a lack of studies investigating the relative impact of factors related to social interaction. Disentangling these could facilitate improvement of psychosocial interventions. This study aims to investigate the impact of social interactions on two-year clinical recovery in first-episode psychosis, by examining frequency and satisfaction of relationships with family and friends. A baseline sample of 178 first-episode psychosis individuals were followed up over two years regarding social functioning and clinical status. We longitudinally compared those who were to those who were not recovered using generalized estimating equations analyses. Our results showed that frequency of social interactions with friends was a significant positive predictor of clinical recovery over a two-year period. Perceived satisfaction with relationships, and frequency of family interaction did not show significant effects. We conclude that interaction with friends is a malleable factor that could be targeted for early intervention. This would facilitate protective factors through the preservation of existing social networks and thus reduce the risk of disability associated with long-term psychosis. Findings indicate that even individuals with an inclination towards social withdrawal and isolation could benefit from this type of intervention.

1. Introduction

Clinical recovery can be seen as the ultimate outcome after a first-episode psychosis (FEP), implying long-term absence of psychotic symptoms and adequate social and vocational function (Liberman and Kopelowicz, 2002). Thus, early predictors of this type of recovery are highly relevant to investigate.

Social functioning is a core component of psychotic syndromes. Research interlinks early social, cognitive and emotional development to later social cognitive capacities, such as mentalization ability and theory-of-mind, considered vital to solid health and reversely, when impaired, a basis for early psychosis vulnerability, functional deterioration and worse outcome (Grau et al., 2016; Horton et al., 2015; MacBeth and Gumley, 2008; Ohmuro et al., 2016; van Os et al., 2010). Negative symptoms, operationalized as social withdrawal, apathy and avolition are also core feature of psychosis, associated with poor outcome and decreased social functioning (Kirkpatrick et al., 2006; Parellada et al., 2015). Supportive family, but even more so, friendship networks (Davidson et al., 1999; Erickson et al., 1989; Morgan et al., 2008; Reininghaus et al., 2008) are however associated with better outcomes and more efficient use of health services (Evert et al., 2003; Pinto, 2006), as well as a reduction in subjective loneliness (Hawkley and Cacioppo, 2010) decrease in perceived social stigma (Watson et al., 2007), and better self-care functioning (Evert et al., 2003), all factors relating social support to social functioning. Research has demonstrated an association between supported socialization and improved social functioning (Davidson et al., 2004), thus indicating a malleability in social capacities and highlighting social functioning as a promising target for tailored intervention. Both practical support and emotional friendships buffer harmful impacts of stress exposure (Davidson et al., 2004; Thoits, 2011), which might be causally linked with psychosis onset (Reininghaus et al., 2016).

Several reviews have characterized the literature in this field as heterogeneous (Albert et al., 1998; Buchanan, 1995; Gayer-Anderson

* Correspondence to: Stavanger University Hospital, Division of Psychiatry, Regional Centre for Clinical Research in Psychosis, P.O. box 1163, 4095 Stavanger, Norway.
E-mail address: jone.bjornestad@gmail.com (J. Bjornestad).

http://dx.doi.org/10.1016/j.psychres.2017.05.041
Received 1 September 2016; Received in revised form 24 March 2017; Accepted 28 May 2017
Available online 30 May 2017
0165-1781/ © 2017 Elsevier B.V. All rights reserved.

and Morgan, 2013; Thoits, 2011). A main criticism concerns how studies have merged factors related to social interaction into one, or a few, global categories. This prevents a valid evaluation of their independent effects on outcome and clinical recovery. In addition, studies are often based on heterogeneous samples including both chronic and first-episode psychosis, limiting the generalizability of study findings. Ultimately, these factors leave knowledge gaps that may impede helpful intervention.

This study aims to disentangle some of the factors incorporated in the conglomerate of "social functioning", and testing their separate effects on clinical recovery in a FEP sample. To do so we developed three hypotheses of baseline predictors of clinical recovery:

1.1. Hypotheses

We hypothesized that first of all, satisfaction with social relationships predicts clinical recovery; secondly, that frequency of social interaction predicts clinical recovery; and third, that the effect of friend relationship satisfaction and frequency will be greater than that of family relationships satisfaction and frequency.

2. Methods

2.1. Sample

The sample was recruited from the on-going TIPS-2 study (Early Treatment and Intervention in Psychosis), a naturalistic follow-along FEP study in Rogaland, Norway, including a population-based cohort (350.000 individuals) of FEP individuals from January 2002, until August 2013. Detailed descriptions of the inclusion criteria and methods have been published elsewhere (Joa et al., 2008). Participants received treatment according to a two-year standard treatment protocol that included antipsychotic medication, supportive psychotherapy, and multifamily psycho-education. TIPS-2 was approved by the Regional Committee for Medical Research Ethics Health Region West, Norway (015.03). All participants provided written informed consent.

