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A validation of a new measure of activity in psychosis

Suzanne Jolley [a,*], Philippa A. Garety [a], Lyn Ellett [a], Elizabeth Kuipers [a], Daniel Freeman [a], Paul E. Bebbington [b], David G. Fowler [c], Graham Dunn [d]

[a] *King's College London, Department of Psychology, PO Box 77, Institute of Psychiatry, Denmark Hill, London, SE5 8AF, UK*
[b] *Department of Mental Health Sciences, UCL, London, UK*
[c] *School of Medicine, Health Policy and Practice, University of East Anglia, UK*
[d] *Biostatistics Group, School of Epidemiology & Health Sciences, University of Manchester, UK*

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Abstract

Despite demonstrated relationships between activity and clinical change, we lack effective measures of time use in psychosis. Existing time budget measures of activity are demanding to complete, and thus unsuited to routine clinical use as measures of change. Less burdensome 'check-box' measures are prone to bias and omission in the activities selected. We recently devised a simplified time budget measure of activity in psychosis which was piloted on a small sample [Jolly, S., Garety, P., Dunn, G., White, J., Aitken, M., Challocombe, F., Griggs, M., Wallace, M., Craig, T. 2005. A pilot validation study of a new measure of activity in psychosis. Soc. Psychiatry Psychiatr. Epidemiol. 40, 905-911]. This study is a larger scale validation. 276 participants with a recent relapse of non-affective psychosis completed the new time budget, together with an established measure of global social functioning, measures of positive and negative psychotic symptoms, positive symptom distress and affect. The time budget measure showed a correlation of 0.5 with both the SOFAS and the SANS avolition/apathy subscale. Activity levels were related to psychotic symptomatology, both positive and negative. Positive symptom distress was more strongly associated with activity levels than symptom severity and affective disturbance. We conclude that the time budget measure can be used as an indicator of social functioning, with potential as a measure of therapeutic change. We are currently investigating its sensitivity in this context.
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1. Introduction

1.1. Background

Deterioration in social functioning is a key symptom of schizophrenia, and the drive to develop measurements of functioning and to understand the

* Corresponding author. Tel.: +44 20 7848 5028; fax: +44 20 7848 5006.
E-mail address: s.jolley@iop.kcl.ac.uk (S. Jolley).

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causes of the deterioration in functioning has generated a large body of research. While many measures of social functioning appear to relate more to cognitive deficits than to psychotic symptoms (Green et al., 2000), measures of activity, one component of social functioning, have been reliably associated with symptomatic improvement.

Wing and Brown (1970), in their highly influential follow-up of long-stay hospital patients, demonstrated that reduced time spent doing nothing and increased social contact were the most reliable predictors of improvement in positive and negative psychotic symptoms. Olbrich et al. (1993) used a similar approach, but weighted activities according to subjective and objective demand, and similarly found a close relationship between activity and symptomatic status. Purvis et al. (2004) found a time budget diary and an actimeter rating both showed activity increasing as symptomatic recovery took place in an early psychosis group.

Such time budget measures, requiring an hour-by-hour, or even more frequent, recording are demanding to complete, particularly for people with psychosis, and are not suited to routine clinical use. While many social functioning measures have been designed with routine clinical use and sensitivity to change in mind (Weissman, 1975; Weissman et al., 1981) few of these measure daily activity. An exception is the Social Functioning Scale (SFS) of Birchwood et al. (1990) which includes several subscales assessing activity and social contact. The SFS scales comprise lists of possible activities, which respondents tick according to frequency of occurrence. However, while easy to use, and demonstrably sensitive to change (Birchwood and Smith, 1987; Barrowclough and Tarrier, 1990), a check-box approach cannot deliver individualised accounts of activities and is subject to bias in the selection of activities.

1.2. A new time budget measure

We have recently devised a simplified time budget measure, with the aim of creating an individualised, culturally non-specific record of activity, which is simple to complete and repeatable in routine clinical use.

The measure consists of a week long diary of activity, in 4 time periods for each day completed retrospectively during a structured interview with participants. Interviewers probe for activities, degree of independence in activities, and number and nature of social contacts. The aim is to be comprehensive—covering domestic activities, social contacts, work and leisure. The result is a highly individualised record of activity over the week. Each activity period is then rated according to the complexity of activity and the effort required over and above doing nothing: from passive (watching TV) through active but simple (going to a local shop for a single item), to increasingly active and more complex activities (rehabilitative work, more demanding or lengthy social situations).

While a scoring system of this kind is potentially problematic, and our system is biased towards active, rather than reflective ways of spending time, such a bias is present in many measures (in Wing and Brown's categorization, thinking counts as doing nothing) and we believe that this is justified in the context of mental health work, where certain activities (particularly those involving getting out, and socializing, or those that are goal-directed) are promoted as more associated with good mental health than others (such as sitting and thinking alone).

A pilot study of the measure (Jolley et al., 2005) has demonstrated good inter-rater reliability, the ability to discriminate between more and less active groups, and moderate relationships with the Birchwood Social Functioning Scale (SFS, Birchwood et al., 1990). In line with our hypothesis, relationships were with activity related scales of the SFS, particularly the Withdrawal subscale, but not the Competence subscale.

1.3. The present study

This study was designed as a larger scale validation, investigating particularly the relationship between our activity based measure of social functioning, and both positive and negative psychotic symptoms. If the time budget measure is sensitive to clinical change, it would be expected to show relationships with psychotic symptomatology. However, cognitive models of psychosis (e.g. Garety et al., 2001) emphasise that it is not the symptom or psychotic experience per se which causes problems, but the person's appraisal of the experience. Often, these appraisals centre around the experience of being external and threatening to the individual, and lead to

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