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Topic: Disability in person with schizophrenia: A study from north east India

Lavinia A.M Lyngdoh 1

Arif Ali 2

1. . M. Phil trainee, Department of Psychiatric Social Work, LGB Regional Institute of Mental Health, Tezpur Assam.

2. Assistant Professor, Department of Psychiatric Social Work, LGB Regional Institute of Mental Health, Tezpur Assam.

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Corresponding Author:
Dr. Arif Ali
Department of Psychiatric Social Work,
LGB Regional Institute of Mental Health,
Tezpur, Assam
India

Abstract

Schizophrenia is a significantly disabling disease that affects social .family psychological, vocational and occupational functioning. The present study aim to find the level of disability in person with schizophrenia .The research setting was at the Outpatient Department, LGB Regional Institute of Mental Health, Tezpur, Assam. Based on purposive sampling technique, samples of 60 subjects with diagnosis of schizophrenia were selected. Patients attending Outpatient Department for follow up in the age range between 18 to 60 years of both the gender were included. Patients with any organic involvement, who have any significant physical illness and with co morbid disorder were excluded.Socio-demographic and clinical data sheet, Positive and Negative Syndrome Scale [PANSS], Indian Disability Evaluation Assessment Scale [IDEAS]. In the present study it was found that majority of the respondents are having moderate level of disability [43%], while 40% are having mild level of disability, 15% are having severe level of disability and 1.7% of the respondents are having profound disability. Schizophrenia required a diverse range of interventions. Beside pharmacological intervention there is an equally vital psychosocial intervention are required in promoting independence, decreasing disability and enhancing quality of life in person with schizophrenia.

Key words: Disability, Schizophrenia, Positive and Negative Symptoms

Introduction:

Schizophrenia is a significantly disabling disease that affects all major areas of life. It causes disability leading to restrictions on many domains of social, family, psychological, vocational and occupational life. Schizophrenia usually starts during young age and is frequently associated with deterioration from the previous level of functioning and they are reported to have multiple psychological and physical impairment [King and Nazareth, 1996].Disability associated with mental illness is a major contributor to the global burden of disease. Schizophrenia is still ranked among the top ten leading causes of disease-related disability in the world [Tandon et al., 2008]. Disability is a complex bio-psycho-social phenomenon that results from interplay of illness-related factors and the overall socio-environmental context in which the person lives [World Health Organization, 2001]. As per the Census of India, 2001 there are an estimated 2,263,821 [for a population of 1,028,610,328] people suffering from disability due to mental illness in the country. Mental disorders rank third among the five leading contributors to disability in India [Census of India-Data on Disability, 2001]. However, a recent community-based study in India found mental disability to be the most common type of disability accounting for 36.7% of total disability [Ganesh et al., 2008].

People with psychiatric disabilities experience numerous limitations in everyday functioning, some of which include difficulties in interpersonal situations, have problems coping with stress, difficulty in concentrating, lack of energy or initiative and negative impact on quality of life. There is a lack of comprehensive synthesis of research findings on the full extent of psychosocial difficulties experienced by people living with schizophrenia. To initiate and plan for rehabilitation, there must be an adequate understanding of the individual person in the context of his or her specific environment .To help disabled persons identify their personal goals, disability assessment is required. It is important to identify the individuals' personal costs and benefits associated with the needs for their rehabilitation. Thus the present study aims to assess disability in person with schizophrenia.

Objectives:

- To find the level of disability in person with schizophrenia

Material and Method

The research setting was at the Outpatient Department, LGB Regional Institute of Mental Health, Tezpur, Assam. Based on purposive sampling technique, samples of 100 subjects with diagnosis of schizophrenia were selected. All the patients were diagnosed by a psychiatrist in accordance to the DCR-ICD-10 criteria at the time of their entry into the hospital. Patients attending Outpatient Department for follow up in the age range between 18 to 60 years of both the gender with diagnosis of schizophrenia were included. Patients with any organic involvement, who have any significant physical illness and with co morbid disorder were excluded.
Assessment tools:

1. Socio-demographic and Clinical Data Sheet: It is semi-structured Performa especially designed for this study. It contained information about social demographic variables like age, sex, education, marital status, religion, employment status, domicile background etc. In clinical data sheet it contains variables like, age of onset, total duration of illness, precipitating factors, mode of onset etc.

