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Characteristics and clinical correlates of dimensions of delusional experience in schizophrenia and delusional disorder

Victor Peralta^{a,c,*}, Manuel J. Cuesta^{b,c}

^a Mental Health Department, Plaza de la Paz s/n, Pamplona, Spain

^b Complejo Hospitalario de Navarra, Irunlarrea 3, Pamplona, Spain

^c Instituto de Investigación Sanitaria de Navarra (IdISNa), Spain

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ABSTRACT

This study aimed at examining the clinical correlates of dimensions of delusional experience in schizophrenia and delusional disorder. One-hundred and forty six subjects with schizophrenia and the same number of subjects with delusional disorder were assessed for dimensions of delusional experience including conviction, extension, bizarreness, disorganization and pressure, and for a number of clinical variables including familial liability to psychotic and mood disorders, illness characteristics, index episode symptoms, response to treatment and one-year psychosocial functioning. The associations between delusional dimensions and clinical variables were examined in each diagnostic group by means of linear regression analyses. Compared with subjects with delusional disorder, those with schizophrenia displayed higher levels of disorganization and bizarreness and lower levels of conviction, extension and pressure. Dimensions of delusional experience showed a rather different pattern of associations with clinical features both within and between diagnoses, with much more significant associations in schizophrenia than delusional disorder. Unlike schizophrenia in that dimensions of delusional experience showed a variety of associations with clinical features, most of the associations in delusional disorder were confined to the dimensions of extension and bizarreness. In schizophrenia, disorganization was the most central characteristic of delusions in that it showed associations with at least one validator within each clinical domain; furthermore all delusional dimensions but bizarreness impacted on some measure of psychosocial functioning. These findings point out the very complexity of delusions and their multidimensional character along with their distinct clinical correlates in schizophrenia and delusional disorder.

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1. Introduction

Delusions have long been recognized as central to the concept of psychosis (Jaspers, 1963), but at the same time, their very nature continues to be poorly understood. In fact, given the frequency, diagnostic importance and clinical implications of delusions in psychotic disorders, the small amount of research conducted in this area is surprising (Eisen et al., 1998; Mishara and Fusar-Poli, 2013). Delusions have traditionally been considered a unitary construct and their study has been dominated by a focus on content-related aspects of their presentation. However, evidence from several sources indicates that delusionality is better understood as a multidimensional construct (Strauss, 1969; Sacks et al., 1974). This idea has been elaborated and operationalized by a number of investigators focusing on a wide range of delusional characteristics. To date, ten rating scales for assessing the multidimensionality of delusions, comprising between 4 and 13 dimensions, have been developed, although it appears to be a certain consensus that the main characteristics of delusions are conviction, bizarreness/absurdity, pressure/

preoccupation, disorganization, extension/interference and emotional impact. As a group, these studies suggest that many of the proposed dimensions can be measured reliably and appear to constitute independent constructs (Garety and Hemsley, 1987; Haddock et al., 1999).

Current research on delusions continues to be dominated by using general symptom rating scales measuring global severity, thus the clinical correlates of dimensions of delusional experience remain poorly studied. Whereas a number of previous studies have focused on particular aspects of delusional experiences correlates, often with inconsistent findings, no previous study has comprehensively examined the correlates of delusional dimensions across several clinical domains in the same group of subjects. Most previous studies have focused on schizophrenia or mixed samples of psychotic disorder and none has examined the delusional dimension correlates in delusional disorder. Accordingly, in this article, we take a comprehensive and multidimensional approach to the analysis of delusions in subjects with schizophrenia or delusional disorder. More specifically, we explored the utility of examining the dimensions of delusional experience, separately in subjects with schizophrenia or delusional disorder, across several clinical domains including familial liability, illness characteristics, index-episode symptoms and outcome. Furthermore, to test the

* Corresponding author at: Plaza de la Paz s/n, 31002 Pamplona, Spain.
E-mail address: victor.peralta.martin@cfnavarra.es (V. Peralta).

differential validity of delusional dimensions and a severity rating of delusions, we also examined the associations between the validators and a single rating of delusional severity.

2. Method

2.1. Subjects and procedure

Subjects were derived from consecutive admissions to the Complejo Hospitalario de Navarra between 1988 and middle 2014, of which only those with a Diagnostic and Statistical Manual of Mental Disorders, fourth edition, (DSM-IV) (APA, 1994) diagnosis of schizophrenia or delusional disorder were included in the study. The study sample included 146 subjects with delusional disorder recruited between 1988 and middle 2014, and the same number of subjects with schizophrenia recruited between 1992 and 1996. To be included in the study, subjects had to present with active delusions at admission, complete inpatient treatment and have high quality data from several sources, including information provided by a close relative. Exclusion criteria were drug abuse confounding diagnosis, demonstrable or suspected brain disease, severe medical disease or intellectual disability. To minimize criterion and information variance for final research diagnoses, best estimated DSM-IV diagnosis were produced on a consensus basis by the authors using all available information.

The study protocol was approved by the local ethics committee and all procedures contributing to this work comply with the ethical standards of the relevant national and institutional committees on human experimentation and with the Helsinki Declaration. All subjects or their legal representatives provided informed consent to participate after a complete written description had been given.

