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INSIGHT AND RECOVERY IN SCHIZOPHRENIC PATIENTS: AN OBSERVATIONAL STUDY

INTRODUCTION

Schizophrenia is a severe and disabling mental illness, which impacts upon many functional areas, like independent living, marital status, social and occupational functioning in an adverse way. In recent years, there has been great emphasis not only on the improvement of clinical symptoms but also on functional recovery as well, targeting specifically these areas that are meaningful to both clients and families. Several factors can affect such functional outcomes in schizophrenia, for example the improvement of psychopathological symptoms, insight, cognitive functioning and medication compliance. [1]

Lack of insight is considered one of the most prominent symptoms in schizophrenia.[2] Low levels of insight are a risk factor for nonadherence to treatment, which is associated with poor clinical outcome, such as frequent relapses and rehospitalizations, high levels of positive and negative symptoms, and poor social and vocational functioning. On the other hand, high levels of insight have been linked to depression, hopelessness, and suicidal tendency as well as to lowered self-esteem and quality of life [3] . Therefore, insight may have prognostic validity in terms of the prediction of treatment outcome.

OBJECTIVES

THE AIM OF THIS STUDY WAS TO INVESTIGATE THE CORRELATION BETWEEN INSIGHT AND RECOVERY IN SCHIZOPHRENIC PATIENTS ACCORDING TO CRITERIA FOR BOTH SYMPTOMATIC AND FUNCTIONAL REMISSION

MATERIALS AND METHODS

We designed an observational study of 36 months; visits were scheduled at baseline, 12 and 36 months. We included 70 patients (15 patients treated with Olanzapine, 15 with Risperidone, 15 with Aripiprazole, 15 with Haloperidol and 10 with Ziprasidone) affected by paranoid schizophrenia according to DSM IV TR criteria (validated by the SCID) who changed pharmacological therapy for different reasons (inefficacy, presence of side effects or contraindications) or naive patients who started pharmacological treatment. Rating scales used were PANSS (Positive and Negative Syndrome Scale) for psychopathological picture; Global Assessment of Functioning scale (GAF) to rate the social, occupational and psychological subjective functioning; Short Form questionnaire (SF-36) for quality of life; Psychological General Well-Being Index (PGWBI) for well-being and SAI (Schedule for the Assessment of Insight) for the assessment of insight.

Published criteria for recovery from schizophrenia [1]

Variable	Study: Harding et al., 1987 (20)	Liberman et al., 2002 (24)	Torgalsboen et al., 2002 (38)	Whitehorn et al., 2002 (37)
Psychopathology	Symptom free and not taking psychotropic medications	BPRS score of 4 or less on all positive and negative psychosis items[a]	No psychiatric hospitalizations for five years	PANSS score of 4 or less on all scales[b]
Psychosocial functioning	Social life indistinguishable from that of neighbors; holding a job for pay or volunteer	At least half-time work or school; independent management of funds and medications; once weekly socializing with peers	GAF score of more than 65[c]	GAF score of more than 50[c]
Duration	None listed	Two years	Five years	Two years

