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Original article

Quality of life in schizophrenia and bipolar disorder: The impact of symptomatic remission and resilience

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ABSTRACT

Background: Health-related quality of life (HRQOL) is significantly affected in individuals with schizophrenia or bipolar I disorder (BD-I). The current study investigated whether symptomatic remission and resilience might differently impact HRQOL in these patients.
Methods: Fifty-two patients with schizophrenia and 60 patients suffering from BD-I from outpatient mental health services as well as 77 healthy control subjects from the general community were included into a cross-sectional study. HRQOL and resilience were assessed using the WHOQOL-BREF and the Resilience Scale. In patients, psychopathology was quantified by the Positive and Negative Syndrome Scale or the Montgomery Asberg Depression Rating Scale and the Young Mania Rating Scale, respectively.
Results: Notably, both patient groups showed lower HRQOL and resilience compared to control subjects, non-remitted patients indicated lower HRQOL than remitted ones. The effect of remission on HRQOL was significantly larger in patients with BD-I than in those with schizophrenia but did not explain the difference in HRQOL between groups. Resilience predicted HRQOL in all three groups. When accounting for the effect of resilience among remitted patients, only the difference in HRQOL between schizophrenia patients and control subjects was significant.
Conclusion: These findings demonstrate the impact of symptomatic remission and resilience on HRQOL of both patients suffering from schizophrenia and BD-I and indicate that these factors are especially relevant for HRQOL of patients with BD-I.

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1. Introduction

The World Health Organization (WHO) defines quality of life as "individuals' perception of their position in life in the context of the culture and value system in which they live and in relation to their goals, expectations, standards, and concerns" [1]. More specifically, the term health-related quality of life (HRQOL) describes a multidimensional and subjective concept comprising physical, social, well-being, and functional domains. As such, HRQOL may be seen as a reliable indicator of disease burden [2] and has therefore been recognized as an important outcome of serious mental illnesses (SMI) like schizophrenia and bipolar I disorder (BD-I).

A number of studies have shown that despite symptom improvement HRQOL is significantly affected in individuals suffering from SMI [3,4]. When directly comparing patients with schizophrenia and BD-I, most studies report on better or smaller losses of HRQOL in people with BD-I [5,6]. Notably and irrespective of the type of psychotic disorder, current depressive symptoms, medical and psychiatric comorbidities as well as treatment adverse effects have consistently been shown to be negative predictors of HRQOL [3,6–9]. However, still other factors can be expected to be of major relevance in this context, e.g., a patient's remission status and the degree of resilience.

Resilience has been defined as "the capacity of a dynamic system to withstand or recover from significant challenges that

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threaten its stability, viability, or development" [10]. It has been associated with both subjective (e.g., self-esteem, hopelessness) and objective (symptom severity) domains of recovery [11,12] and with quality of life of patients with schizophrenia [13–16], however, the interrelations between these variables, especially in individuals suffering from BD-I, remain unclear.

The primary objective of the current study was to investigate HRQOL in patients suffering from different types of SMI and healthy control subjects and to examine whether symptomatic remission and resilience are influential in this context. We hypothesized that HRQOL would be lower in patients compared to healthy control subjects and that schizophrenia patients would indicate lower HRQOL compared to patients with BD-I. Moreover, we hypothesized that both being in symptomatic remission and showing a higher degree of resilience would be associated with better HRQOL.

2. Material and methods

Patients meeting diagnostic criteria for schizophrenia or BD-I and healthy control subjects from the general community aged 18 or older were included into a cross-sectional study. The Mini International Neuropsychiatric Interview (MINI) [17] was used to confirm both diagnoses in patients and the absence of any axis I disorder according to DSM-IV in control subjects. Patients were recruited from outpatient mental health services in Innsbruck, Austria. They had to be clinically stable without hospitalization for at least 6 months and without any change in psychopharmacological treatment within 6 months before study inclusion. Exclusion criteria for all participants included insufficient language abilities, neurological and developmental disorders, and physical illnesses that might interfere with cognitive performance. All subjects signed informed consent in accordance with the local ethics committee.

