

Characteristics of Auditory Hallucinations and Associated Factors in Older Adults with Schizophrenia

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Objective: To examine the characteristics of auditory verbal hallucinations and associated factors in older adults with schizophrenia. **Methods:** One hundred ninety-eight persons aged 55 and older living in the community who had developed schizophrenia before age 45 years were assessed for the presence, topography, content, and subjective qualities of auditory hallucinations. George's social antecedent model of psychopathology was used to examine 17 predictor variables of auditory hallucinations. **Results:** Thirty-two percent experienced auditory verbal hallucinations. More than half heard voices daily, heard good/pleasant voices, or had command hallucinations; 25% obeyed "bad" voices, whereas 87% obeyed "good" voices. There were no significant differences in depression and social functioning between persons judging their voices to be good versus bad. In logistic regression analysis, depressive symptoms, Positive and Negative Syndrome Scale delusion score (>2), and male gender were associated with auditory verbal hallucinations. **Conclusion:** Older adults with schizophrenia had a lower rate of auditory verbal hallucinations than had been reported previously for younger persons with schizophrenia. For most features of auditory verbal hallucinations, older adults had similar rates to younger persons. However, older adults were more apt to judge their voices as good and more likely to obey the good voices than those voices perceived as bad. From a clinical standpoint, this may be construed as a potentially useful coping strategy. However, subjective judgments about voices did not significantly affect mood or functioning, and the presence of auditory verbal hallucinations was associated with more depressive symptoms. (Am J Geriatr Psychiatry 2014; 22:442–449)

Key Words: Schizophrenia, elderly, auditory hallucinations, depression

INTRODUCTION

The presence of auditory hallucinations in persons with schizophrenia in tandem with positive symptoms in general is thought to diminish in later life.¹

However, little research has specifically focused on the presence and characteristics of auditory hallucinations among older adults. In this article, we examine the presence, topography (e.g., clarity, loudness, frequency), content, and subjective qualities of

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auditory verbal hallucinations and associated factors in older adults with schizophrenia living in the community.

Auditory verbal hallucinations are among the most common symptoms of schizophrenia. Pooled data from 16 studies of younger and mixed-age populations found that, on average, 60% of persons reported auditory verbal hallucinations,² and a review by Laroi et al.³ noted estimates ranging from 40% to 80%. The topography and content of hallucinations have been well described in younger persons with schizophrenia. For example, the frequency of daily auditory verbal hallucinations has ranged from 49 to 70%,^{4–7} and clarity of voices has ranged from 54% to 100%.^{5–12} The most common identities of voices were God or the devil (13%–31%), acquaintances or relatives (23%–46%),^{4,5,13,14} or public figures (46%).¹³ Finally, the most common types of hallucinations were evaluative (27%–37%), directive or “command” (42%–84%), informative (46%–80%), and inquisitive (29%).^{5,10,13,15,16}

Subjective affective aspects of auditory verbal hallucinations have also been studied in younger persons with schizophrenia. The percentage of persons experiencing “good” or pleasant (benevolent) voices has ranged from 6% to 64%.^{4,12,14,17–20} The percentage experiencing “bad” or unpleasant (malevolent) voices has ranged from 55% to 90%.^{4–6,12–16,19} Several investigators have speculated that benevolent voices may be useful and helpful and may improve mood and outcome.^{8,18–20}

The presence of auditory hallucinations has been linked to higher rates of depression,^{21,22} and female gender has been associated with hallucinations of any type.²³ Persons hearing good or pleasant voices had lower levels of distress, greater control over voices, and more illness chronicity than persons hearing negative or unpleasant voices.¹⁸

With respect to older adults, although positive symptoms on the Positive and Negative Syndrome Scale (PANSS) have been found to be lower in this age group,^{24,25} the presence of hallucinations is only one of seven positive symptom items on the PANSS, and no studies have specifically examined auditory verbal hallucinations. One small British study²⁶ of middle-aged and older inpatients with chronic schizophrenia (N = 92) found a mean of 28% had hallucinations of any type at two observational points, although 35% experienced hallucinations at

either of the two observations. Therefore, an examination of an older schizophrenia population with respect to various features of auditory verbal hallucinations can further the understanding of the pathogenesis and the lifetime course of schizophrenia. Likewise, from a clinical standpoint, it would be useful to know what factors are associated with the presence of auditory verbal hallucinations and whether the subjective aspects of hallucinations such as of good and bad voices are associated with any outcome measures. Therefore, using a sample of older adults with schizophrenia aged 55 and over living in New York City, we addressed the following questions:

1. What percentage of these persons experience auditory verbal hallucinations?
2. What are the topography, content, and subjective features of the auditory verbal hallucinations?
3. What factors are associated with the presence of auditory verbal hallucinations?
4. Are emotionally positive voices associated with lower levels of distress?

METHODS

The methods used here are described in detail elsewhere.²⁷ Briefly, we recruited persons aged 55 and older who lived in the community and developed a schizophrenia spectrum disorder before the age of 45. We focused on persons with early-onset schizophrenia because evidence suggests differences exist in clinical symptoms (particularly type of hallucinations), risk factors, pathophysiology, neuropsychological functioning, and etiology from late-onset schizophrenia, especially in those developing symptoms after age 60. Moreover, about four-fifths of persons develop schizophrenia before age 45.²⁸ We used a stratified sampling method in which we attempted to interview approximately half of the participants from outpatient clinics and day programs and the other half from supported community residences, including sites with varying degrees of on-site supervision. Inclusion was based on a chart diagnosis of schizophrenia or schizoaffective disorder (*Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* criteria) that was supplemented by a lifetime illness review adapted

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