A Study of Prevalence of Depressive Symptomatology in Schizophrenia

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I. Introduction

Schizophrenia is a disorder with lifetime prevalence worldwide, roughly estimated at 1%
In terms of DALYs , It ranked eighth accounting for 2.6
% of the total and in terms of years lost to disability
(YLD), it was third accounting for 4.9% of total

INTRODUCTION
The World Health Organisation (WHO) labelled schizophrenia among top ten conditions for the largest proportions of the total disability adjusted life year (DALYs) in the age group 15 to 44 years for both sexes the prevalence rate of depressive symptoms ranges from 7% to 70% (Siris SG.et al 1991)

INTRODUCTION
Depression Affects the clinical picture of schizophrenia
Affects the prognosis of the Disease
Increases risk of relapse
Increases duration and frequency of hospitalisation

INTRODUCTION
Causes low social functioning
Low cognitive competence substance abuse and poor response to pharmacological treatment
Suicidal ideation and attempt

II. Aims and Objectives
1. TO EVALUATE DEPRESSION IN PATIENTS WITH SCHIZOPHRENIA
2.   TO COMPARE SOCIODEMOGRAPHIC
PROFILE WITH DEPRESSION IN SCHIZOPHRENIA

III. Materials And Methods
STUDY DESIGN: cross - sectional study
SAMPLE SIZE: 50 schizophrenia patients
The study was conducted in the Department of Psychiatry at Narayana Medical College & Hospital, Nellore
The sample of subjects were obtained from those attending the outpatient block and those who got admitted to inpatient unit.
Sample was collected during march 2019 to june 2019
INSTITUTIONAL ETHICAL COMMITTEE APPROVAL FOR STUDY HAS BEEN TAKEN

INCLUSION CRITERIA
1) Patients meeting ICD -10 diagnostic criteria for schizophrenia.
2) Age between 18 to 65 years.
3) Has not taken ECT in last one year.
4) Has not identified with serious physical illness,
5) On regular medication in past 6 months.
6) Who are willing to give consent cooperative and with reliable informant
EXCLUSION CRITERIA
1) Patients with schizoaffective disorder, post psychotic depression.

2) Patients with other psychotic disorders , mental retardation and personality disorders .
3) Patients with somatiazation disorder.
4) Patients with negative symptoms.
5) Patients with Substance Dependence
6) Patients with organic psychosis.
7) Patients who are not cooperative for interview

IV. Materials
1) Written informed consent form And Semi structured intake proforma
2) ICD -10 clinical description and diagnostic guidelines.
3) Positive and negative syndrome scale (PANSS).
4) Calgary depression scale for schizophrenia (CDSS).
5) Socio economic status assessed by Modified Kuppuswamyscale

PROCEDURE
All subjects fulfilling the selection criteria were approached and explained about the purpose of the study.
Written informed consent was obtained from all potential participants.
The socio-demographic profile of all the subjects were obtained
They were administered PANSS, CDSS, and CDSS indicated by cut off score of 6

STATISTICAL ANALYSIS
The data was collected and subjected to statistical analysis using SPSS 22.
Descriptive statistics was used to measure means, percentages and graphs.
For continuous variables mean, standard deviation , is used
For categorical variables chi - square is used
Pearson correlation test was used to measure correlation between variables. p value was set at 0.05

V. Results

	TEST	Chi square	p.value
Gender male female	32 18	2.597	0.107
occupation employed unemployed	 17 33	21.583	0.000
unmarried married divorced	19 30 1	18.916	0.000
Educated Uneducated	64 36	10.184	0.037

RESULTS

Sample	N	Mean	Std.deviation	Pearson correlation
Age	50	27.44	5.350	-0.039
positive scale	50	15.14	3.393	0.383
General psychopathology	50	23.66	4.570	0.246
CDSS	50	1.80	2.441	1

CDSS		MALE	FEMALE	TOTAL
DEPRESSION-	NO	19	13	32
	YES	13	5	18
HOPELESSNESS		20	14	34
		12	4	16
SELF DEPRECIATION		25	15	40
		7	3	10
SELF GUILT		29	17	46
		3	1	4
SUICIDE		22	14	36
		10	4	14
MORNING DEPRESSION		24	14	38
		8	4	12

RESULTS
Depressive symptoms in test subjects - Depression was 36%, among males it was 26% and in females 10%.
Hopelessness was 32%, among males it was 24% and in females 8%.
Self depreciation was 20%, among males it was 14% and in females 6%.
Guilt was 8% in males it was 6% and in females 2%.

RESULTS
Morning depression was 24%, among males it was 16% and in females 8%
Suicide was 28%, in males it was 20% and in females 8%.
Early morning depression was 14%, among males it was 12% and in females 2%.
Observed depression was 12%, in males it was 10% and in females 2%.

Our study found that 36% of the test subjects were depressed this is consistent with previous research by different authors Balci et al 42%, Pabbathi et al
36.1% and Vikas Gaur et al 78%
There was no significant effect of demographic variables on presence of depressive symptoms in our study. Similar to our study is Zisook et al
Major depression is more common in female gender, where as most of the studies in schizophrenic patients did not show significant difference between gender regarding the rate of depression (Siris SG.et al 1991)
Depressive symptoms were significantly correlated with hostility, suspiciousness and positive symptoms In our study In our study the prevalence of depression Positively correlated with scores of positive symptoms and general psychopathology but not with negative symptoms Our results are in concordance with the research findings of Pabbathi et al , Babinkostova et al. Zisook et al,Cohen's et al where they found an association between depressive symptoms and positive symptoms

VI. Discussion
• In our study among CDSS items depression, hopelessness, self depreciation, suicide and morning depression were greater in frequency with mild severity

LIMITATIONS
1) Our study is cross sectional
2) Size of the sample is small

IMPLICATION OF OUR STUDY

Depressive symptoms can occur during any phase of schizophrenia, during prodromal, acute and remission phase.

Hence it is important to screen, detect and treat depression to decrease morbidity and mortality

VII.   Conclusion

In schizophrenia patients depressive symptoms were significantly present

Most of socio demographic factors did not influence depressive symptoms

Depression, hopelessness, self deprecation, suicide and morning depression were greater in frequency

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