The WHO Quality of Life assessment (WHOQOL-100) has previously been shown to quantify domains of quality of life in different cultural groups around the world [18]. In the current study, HRQOL was assessed with the short version of this instrument (WHOQOL-BREF) [19], which consists of 26 questions scored in the following domains: global quality of life, physical health, psychological health, social relationships, and environment. Each question is rated on a 5-point scale, domain scores are transformed to lie between 0 and 100.

Resilience was assessed using the 25-item Resilience Scale (RS-25) [20], which is the only resilience scale validated in German language [21] and covers five factors: purpose, perseverance, self-reliance, equanimity, and existential aloneness. This self-report scale measures the degree of individual resilience, which is conceptualized as a positive personality characteristic that enhances adaptation in the context of significant adversity. Since the 2-factor structure of the RS-25 ("acceptance of self and life" and "personal competence") could not be identified in the German version, we considered only the total score in our study (Cronbach's $\alpha = 0.95$) [21]. Items are scored on a 7-point scale ranging from 1 = strongly disagree to 7 = strongly agree, with possible scores ranging from 25 to 175. Higher scores indicate higher resilience levels.

In patients, psychopathology was assessed by means of the Positive and Negative Syndrome Scale (PANSS) [22] (schizophrenia patients) or the Montgomery-Asberg Depression Rating Scale (MADRS) [23] and the Young Mania Rating Scale (YMRS) [24] (BD-I patients), respectively. Similar to previous studies, symptomatic remission was defined as meeting the severity, but not the time component of the remission criteria as proposed by The Remission in Schizophrenia Working Group [25] (schizophrenia patients) and a score of 7 or less on both the MADRS and the YMRS in patients suffering from BD-I [26]. Ratings were completed by psychiatrists belonging to a trained research team.

2.1. Statistical methods

Prior to the analysis, deviations from normality were investigated by means of the skewness of the respective variables, considering values > 0.5 or < -0.5 as deviations from a symmetric distribution requiring non-parametric testing [27]. Differences between the three groups with respect to sociodemographic variables and quality of life (WHOQOL-BREF) were tested by one-way analysis of variance, Kruskal-Wallis test, or Chi^2 test, depending on the variable type (normally distributed, non-normally distributed, or categorical, respectively). Post-hoc pairwise group comparisons were performed by means of t-test, Mann-Whitney U-test, and Chi^2 test, respectively, provided that the overall comparison of the three groups had yielded significance ($P < 0.05$). In the case of three groups, this sequential testing procedure yields valid P-values, i.e., no correction for multiple testing is required [28]. In addition, the two patient groups were compared with regard to clinical variables by means of the same tests as above.

To investigate the joint effect of group, symptomatic remission and resilience on HRQOL as measured by the WHOQOL-BREF total score, a series of linear models was fitted. In model 1, only the factor group (schizophrenia, BD-I, healthy control) was considered. In model 2, the additional effect of symptomatic remission on HRQOL was taken into account. For healthy control subjects, the remission status was set to "remitted" ("free of mental illness"), since they are comparable to remitted patients in terms of the absence of symptoms (vs. relief from symptoms) of mental illness. In model 3, we investigated the role of resilience (RS-25 total score) in this context. In particular, we were interested if resilience can account for the observed differences in HRQOL between groups. Finally, the sample was split by remission status, fitting separate linear models to remitted and non-remitted subjects in order to ease interpretation of results.

3. Results

3.1. Sample characteristics

Fifty-two patients with schizophrenia, 60 patients suffering from BD-I, and 77 healthy control subjects were included into the study. Sociodemographic and clinical characteristics are summarized in Table 1. The three groups were comparable with regard to age and sex, but schizophrenia patients presented with lower levels of education than the other groups. As expected, patients and control subjects differed with respect to employment status.

Compared to individuals suffering from BD-I schizophrenia patients had a longer duration of illness and were more frequently unemployed. Furthermore, a larger proportion of symptomatically remitted patients was found in the BD-I compared to the schizophrenia sample.

The two patient groups were comparable with respect to resilience, however, they achieved significantly lower mean RS-25 scores than control subjects.

3.2. Health-related quality of life

An overview of participants' HRQOL as assessed by the WHOQOL-BREF is given in Table 2. The two patient samples were comparable in this regard, demonstrating a significant difference only in the WHOQOL-BREF subscale environment (lower scores in schizophrenia patients). However, both patient groups achieved

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