



ORIGINAL ARTICLE

Determinants of Quality of Life in Spanish outpatients with schizophrenia spectrum disorders

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Abstract

Background and objectives: Quality of Life (QoL) studies of patients with psychosis living in the community and of its determinants can help to improve support offered to patients. This study evaluates QoL in Spanish outpatients with schizophrenia spectrum disorders and attempts to identify the QoL determinants.

Methods: Sixty-one patients with schizophrenia or schizoaffective disorders and stable disease, completed the generic WHOQOL-BREF, EUROQOL-5D-5L and the specific SQLS-R4 QoL scales and the SCIP (cognitive impairment), SAI-E (insight), and Calgary (depression) scales. SANS (Scales for Assessment of Negative Symptoms) and SAPS (Scales for Assessment of Positive Symptoms) and selected items from the QOLI-BV were also evaluated.

Frequencies in the clinical, demographic and QoL variables were studied. Univariate and multivariate regression models were fitted to assess how clinical and demographic characteristics influence subjective QoL. Multivariate regression models were fitted with all explanatory variables found to be significant in univariate analysis.

Abbreviations: PRO, Patient Reported Outcomes; QoL, Quality of Life; QOLI-BV, Quality of Life Interview-Brief Version; SAI-E, Expanded version of the Schedule of Assessment of Insight; SANS, Scales for the Assessment of Negative Symptoms; SAPS, Scales for the Assessment of Positive Symptoms; SCIP, Screen for Cognitive Impairment in Psychiatry; SQLS-R4, Schizophrenia Quality of Life Scale Revision 4; WHOQOL-BREF, World Health Organization Quality of Life-Brief Form.

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Results: Mean QoL scores were 58.8 in EUROQOL-health and 0.8 in EUROQOL-value, and ranged between 49.2 and 62.7 in WHOQOL-BREF and between 38.9 and 43.3 (QoL limitations) in SQLS-R4.

Negative symptoms and depression were significantly related to the nine QoL areas studied. Age, gender, social activities, employment status, time since diagnosis, and insight were also related to QoL. The percentage of variance in the QoL areas explained in multivariate regression models ranged from 25 to 56%.

Conclusion: QoL was moderate in this sample of Spanish schizophrenia spectrum outpatients. Sociodemographic and clinical factors were found to be determinants of QoL. These patients could benefit from multidisciplinary treatment to improve their QoL.

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Introduction

Rehabilitation and support to patients living in the community are two main interventions offered to patients with psychosis for maintaining and improving their Quality of Life (QoL). Nowadays much emphasis is placed on developing strategies for maintaining and improving the QoL of patients.¹

Community mental health services also pay attention to patients' QoL since such patients need to continuously adapt to illness-related circumstances and other daily stressful life events that can affect QL.² QoL has also become an important outcome measure of interventions offered to patients with psychosis.³

Some cross-cultural differences in the QoL of patients with psychosis⁴ have been found, that could be related to sociodemographic factors (such as living conditions) but also to the criteria these patients have for assessing their QoL.

Several QoL studies have been performed conducted with Spanish patients living in the community.⁵⁻⁸ More QoL studies are needed in order to better understand the situation of patients in our area and compare our data with those from other cultural areas.²

QoL differences have been found between patients with schizophrenia who have or not symptomatic remission.⁹ Besides, it is suggested the need for a differential analysis of QoL in schizophrenia in the acute and long-term phases.¹⁰

Nowadays it is considered patients should assess their QoL (subjective assessment) through PRO (Patient Reported Outcomes) instruments.¹¹⁻¹³ This assessment could be complemented with objective data (e.g. functional role in society).³ QoL in schizophrenia is understood to be a multidimensional concept.^{11,14,15} It is advised to assess QoL through generic QoL questionnaires (that evaluate areas common to various diseases) combined with specific QoL questionnaires for schizophrenia.⁵ Zeng et al.¹⁶ believe that interventions that focus on a single area (such as symptoms) could fail to improve a patient's QoL.

Understanding a patient's perception of his or her QoL and the factors that may determine this QoL is necessary for developing support strategies.^{12,13} Several studies of the sociodemographic determinants of QoL in patients with

psychosis have been conducted.^{2,17,18} Others have assessed the role of clinical factors such as negative symptoms^{1,16} and depression^{11,17} (which are often found to be related to QoL), cognitive dysfunction^{18,21} and insight^{4,5,20,22,23} as determinants of QoL. Kao et al.¹ report that the extent to which patients are aware of their schizophrenic disorders and its consequences appears to influence QoL, though direction of this influence is unclear.

Studies with a combination of determinants may help to develop more targeted treatments for improving patients' QL.²⁴ Different studies have combined sociodemographic and clinical QoL determinants^{11,17,20,23,24} but few have combined demographic factors with symptoms, insight and cognitive functioning in patients with psychosis¹⁴ and none has been conducted in our area. More studies of the determinants of subjective QoL are needed.¹⁴

Studies of QoL determinants in psychosis have usually administered generic measures, while a combination of generic with disease-specific QoL questionnaires has rarely been used.¹⁶

The aims of this study are to assess QoL in a sample of Spanish schizophrenia spectrum outpatients with stable disease and evaluate the determinants of general and disease-specific QoL areas. We expected the determinants of these QoL areas to be a combination of clinical and demographic variables.

Materials and methods

Participants

A consecutive sample of schizophrenia and schizoaffective disorder patients treated at a rehabilitation service (a community day center) or at an outpatients clinic were recruited between May 2015 and June 2016. Patients at the rehabilitation service received a multi-professional intervention aimed at improving QoL and other aspects.

All participants were adults (18-65 years) with stable disease and mild or no positive symptoms (scores ≤ 2 in all SAPS- Scale for the Assessment of Positive Symptoms items).²⁵ They had spent at least three weeks in the service

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