

A study of pre-treatment characteristics and depressive symptoms in patients of first episode of psychosis

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Abstract

Background: Depressive symptoms are commonly observed in first episode psychosis. Course of depression affects the prognosis and treatment of psychosis. **Aim and objective:** To study the pre treatment characteristics and depressive symptoms in patients of first episode of psychosis. **Methodology:** Present study carried out in 200 patients diagnosed as first episode psychosis at a tertiary health care centre. Data was collected with pre tested questionnaire. Data included sociodemographic characteristics, detailed history and clinical examination. Diagnosis was done by principal investigator according to ICD 10 –Classification of Mental Behavioral Disorder Diagnostic Criteria. For Schizophrenia, schizotypal and delusional disorders F20-F29 and Mood (affective) disorders F30-F39. Assessment scales used in Current study were PANSS scale, CDSS, GAF etc. patients were followed after 12 months and assessed with these scales again. Data was analysed with appropriate statistical tests. **Results and discussion:** Mean age of the patients was 31.26 ± 4.32 years. Out of total 200 patients 78% were male and 22 % were females. Out of total 200 patients 93 (46.5%) have CDSS score of 6 or more at baseline. At follow up after one year 65 (33.5%) patients had score of 6 or more. Among the sociodemographic variables gender shows significant correlation with baseline CDSS scores. Duration of untreated psychosis, GAF symptoms, GAF Function, PANSS depressive and PANSS total. shows correlation at baseline as well as at follow up. (0.23 and 0.30)

Key Word: depressive symptoms.

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INTRODUCTION

Epidemiology of first episode psychosis is poorly understood because of various reasons. The concept of first episode psychosis is varied from one episode to

another. Some of the studies have included Schizophrenia and Schizophrenia spectrum disorders only. While others have included Affective Disorders with or without psychotic features, i.e. Major depressive disorder and Manic episodes. Some of the studies have included Substance induced psychotic disorders and Substance use as a morbidity. Age limit is arbitrarily fixed between 18 to 64 years. Even though in many cases onset of Schizophrenia and Affective disorder is in adolescent age, before 18 years, Occurrence of first episode psychosis in elderly above age of 65years. Patients of first episode psychosis may not come in contact with health care services as soon as initial symptoms develop due to various reasons. Inadequate number of Psychiatrists and paramedical professionals, their uneven distribution in society, lack of awareness about mental disorders, and its

scientific treatment, to name some of them. Depression is commonly observed in patients of first episode psychosis.¹⁻⁴ Depressive symptoms occur in different phases of the psychosis, mainly prodromal, acute and post-psychotic phases⁵⁻⁹. This study aimed at finding of pretreatment characteristics and depressive symptoms in patients of first episode psychosis.

AIM AND OBJECTIVE

To study the pre treatment characteristics and depressive symptoms in patients of first episode of psychosis

MATERIAL AND METHODS

Present study carried out in 200 patients with first episode of psychosis at a tertiary health care centre. All patients attending psychiatry OPD and diagnosed as first episode psychosis were studied.

INCLUSION CRITERIA

1. Patients diagnosed with first episode psychosis (Schizophrenia, schizotypal and delusional disorders and Mood disorders)
2. Patients above 12 years of age

EXCLUSION CRITERIA

1. Patients below 12 years
2. Patients not willing to participate in the study
3. Patients suffering from organic brain syndromes, dementia, delirium, mental retardation, substance induced psychotic disorders, withdrawal states and intoxication of various chemicals, dissociative disorders, malingering and neurological disorders

Study was approved by ethical committee. A valid written consent was taken from the patient or caregiver after explaining study to them. Data was collected with pre tested questionnaire. Data included sociodemographic characteristics such as age, sex. Detailed history of the patient was taken. Pretreatment characteristics of the patient were noted. Through clinical examination was done by the principal investigator. Diagnosis was done by principal investigator according to ICD 10-Classification of Mental Behavioral Disorder Diagnostic Criteria For Schizophrenia, schizotypal and delusional disorders F20-F29 and Mood (affective) disorders F30-F39.¹⁰ Assessment scales used in Current study were PANSS scale, CDSS, GAF etc. symptom severity was assessed by the Positive and Negative Syndrome Scale (PANSS)¹¹ This scale is characterized by five subscales; positive,

