



REVIEW ARTICLE

Quality of Life Scale and symptomatology of schizophrenic patients – A systematic review

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KEYWORDS

Schizophrenia;
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Abstract

Background: The Quality of Life Scale (QLS) was developed to assess the quality of life of patients with schizophrenia, by Heinrichs, Hanlon and Carpenter, in 1984.

Objectives: This systematic review analysed the scientific evidence produced from the QLS results and its relationship with the symptomatology of patients with schizophrenia.

Methods: An electronic search was conducted on Pubmed/Medline and Scopus to identify relevant papers published within the last ten years (January 2007 to December 2016). The inclusion criteria were: studies whose samples included only outpatients with schizophrenia; studies whose aim was to compare the QLS results with the symptomatology of schizophrenia; studies written in English. The PRISMA criteria for reporting systematic reviews and meta-analyses were used.

Results: Twelve studies were included in this systematic review. A total of 1645 patients with schizophrenia from four different countries were analysed. Ten articles used a cross-sectional study methodology and 2 articles involved a longitudinal study.

Conclusions: Synthesis suggests that quality of life/functioning in patients with schizophrenia can be influenced by negative symptoms. Nevertheless, in relation to positive and depressive symptoms, the results are not congruent nor consistent. Therefore, this literature review

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indicated that more research is needed in order to obtain better evidence with regards to the influence of that symptomatology on the quality of life/functioning in patients with schizophrenia.

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Introduction

Schizophrenia is a severe mental disorder characterised by delusions, hallucinations, disorganised speech, grossly disorganised or abnormal motor behavior and negative symptoms. In most cases still appear cognitive impairments and affective symptoms. This pathology is associated with significant social and occupational dysfunctions.¹ These deficits are present in over 60% of patients with schizophrenia and normally arise during the first five years of the disease's progression.² The best predictors of the deterioration of social functioning seem to be negative symptoms.³

The symptoms of this mental illness are associated with economic, professional, social and functional difficulties in patients who have long hospitalisation periods, delayed recovery and poor treatment outcomes, which considerably damage their quality of life.⁴

For all these reasons, patients with schizophrenia have a poor quality of life as indicated in several studies.⁵⁻¹⁰ Most of the recent studies related to the relationship between quality of life and the symptoms of schizophrenia indicate that negative and positive symptoms, as well as depression and anxiety, are related to a lower quality of life.^{5,8,11-14} Other studies delve into the relationship between quality of life and socio demographic characteristics, including age, employment and life conditions.^{6,9,14,15}

There are many scales to evaluate the quality of life, but not all are appropriate for mental illness. The Quality of Life Scale (QLS) was developed by Heinrichs, Hanlon and Carpenter, in 1984, to assess the quality of life of patients with schizophrenia.¹⁶ The QLS has been an important assessment instrument in a great deal of research. In a review of quality of life scales used in studies investigating the quality of life in patients with schizophrenia conducted from January 2009 to December 2013, the results demonstrate that the most widely used schizophrenia-specific quality of life scale was QLS.¹⁷ In addition to assessing the quality of life, the QLS is recurrently used to assess functional outcomes in schizophrenia¹⁸ and is the most widely used scale in research on assessing functioning.¹⁹ The QLS stands out from the other scales as it measures the functioning of patients with schizophrenia and considers negative symptoms, regardless of the presence or absence of positive symptoms. This instrument assesses personal experience, the quality of personal relationships and productivity in their occupational role.¹⁶ Moreover, the QLS has been validated in a number of countries including the United States, France, Portugal, Spain,

Brazil and India, with good psychometric qualities in all validation studies.^{16,20-24} For all of these reasons, in this review, we chose to assess manuscripts which had used the QLS.

The aim of this study is to analyse the scientific evidence produced from the QLS results and its relationship with the symptomatology of patients with schizophrenia.

Method

Data sources and searches

The PRISMA criteria were applied for meta-analyses and systematic reviews (Prisma).^b The EndNote bibliographic computer program was used in this study.

We conducted a study of the literature review using digital database research, Medline/Pubmed, and Scopus, in the last ten years (2007 to 2016). We recognised articles published in international journals which used the QLS. The descriptors "schizophrenia AND QLS" were used. Our search was restricted to articles published in English.

Quality of Life Scale (QLS)

A Quality of Life Scale (QLS) was developed in 1984 by Heinrichs, Hanlon and Carpenter. Its initial purpose to measure the deficit syndrome in patients with schizophrenia within the last four weeks. It consists of a semi-structured 21-item interview with 7 points for each item. It should be applied by a clinician and takes approximately 45 minutes to be applied. It is divided into four dimensions: Intrapyschic Foundations – IF (which assesses motivation, curiosity, empathy, the ability to feel pleasure and emotional interaction); Interpersonal Relations – IR (which assesses the quality and quantity of social relationships); Instrumental Role Functioning – IRF (which assesses productivity in their occupational role, whether at work, at school or in household chores/parental role) and Common Objects and Activities – COA (which assesses the possession of common objects, such as a watch to see the time and involvement in regular activities which assume active participation in society, such as using public transport). The total score of the

^b PRISMA Transparency reporting of systematic reviews and meta-analyses. Available in PRISMA Transparency reporting of systematic reviews and meta-analyses. Available from: <http://www.prisma-statement.org/> [cited 30.1.17].

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