2. Positive and Negative Syndrome Scale [PANSS] [Kay & Linden Mayer, 1987]. The PANSS is a medical scale used for a measuring symptom severity of patients with Schizophrenia. It was published by in 1987 by Stanley Kay, Levis Opler and Abraham Fiszbein which is administered to the patients for assessment of symptomatology. The patient is rated on from 1 to 7 on 30 different symptoms.

3. Indian Disability Evaluation and Assessment Scale [IDEAS] [The Rehabilitation Committee of the Indian Psychiatric Society, 2002]: It assesses disability under four domains: Self-care, interpersonal activities [social relationships], communication and understanding, and work. Each item is scored between 0 and 4, i.e., from no to profound disability, adding scores on 4 items gives the 'total disability score'. Global disability score is calculated by adding the 'total disability score' and MI 2Y score [Months Ill in 2 years- a score ranging between 1 and 4, depending on the number of months in the last 2 years the patient exhibited symptoms]. Global disability score of 0 corresponds to 'no disability', a score between 1 and 7 corresponds to 'mild disability', and a score of 8-13 corresponds to 'moderate disability', a score between 14 and 19 corresponds to 'severe disability', and a score of 20 corresponds to 'profound disability'. Indian Disability Evaluation and Assessment Scale [IDEAS] is a well-validated instrument and is being used across the country for disability evaluation in psychiatric disorders. The alpha value for the scale has been found to be 0.8682, indicating good internal consistency between the items.

Ethical issues:

The respondents were assured confidentiality; informed consent was taken from the respondents. The participants were clearly explained the purpose of the study and samples were selected on voluntary basis.

Procedure

Patient was identified on the basis of DCR ICD-10 diagnosis criteria. Informed consent was taken from the patient as well as from the informant before eliciting relevant information and the nature and purpose of the study was explained. All the subjects who were selected for the present study were interviewed and then assessed with the help of semi-structured socio demographic and clinical data sheet .Thereafter Indian Disability Evaluation and Assessment Scale [IDEAS] was administered to know the severity level of disability.

Data analysis

The collected data was analyzed using descriptive and inferential statistics in Statistical Package for Social Science [SPSS] 16 version.

Results

Table 1: Socio demographic details of the participants

N=60

Variable		Frequency	Percentage
Age	21-30	11	18.3
	31-40	24	40.0
	41-50	22	36.7
	51-60	3	5.0
Gender	Male	40	66.7
	Female	20	33.3

Education	Illiterate	12	20
	Primary	11	18.3
	Secondary	24	40
	Graduate	12	20
	Other	1	1.7
Marital status	Un Married	23	38.3
	Married	31	51.7
	Separated	6	10
Religion	Hindu	44	73.3
	Muslim	13	21.7
	Christian	3	5
Ethnicity	Tribal	8	13.3
	Non-Tribal	52	86.7
Community	Assamese	21	35
	Bengali	18	30
Occupation	House wife	3	5
	Professional	3	5
	Self Employed	3	5
	Agriculture	17	28.3
	Govt Job	18	30
	Un employed	16	26.7
Residence	Urban	11	18.3
	Semi Urban	20	36.3
	Rural	29	48.3

Family Type	Nuclear	26	43.3
	Joint	22	36.7
	Extended	12	20.0
Socio economic details	Low	1	1.7
	Upper Low	12	20
	Lower Middle	20	33.3
	Upper Middle	11	18.3
	Upper	16	26.7

