



Disability in schizophrenia: Clinical correlates and prediction over 1-year follow-up[☆]

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Abstract

Schizophrenia may cause disability leading to restrictions on many domains of daily life such as hygiene, self-management, vocational and leisure activities, and family and social relationships. The aim of this study was to assess the level of disability with the Brief Disability Questionnaire (BDQ), developed by the World Health Organization, and to identify the clinical correlates and predictors of disability during a 1-year follow-up period in 382 patients with schizophrenia. All patients were assessed at the beginning of the study, and 168 (44%) of them were re-evaluated after 1 year. Total disability scores of the patients with schizophrenia were significantly decreased at follow-up. Female patients seemed to be more disabled than males. Disability showed a positive correlation with the total, positive symptoms and negative symptoms scores on the Brief Psychiatric Rating Scale, as well as scores on the UKU Side Effects Rating Scale. Patients with the disorganized subtype of schizophrenia and residual symptoms were more disabled than patients with other subtype diagnoses. Negative symptoms and duration of untreated psychosis were significant predictors of disability after 1 year. Early-onset schizophrenia had a twofold increased risk for developing disability. Disability in schizophrenia is a clinical phenomenon closely linked to negative symptoms and poor outcome.

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1. Introduction

The new generation of antipsychotic drugs has led to decreased side effects and improved outcome for patients suffering from schizophrenia (Bustillo et al., 1999). They are effective not only in treating positive symptoms, but also in treating negative, depressive and cognitive symptoms. Improvement of positive and negative symptoms in schizophrenia results in less disability even if it does not always mean that the patient is able to work successfully and function independently in the community. Cultural factors and the standard of rehabilitative care may influence the level of disability in schizophrenia. Hence, quality of life and the disability level in schizophrenia have gained importance as outcome measures and in providing guidance for health policymakers.

Disability is seen in restrictions, due to impairments, on many domains of daily life such as hygiene, self-management, vocational and leisure activities, and family and social relationships. The World Health Organization's (WHO) Global Burden of Disease study has indicated that mental disorders play a central role in disability (Murray and Lopez, 1996; Vos and Mathers, 2000). Schizophrenia is one of the mental disorders that is associated with severe disability. Disabled patients with schizophrenia may have failed to participate in a major life activity (Druss et al., 2000; Wiersma et al., 2000). Disability itself may be an important factor in measuring outcome.

Disability in schizophrenia is related to cognitive deficits as well as positive and negative symptoms (Patterson et al., 1998, 2001; Leisse and Kallert, 2000; Liddle, 2000; Bell and Bryson, 2001; Ertugrul and Ulug, 2002). It has been shown that positive symptoms are poor predictors of future work performance in schizophrenia (Bell and Bryson, 2001; Mueser et al., 2001). Negative symptoms, on the other hand, have been found to be significantly associated with functional outcome measures and to have a strong impact on interpersonal relationships. Cognitive functions such as attention, verbal memory, language-processing skills, problem solving, executive function and vigilance, which are all known to be impaired in schizophrenia, are essential for daily functioning, work performance, normal learning and social relations (Green, 1996; Bell and Bryson, 2001).

The aim of this study was to determine the clinical features of the disability found in schizophrenia and to identify the factors that may predict its occurrence over a 1-year follow-up.

2. Methods

2.1. Sample selection

Fifty-one investigators from 25 centers, consisting of departments of psychiatry in state and university hospitals located in seven geographically divided areas with different cultures in Turkey, participated in the study. At the beginning of the study, a meeting was arranged to introduce the study design and to provide training in the use of scales such as the Brief Psychiatric Rating Scale (BPRS) (Overall and Gorham, 1962), the Clinical Global Impressions (CGI) (Guy, 1976), the UKU Side Effects Rating Scale (UKU) (Lingjaerde et al., 1987) and the Brief Disability Questionnaire (BDQ) (Stewart et al., 1988). Reliability within and between centers achieved a satisfactory level with κ 's ≥ 0.79 for the BPRS and the BDQ. Test-retest reliability of the Turkish version of the BDQ was shown to be very high in patients with mental disorders (Pearson's correlation test, $r=0.91$, $P<0.001$) (Kaplan, 1995).

The sample consisted of 382 Turkish patients (62% males, 38% females) with a DSM-IV diagnosis of schizophrenia. In the selection procedure, the first schizophrenic outpatient above age 18 years who presented in a given day was chosen for study. Each center used a standardized procedure to trace patients, who were evaluated monthly. Most of the patients were chronically ill. Only 5% of all patients received a first diagnosis of schizophrenia when selected. The sample selection period of the study was 4 months, and patients were followed up over 1 year from June 1999 to September 2000. Neither patients nor investigators were reimbursed for their participation in the study. At the outset of the study, the sample comprised 382 patients with schizophrenia, but only 168 (44%) patients, 99 males (59%) and 69 females (41%), were successfully followed up for a year, although many patients were contacted to complete the last visit. Most of the patients lost to follow-up were

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