Individuals who were included in the study met the following criteria: living in the catchment area; age 15–65 years; meeting the DSM-IV criteria for a first-episode of schizophrenia, schizophreniform psychosis, schizoaffective psychosis, delusional disorder, brief psychosis, affective disorder with mood incongruent delusions, or psychosis not otherwise specified, and also from August 1, 2008 substance induced psychosis; being actively psychotic as measured by the Positive and Negative Syndrome Scale (PANSS) (Kay et al., 1987): not previously receiving adequate treatment of psychosis; no neurological or endocrine disorders related to the psychosis; understands and speaks one of the Scandinavian languages; an IQ over 70; and being able and willing to sign an informed consent.

Six hundred and twenty eight individuals were eligible for inclusion. Of those, 265 (42,2%) declined to participate in the study. Thus, 363 patients were included. For the purpose of our statistical analyses we only included individuals with a minimum of one measurement of one- and/or two-year recovery status and a complete set of data for all predictor and covariate variables in the linear statistical analyses (n = 178) (Fig. 1). Those excluded (due to drop out n = 116; missing complete set of data for all predictor and covariate variables n = 69) did not significantly differ from those included on any baseline demographic or clinical characteristics (Age, Gender, PANSS scales (positive, negative, depressive, excitative, disorganized), GAF symptom, GAF function and Duration of untreated psychosis (DUP)). Attrition thus appears to be random, and the sample can be assumed to be representative with regard to baseline characteristics.

2.2. Clinical measures

The Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I) (First et al., 1995) was used for diagnostic purposes and symptom levels determined by mean and factor scores on the PANSS. In general, PANSS has been found to have good reliability and validity (Kay et al., 1988; Peralta and Cuesta, 1994). To determine group differences between recovered and non-recovered participants with regard to antipsychotic treatment and psychotherapy, we defined the following durations; weeks from inclusion to start of antipsychotic treatment and psychotherapy and weeks duration of antipsychotic treatment and psychotherapy.

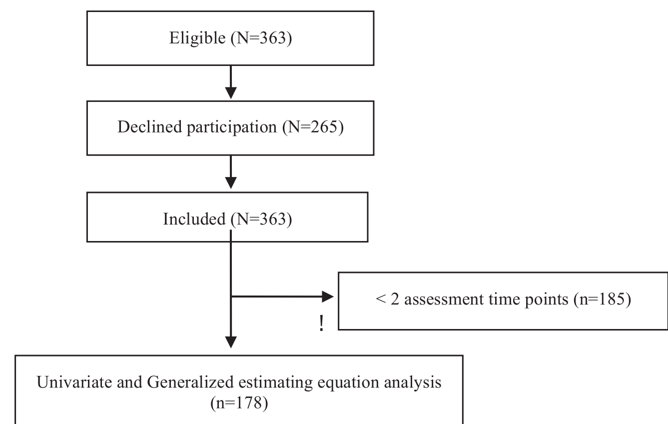


Fig. 1. Flowchart – participant participation.

Global functioning was measured by the Global Assessment of Functioning Scale (GAF) (APA, 1994). Scores were split into symptom (GAFs) and function (GAFf) subscales (Melle et al., 2004). The use of alcohol and other drugs was measured by the Clinicians Rating Scale (Drake et al., 1990). DUP was estimated as the time from onset of psychosis until the start of adequate treatment (Larsen et al., 2001). Onset of psychosis was considered to be the first appearance of positive psychotic symptoms, corresponding to a PANSS score of 4 or more on at least one of the following PANSS items; P1 (delusions), P3 (hallucinations), P5 (grandiosity), P6 (suspiciousness), and A9 (unusual thought content), for at least 7 days.

2.3. Social functioning measures

The brief version of Lehman's Quality of Life Interview (L-QoLI) (Lehman, 1996) was used to measure objective (frequency of face-to-face contact with family and friends) and subjective (satisfaction with family members and friendship contact) social functioning at baseline and at follow-ups, and to differentiate between family and friends in the past year. Measures were rated on a 5-point scale, ranging from 1 (terrible) to 5 (delighted) (Lehman et al., 1995). L-QoLI was also used to establish whether the participant was living independently, by dichotomizing the item concerning living situation into independent (score 1)/not independent (score 0). L-QoLI has demonstrated good validity and reliability both on objective and subjective scales (Lehman, 1996). The Strauss Carpenter Level of Functioning Scale (SCS) (Strauss and Carpenter, 1974) was administered to measure social contacts, paid competitive work and academic participation in the past year (measured at baseline and at follow-ups). Individual items on the SCS were rated on a 5-point Likert scale with higher values indicative of better functioning. Scores on both the L-QoLI and the SCS were based on interviews and all other available information (i.e. patient files, information from significant others if the study participant agreed) regarding functioning during the last year of the follow-up period.

2.4. Procedure

Trained personnel conducted baseline assessments within a week of contact. Raters were trained by rating pre-prepared case notes, asses-

Download English Version:

https://daneshyari.com/en/article/4933195

Download Persian Version:

https://daneshyari.com/article/4933195

Daneshyari.com