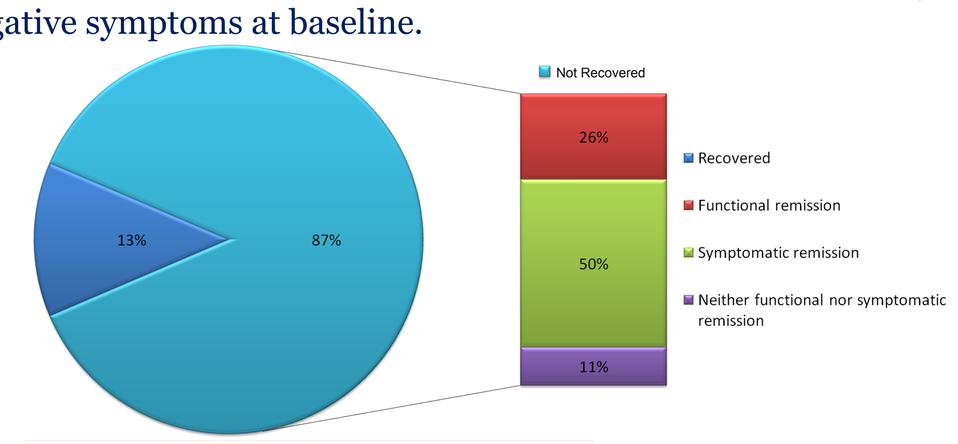
STATISTICAL ANALYSIS

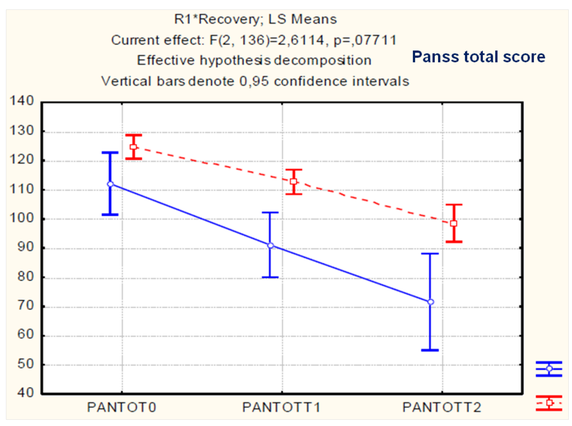
All data analysis were performed using the Statistica package, version 7.0 (StatSoft Italia, Vigonza, Padua, Italy) for Windows® (1995). Analysis of variance (ANOVA), analysis of co-variance (ANCOVA) and multiple regression were performed when appropriate.

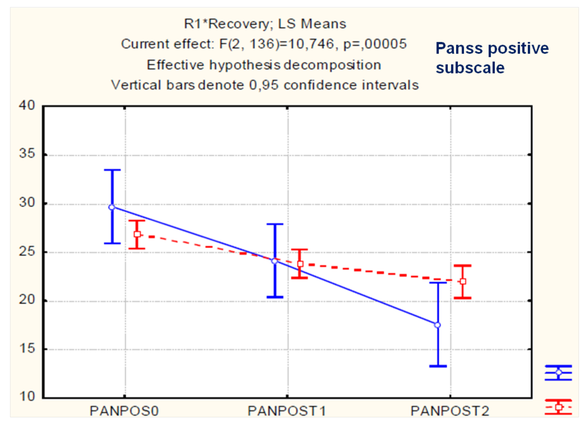
SAMPLE CHARACTERISTICS Demographic	N=70	Recovered 12,9%	Not recovered 87,1%
Age (y)	38,6±11,7	54,7±4	36,3±10,5
Male (%)	61,4	22,3	65,7
Female (%)	38,6	77,7	34,3
Marital status (%)			
Married	44,4	55.5	42.6
Widowed	2,8	-	3.2
Separated	5,7	-	1.6
Divorced	1,4	-	6.6
Never married	45,7	44,5	46
Education (years)	10.70±2.25	12.70±1.2	8,7±4,2
Living independently	21,4	31,1	19,6
Living in family	42,9	48.9	42,6
institutionalized	35,7	20	37,8
Working or studying at baseline	45,7	82	40,9

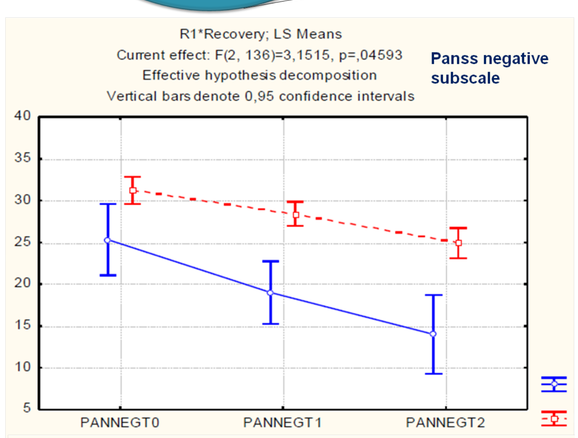
RESULTS

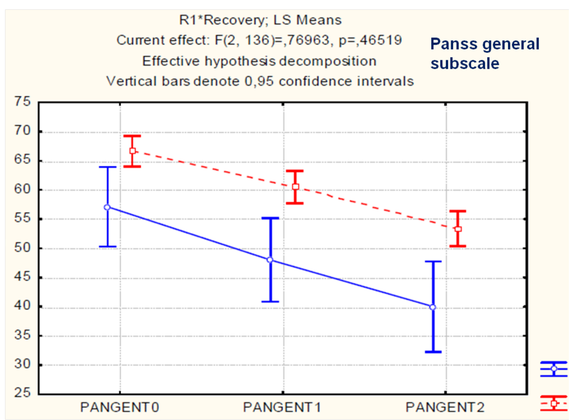
After 1 year, 50% of the subjects obtained symptoms remission and 26% had adequate social functioning for 2 years or more. Only 13 % of subjects met full recovery criteria for 2 years or longer. Patients in the recovery group showed a significantly better outcome during follow-up on all PANSS subscales (positive, negative, and general symptoms subscales) and a significantly higher level in social functioning and an improvement in the subjective perception of well-being. No differences were found in terms of Quality of life between the groups. All patients in recovery showed an improvement in insight levels, especially patients treated with second generation antipsychotics, with no difference between any single treatment. The final set of analysis showed that there was not any relationship between baseline insight and outcome measures, but improvement in insight scores from baseline to follow-up in the recovered group was associated with decreased PANSS total and subscales scores and an increase in the PGWBI and GAF scores. Recovery was predicted by female sex, higher age, SGA treatment, pre-morbid social adaptation and low level of negative symptoms at baseline.