2.2. Primary outcome variables

To organize the data relevant to the question of the correlates of delusional dimensions, we selected a number of putatively relevant clinical variables which were grouped into four classes of validating outcomes: antecedent (i.e. familial) validators, illness characteristics, index episode features and predictive validators. Index episode features were further subdivided into index episode symptoms and type of delusions, and the predictive validators into treatment response at the index episode and psychosocial functioning at one-year follow-up. These divisions and subdivisions of outcome validators also served as family of hypotheses to control for the Type I error rate.

2.3. Measures

Subjects were administered a battery of instruments to assess clinical symptoms and diagnosis, which have been described in detail elsewhere (Peralta and Cuesta, 2003; Peralta et al., 2013). For the present study, the main instrument for assessing most of the validating variables was the Comprehensive Assessment of Symptoms and History (CASH) (Andreasen, 1987), which has shown good to excellent inter-rater reliability in our centre (Peralta et al., 2013).

A positive family history of schizophrenia, nonschizophrenic nonaffective psychoses (NSNAP), schizophrenia spectrum disorders (schizophrenia plus NSNAP) and major mood disorders was examined in 1867 probands' first-degree relatives aged ≥ 15 by means of the Family History-Research Diagnostic Criteria (Andreasen et al., 1977), which served to calculate the familial liability score that takes into account family size and age structure (Sham et al., 1994).

Index-episode symptoms were rated at their worst over the past month within the first days of admission. The Scale for the Assessment of Positive Symptoms (SAPS) included in the CASH served to assess delusions and hallucinations. The SAPS rates 12 types of delusions on a six point Likert-type scale. For the sake of simplicity the five bizarre delusions included in the SAPS were collapsed into a single rating of bizarre

delusions. Symptoms other than delusions and hallucinations were rated with the Manual for the Assessment and Documentation of Psychopathology (AMDP) (Guy and Ban, 1982), which rates symptoms from 0 (absent) to 3 (severe). For this study we selected 3 affective symptoms (depressive mood, anxiety and dysphoria), 3 lack of insight features (lack of insight into illness, lack of insight into symptoms and refusal of treatment), aggressiveness and suicidality. Because of lack of insight symptoms are highly intercorrelated, they were collapsed into a single rating. Lifetime depression was rated using the Bipolar Affective Disorder Dimension Scale (Craddock et al., 2004).

The Dimensions of Delusional Experience Scale (DDES) (Kendler et al., 1983) was used to rate dimensions of delusions. The DDES has shown good psychometric properties across centres (Kendler et al., 1983; Büche et al., 2010) including high convergent validity with other scales (Eisen et al., 1998; Büche et al., 2010). The 5 dimensions rated by the DDES are: conviction (the degree to which the subject is convinced of the reality of their delusional beliefs), extension (the degree to which the delusional belief involves various areas of the subject's life), bizarreness (the degree to which the delusional beliefs departs from culturally determined consensual reality), disorganization (the degree to which the delusional beliefs are internally consistent, logical and systematized), and pressure (the degree to which the subject is preoccupied and concerned with the expressed delusional belief). Scale's inter-rater reliability was assessed in 25 deluded subjects with the intraclass correlation coefficient (ICC) for individual items ranging from 0.64 (bizarreness) to 0.83 (pressure) and a mean ICC of 0.78. As delusions tend to co-occur, dimensions of delusional experience were assessed on the most severe delusion according to the SAPS, and in case of similar prominence of delusions the dimensions were weighted according to the prominent delusions.

At index episode, subjects were treated with antipsychotic medication according to clinical choice and response to treatment was rated at the end of admission using the Clinical Global Impression Improvement Scale (Guy, 1976). Psychosocial functioning was rated over the past year using the Global Assessment of Functioning (GAF) scale included in the CASH and the World Health Organization Short Disability Assessment Schedule (WHO, 1988) at two time points: index admission and one year after discharge. For measures of psychosocial functioning, only those available at one year follow-up were considered.

2.4. Statistical analyses

t-Test and Chi-squares were used to characterize and compare the groups on the examined variables. Normality of continuous variables was assessed with the Kolmogorov-Smirnov test, and nonnormal variables were transformed as appropriate. To test whether selected validating variables were predicted by dimensions of delusional experience, we conducted a series of two-stepped linear regressions with the dimensions of delusional experiences as independent variables and the individual validators as dependent variables controlling by age and gender. Preliminary linear regressions were conducted to ensure no violation of the assumptions of linearity, homoscedasticity, normality and multicollinearity. In each regression model we entered age and gender as covariates in the first step (forced entry method) and the dimensions of delusional experience scores were added in the second step where a stepwise procedure was used to determine the significant variables remaining in the equation regression. After having determined the dimensions of delusional experience significantly associated with the outcome variables, and within each family of hypotheses, we used the Bonferroni-Holm's sequential correction procedure for controlling the type I error rate. To explore the associations between a global rating of delusions and the selected validators we used partial correlation coefficients controlling for age and gender. The significance level was $\alpha = 0.05$, and all tests were 2 tailed. Statistical analyses were performed with SPSS 20.

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