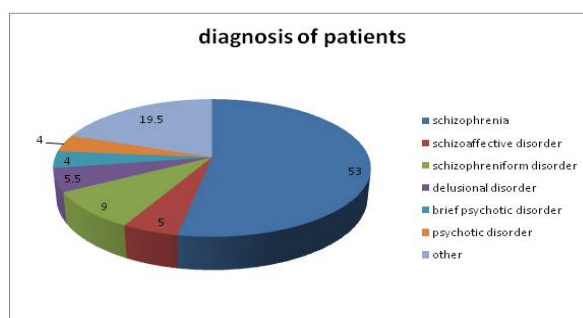
negative, excitative, depressive, and cognitive¹². Depression was assessed using the Calgary Depression Scale for Schizophrenia (CDSS)¹³. In our study we took cut off point of ≥ 6 in line with the previous studies^{14,15}. General level of symptoms and functioning was assessed with the Global Assessment of Functioning scale (GAF), split version^{16,17} patients were followed after 12 months and assessed with these scales again. CDSS compared at baseline and follow up after 12 months. Data was analysed with appropriate statistical tests.

RESULTS

Total 200 patients were studied. Mean age of the patients was 31.26 ± 4.32 years. Out of total 200 patients 78% were male and 22 % were females. Marital status was assessed as married, divorced and unmarried. Out of 200 patients 140 (70%) were married, 11% were divorced/ widow and 19% were unmarried. Table 1 shows other sociodemographic characteristics. Mean years of education were 10.2 ± 2.73 years. Mean DUP (duration of untreated psychosis) was 46.3 ± 4.9 weeks. Among all 69 % patients had history of traumatic life event. past history of suicide attempt was observed in 14% population. Clinical condition of the patients was assessed by PANNS score. Mean values of PANNS score was given in table 1. Figure 1 shows distribution of patients according to diagnosis. Schizophrenia is most commonly (53%) observed. Schizoaffective disorders were seen in 5% population. Schizophreniform disorders were seen in 9% patients. delusional disorders (5.5%), brief psychiatric disorders (4%), psychotic disorders (4%) and others were 19.5%. Out of total 200 patients 93 (46.5%) have CDSS score of 6 or more at baseline. At follow up after one year 65 (33.5%) patients had score of 6 or more. The association between characteristics of these patients and CDSS score at baseline and follow up are shown in table 2. Among the sociodemographic variables gender shows significant correlation with baseline CDSS scores. Age and years of education did not show any correlation at baseline as well as at follow up. Duration of untreated psychosis shows correlation at baseline as well as at follow up. (0.23 and 0.30) At baseline GAF symptoms, PANNS excitative, PNASS depressive and PNASS total showed significant correlation. At follow up CDSS scores were significantly correlated with GAF symptoms, GAF Function, PNASS depressive and PNASS total.

Table 1: Baseline characteristics of patients of first episode psychosis

Sr no	Characteristics	Mean	Standard deviation
1	Age (years)	31.26	4.32
2	Years of education (years)	10.2	2.73
3	DUP (weeks)	46.3	4.9
4	PANNS positive score	14.78	4.2
5	PANNS negative score	20.01	5.11
6	PANNS excitative score	9.23	2.38
7	PANNS depressive score	13.72	3.21
8	PANNS general score	36.3	8.1
9	PANNS total score	71.42	15.4

**Figure 1:** Distribution of patients according to diagnosis**Table 2:** Sociodemographic and clinical characteristics in patients of first episode of psychosis and their correlates with CDSS score at baseline and follow up.

