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Subjective and objective quality of life in schizophrenia

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Abstract

Objective: Quality of life (QOL) is considered an important outcome in the treatment of schizophrenia, but the determinants of QOL are poorly understood in this population. Furthermore, previous studies have relied on combined measures of subjective QOL (usually defined as life satisfaction) and objective QOL (usually defined as participation in activities and relationships). We examined separately the clinical, functional, and cognitive predictors of subjective and objective QOL in outpatients with schizophrenia. We hypothesized that better subjective QOL would be associated with less severe negative and depressive symptoms, better objective QOL, and greater everyday functioning capacity, and that better objective QOL would be associated with less severe negative and depressive symptoms, better cognitive performance, and greater functional capacity.
Method: Participants included 88 outpatients with schizophrenia or schizoaffective disorder who completed a comprehensive series of assessments, including measures of positive, negative, and depressive symptoms; performance-based functional skills; a neuropsychological battery; and an interview measure of subjective and objective QOL.
Results: In the context of multiple predictor variables, more severe depressive symptoms and better neuropsychological functioning were independent predictors of worse subjective QOL. More severe negative symptoms predicted worse objective QOL. Functional capacity variables were not associated with subjective or objective QOL.
Conclusion: Treatments to improve QOL in schizophrenia should focus on negative symptoms and depressive symptoms.

Keywords: Psychotic disorders; Cognition; Neuropsychology; Social support; Depression

1. Introduction

Subjective well-being and quality of life (QOL) are increasingly being recognized as important treatment outcomes in patients with schizophrenia (Hofer et al., 2005b; Ruggeri et al., 2005). Until recently, treatments for schizophrenia have focused mainly on reducing positive symptoms, often leaving patients with numerous residual difficulties, including negative symptoms and impairment in cognition, everyday living skills, and social/occupational functioning. More comprehensive treatments are needed, and it makes sense that improved QOL should be a primary treatment goal. However, the predictors of QOL in schizophrenia are not well understood. Although no universal definition of QOL exists, the construct usually includes subjective well-

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being and objective mental and physical functioning indicators (Lehman, 1983b; Norman et al., 2000; Bow-Thomas et al., 1999; Voruganti et al., 1998; Russo et al., 1997; Lambert and Naber, 2004). Subjective QOL focuses on life satisfaction, whereas "objective" QOL focuses on participation in activities and interpersonal relationships. Although some conceptualizations hold that QOL is always purely subjective, we have adopted Lehman's use of the terms "subjective" and "objective" QOL (Lehman, 1988) as a way to differentiate subjective life satisfaction from observable QOL indicators. Although Harvey and colleagues suggest that patients' self-report of functional capacity may be problematic (Harvey et al., 2007), other research demonstrates that self-report measures of QOL are more valid than clinician-report QOL measures, and that QOL can be rated accurately and consistently by patients (Voruganti et al., 1998; Becchi et al., 2004).

1.1. Predictors of subjective QOL

Lower everyday functioning capacity and greater severity of positive, negative, and depressive symptoms have been associated with worse QOL (Hofer et al., 2005b; Norman et al., 2000; Palmer et al., 2002; Sciolla et al., 2003; Corrigan and Buican, 1995; Jin et al., 2001; Ruggeri et al., 2005; Twamley et al., 2002). Although such psychiatric symptoms have been associated with subjective measures of QOL (Hofer et al., 2005b; Ruggeri et al., 2005; Norman et al., 2000; Corrigan and Buican, 1995), symptom reductions alone often do not result in meaningful improvements in QOL because other problems remain (e.g., difficulty with everyday functioning, lack of social contacts, unemployment, and stigmatization).

Cognitive abilities are associated with functional capacity and community outcomes (Evans et al., 2003; Twamley et al., 2002; Patterson et al., 2001; Green and Nuechterlein, 1999; Green, 1996; Green et al., 2000), and may also affect life satisfaction. Poorer cognitive performance and self-reported functional status (e.g., unmarried, lower social functioning, smaller social support network) are correlated with lower subjective QOL (Corrigan and Buican, 1995; Norman et al., 2000; Lehman, 1983a). On the other hand, better cognitive abilities may translate into better insight, more depression, and lower subjective well-being. Demographic and clinical characteristics also influence subjective QOL, with women and those with less education, longer illness duration, and higher antipsychotic dosages reporting greater life satisfaction (Hofer et al., 2005b; Ruggeri et al., 2005; Corrigan and Buican, 1995). The link between greater illness severity and better subjective QOL may be due partially to the effects of impaired insight (Karow and Pajonc, 2006).

1.2. Predictors of objective QOL

Patients' self-reports of everyday functioning and activities have also been used to assess objective QOL and are distinct from self-reports of overall life satisfaction (Lehman, 1983b). Indicators of objective QOL include living situation, marital status, employment status, driving status, and involvement in social activities. Generally, patients with less severe psychiatric symptoms and better cognitive performance report better outcomes on objective QOL indicators (Hofer et al., 2005b; Palmer et al., 2002; Sciolla et al., 2003; Jin et al., 2001; Ruggeri et al., 2005). Performance-based functional capacity also has been found to predict objective QOL, particularly in terms of driving and living independence (Palmer et al., 2002; Twamley et al., 2002).

1.3. The current study

The present study aimed to identify predictors of subjective and objective QOL in outpatients with schizophrenia and schizoaffective disorder. To our knowledge, no studies have simultaneously examined the clinical, functional, and cognitive predictors of both subjective and objective QOL in this population. In the current study, we used an extensive interview measure that evaluates subjective and objective QOL separately (the Quality of Life Interview; Lehman, 1988). Furthermore, unlike previous work, we used a performance-based measure of functional capacity (the UCSD Performance-Based Skills Assessment; Patterson et al., 2001) because many individuals with schizophrenia are not accurate raters of their own community functioning abilities (Bowie et al., 2007). This instrument goes beyond asking about activity participation (i.e., objective QOL) by having the examinee perform tasks necessary for independent living (e.g., grocery shopping, paying a bill, and planning a bus route). We also administered a comprehensive neuropsychological battery, rather than relying on cognitive screening measures. Our hypotheses, guided by previously published results, were that 1) greater subjective QOL would be associated with less severe negative and depressive symptoms, better functional status on objective QOL indicators, and greater performance-based functional capacity, and 2) better objective QOL would be associated with less severe negative and depressive