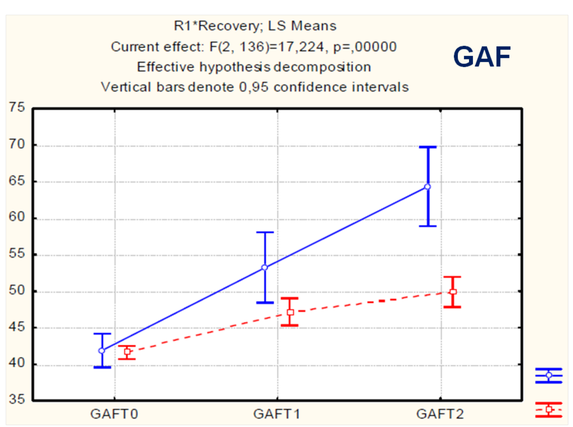


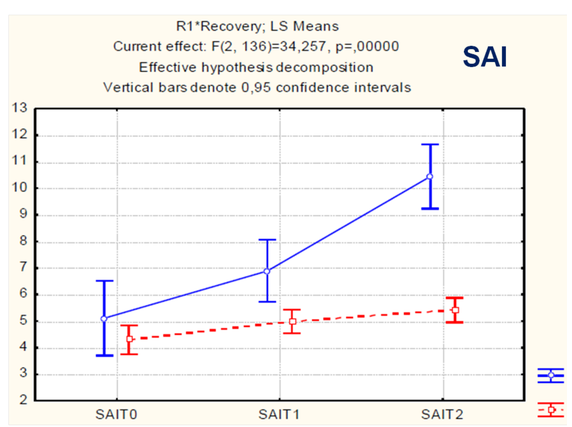


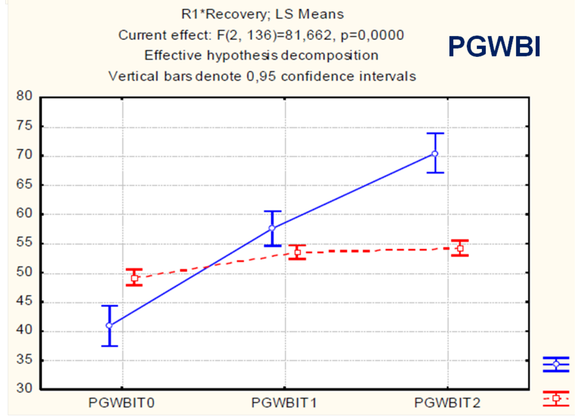


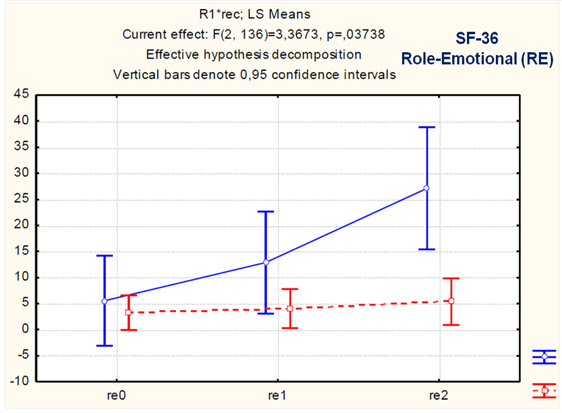












Correlations of Delta-SAI and PANSS, GAF and PGWBI in recovered patients						
	Panss - ToT	Panss - POS	Panss - NEG	Panss - GEN	GAF	PGWBI
Delta SAI	P=0.00981 **	P=0.00892 **	P=0.00032 ***	P=0.01001 *	P=0.01713 *	P=0.00371 **
*P < 0.05, **P < 0.01, ***P < 0.001.						

CONCLUSIONS

Progress in therapeutic options for Schizophrenia has revived long-term expectations for researchers, practitioners and patients. At present, definitions of therapeutic outcome include both maintained symptomatic remission and appropriate functioning in a conceptual framework that targets patient's recovery as the ultimate goal. This study found that only a small proportion of patients affected by Schizophrenia achieved recovery, therefore that greater patient insight can have prognostic validity in terms of the prediction of treatment outcome. More sensitive instruments and a larger sample are necessary to confirm these results .

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No potential conflict of interest