Sr no	Characteristics	Mean (SD)	Correlation with Baseline CDSS score	Correlation with Follow up CDSS score
1	Age	31.26(4.32)	0.01	0.1
2	Gender (male) (156)		0.17*	0.11
3	Education in years	10.2 (2.73)	-0.03	-0.1
4	DUP	46.3 (4.9)	0.23**	0.30**
PANSS SCORE				
5	PANSS positive	14.78 (4.2)	0.06	0.05
6	PANSS negative	20.01(5.11)	0.11	0.19
7	PANSS excitative	9.23(2.38)	0.22*	-0.04
8	PANSS depressive	13.72(3.21)	0.57**	0.36**
9	PANSS total	71.42 (15.4)	0.28**	0.22**
GAF score				
10	GAF symptoms	40.35(10.4)	-0.28**	-0.27**
11	GAF function	43.21(11.7)	-0.12	-0.23*

*significance at level 0.05 ** significance at level 0.01

DISCUSSION

Total 200 patients were studied. Mean age of the patients was 31.26 ± 4.32 years. Out of total 200 patients 93 (46.5%) have CDSS score of 6 or more at baseline. At follow up after one year 65 (33.5%) patients had score of 6 or more. Similarly depressive symptoms decreased after follow up in previous studies.¹⁸⁻²¹ Among the sociodemographic variables gender shows significant correlation with baseline CDSS scores. Age and years of education did not show any correlation at baseline as well as at follow up. Duration of untreated psychosis shows correlation at baseline as well as at follow up. (0.23 and 0.30) At baseline GAF symptoms, PANNS excitative,

PANSS depressive and PANSS total showed significant correlation. At follow up CDSS scores were significantly correlated with GAF symptoms, GAF Function, PANSS depressive and PANSS total. Previous studies showed different results. Bottlender *et al*³ found that depressive symptoms in the acute psychotic phase was a positive prognostic indicator for patients concerning negative symptoms. Riedel *et al* found that depressed first-episode schizophrenia patients scored significantly higher on all PANSS subscales.²⁰ Cotton *et al*¹⁹ studied differences in the clinical and functional characteristics of FEP patients with and without depressive symptoms. The group with depressive symptoms at baseline was less hospitalized

and had less substance abuse during treatment. At discharge patients in this group had better insight concerning their illness. The depressed group of patients showed past diagnosis of personality disorder, suicide attempts, ongoing substance abuse, lower GAF mean score. Upthegrove *et al*²¹ studied the course of depression in prodromal, acute, and 12 months follow-up period of psychosis among 82 patients. They found that Severity of depression was not significantly correlated with the severity of positive and negative symptoms in the acute or follow-up phases. Oosthuizen *et al*²² followed the patients for 2 years. They observed that depressive symptoms in acute psychotic phase were different from post psychotic period. Depressive symptoms in acute period improved after antipsychotic treatment but symptoms in post psychotic period did not resolved after antipsychotic treatment alone. These were referred as ‘persistent depressive symptoms’.

CONCLUSION

Depressive symptoms are common in first episode psychosis both at baseline and 12 months follow up. CDSS score decreased at 12 months follow up. Gender, duration of untreated psychosis and PNASS score correlated with CDSS at base line and follow up. These factors are helpful for management and prognosis of psychosis.

REFERENCES

1. Sim K, Mahendran R, Siris SG, Heckers S, Chong SA: Subjective quality of life in first episode schizophrenia spectrum disorders with comorbid depression. *Psychiatry Res* 2004, 129:141–147.
2. Addington D, Addington J, Patten S: Depression in people with first episode schizophrenia. *Br J Psychiatry Suppl* 1998, 172:90–92.
3. Bottlender R, Strauss A, Moller HJ: Prevalence and background factors of depression in first admitted schizophrenic patients. *Acta Psychiatr Scand* 2000, 101:153–160.
4. Romm KL, Rossberg JI, Berg AO, Barrett EA, Faerden A, Agartz I, *et al*: Depression and depressive symptoms in first episode psychosis. *J Nerv Ment Dis* 2010, 198:67–71.
5. Salokangas RK, Mc Glashan TH: Early detection and intervention of psychosis. A review. *Nord J Psychiatry* 2008, 62:92–105.
6. Hafner H, Maurer K, Trendler G, An Der Heiden W, Schmidt M: The early course of schizophrenia and depression*. *Eur Arch Psychiatry Clin Neurosci* 2005, 255:167–173.
7. Levy ST, Mc Glashan TH, Carpenter WT Jr: Integration and sealing-over as recovery styles from acute psychosis. *J Nerv Ment Dis* 1975, 161:307–312.
8. Knights A, Hirsch SR: “Revealed” Depression and drug treatment for schizophrenia. *Arch Gen Psychiatry* 1981, 38:806–811.
9. Birchwood M, Iqbal Z, Upthegrove R: Psychological pathways to depression in schizophrenia: studies in acute psychosis, post psychotic depression and auditory hallucinations. *Eur Arch Psychiatry Clin Neurosci* 2005, 255:202–212.
10. World Health Organisation. (1992). *The ICD-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines*. Geneva: World Health Organisation.
11. Kay SR, Fiszbein A, Opler LA: The positive and negative syndrome scale (PANSS) for schizophrenia. *Schizophr Bull* 1987, 13:261–276
12. Bentsen H, Munkvold OG, Notland TH, Boye B, Bjorge H, Lersbryggen AB, *et al*: The interrater reliability of the positive and negative syndrome scale (PANSS). In *Int J Methods Psychiatr Res* 1996, 3:227–235.
13. Addington D, Addington J, Schissel B: A depression rating scale for schizophrenics. *Schizophr Res* 1990, 3:247–251.
14. Martin-Reyes M, Mendoza R, Dominguez M, Caballero A, Bravo TM, Diaz T, *et al*: Depressive symptoms evaluated by the calgary depression scale for schizophrenia (CDSS): genetic vulnerability and sex effects. *Psychiatry Res* 2011, 189(1):55–61.
15. Schennach-Wolff R, Obermeier M, Seemuller F, Jager M, Messer T, Laux G, *et al*: Evaluating depressive symptoms and their impact on outcome in schizophrenia applying the calgary depression scale. *Acta Psychiatr Scand* 2011, 123(3):228–238.
16. Jones SH, Thornicroft G, Coffey M, Dunn G: A brief mental health outcome scale-reliability and validity of the global assessment of functioning (GAF). *Br J Psychiatry* 1995, 166:654–659.
17. Pedersen G, Hagtvet KA, Karterud S: Generalizability studies of the global assessment of functioning-split version. *Compr Psychiatry* 2007, 48:88–94.
18. Knights A, Hirsch SR: “Revealed” Depression and drug treatment for schizophrenia. *Arch Gen Psychiatry* 1981, 38:806–811.
19. Cotton SM, Lambert M, Schimmelmann BG, Mackinnon A, Gleeson JF, Berk M, *et al*: Depressive symptoms in first episode schizophrenia spectrum disorder. *Schizophr Res* 2012, 134:20–26.
20. Riedel M, Mayr A, Seemuller F, Maier W, Klingberg S, Heuser I, *et al*: Depressive symptoms and their association with acute treatment outcome in first-episode schizophrenia patients: comparing treatment with risperidone and haloperidol. *World J Biol Psychiatry* 2012, 13:30–38.
21. Upthegrove R, Birchwood M, Ross K, Brunett K, McCollum R, Jones L: The evolution of depression and suicidality in first episode psychosis. *Acta Psychiatr Scand* 2010, 122:211–218.
22. Oosthuizen P, Emsley R, Niehaus D, Koen L, Chiliza B: The relationships between depression and remission in first-episode psychosis. *World Psychiatry* 2006, 5:172–176.

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