The above table shows that the majority of the respondents were in the age range of 31-40[40%], followed by in the age range of 42-50[36%] , while 18% were in age range of 21-30 and 5% were in age range of 51-60.The majority of the respondents were male [66.7%] whereas 33.3% were female participants . The majority of the respondents are educated up to secondary [40%], married [51.7%], Hindus by religion [73.3%], non tribal [86.7%]and belongs to the Assamese community[35%].In occupation majority of the population which constitutes to 30% are employed in the government sector whereas 28.3 works in the agricultural sector and 26% are unemployed .further majority of the respondents resides in urban[47%] where 18% resides in rural and 35% resides in semi urban. Majority of the respondents stays in a nuclear family [43.3], 37% are a joint family and 20% belongs to a extended family. In the present study 33.3% belongs to the lower economic background, 26.7% belongs to the upper economic background and only 1.7 % belong the low economic background.

Table 2: Clinical Profile of the participants

N=60

Variable	**Mean**	**SD**
Age of Onset of Illness	27.5	8.36
Total duration of Illness	9.91	6.18
Variables		**N [%]**
Precipitating factors	Present	35[58.3]
	Absent	25[41.7]
Mode of onset	Acute	3[5]
	Abrupt	6[10]

	Insidious	51[85]
Course	Continuous	53[88.3]
	Episodic with Progressive deficit	4[6.7]
	Episodic with stable deficit	2[3.3]
	Incomplete remission	1[1.7]
Family history of illness	Present	14[23.3]
	Absent	46[76.7]
No of Hospitalization[admission	Not admitted	26[43.30]
	One time	18[30.0]
	Two times	9[15.0]
	Three times	4[6.7]
	Four times	2[3.30]
	Six times	19[1.7]

The above table shows that the mean age of onset of illness was 27.5± 8.36, while the mean duration of illness was 9.91 ± 6.18. In the present study majority of the respondents [58.3%] has precipitating for the cause of mental illness, while [41.7%] do not have any precipitating factor. Further Majority of the respondents [85%] mode of onset was insidious, 88.3% have continuous course of illness, 76.7% respondents family history of mental illness is absent and majority of the respondents [43.3%] were never admitted in hospitals [table 2]

Table 3: Disability Assessment in Schizophrenia
N=60

Variable	Frequency	Percent
Mild Disability	24	40.0
Moderate Disability	26	43.3
Severe Disability	9	15.0
Profound Disability	1	1.7

In the Indian Disability Evaluation and Assessment Scale majority of the respondents are having moderate level of disability [43%], while 43% are having mild level of disability, 15% are having severe level of disability and 1.7% of the respondents are having Profound Disability

Table 4:
Person correlation between Global disability score and positive symptoms, Negative symptoms, General Symptoms
N=60

Variable	Positive Symptoms	Negative Symptoms	General Symptoms
Disability	.127	.632**	.148

**p≤0.01
The above table shows that the global disability score has a significant s positive correlation with Negative symptoms [r=.632, p≤0.01], while positive correlation was found with positive symptoms [r=.127] and General Symptoms [r=.148].

Table 5: Person correlation between Age of Onset, Total duration of Illness, Global disability score
N=60

Variable	Age of Onset	Total duration of Illness
Global disability score	-.175	.403**

**p≤0.01

The above table shows that the total global score of disability has a significant positive correlation total duration of illness [r= .403, p≤0.01] and negative correlation was found with age of onset of illness [r=. -.175]

Discussion

In the present study it was found that majority of the respondents are having moderate level of disability [43], while 43% are having mild level of disability, 15 %are having severe level of disability and 1.7% of the respondents are having profound disability .Various researchers have also reported that that majority of the respondents have mild to moderate level of disability (Ali, 2009; Kumar et al. 2008; Sihabuddeen, Ismail, Chandran Mohan &Moosabba ,2012].In the study it was found the global disability score has a significant s positive correlation with Negative symptoms [r=.632, p≤0.01], while positive correlation was found with positive symptoms [r=.127] and General Symptoms [r=.148].further it was found that total global score of disability has a significant positive correlation total duration of illness [r= .403, p≤0.01] and negative correlation was found with age of onset of illness [r= -.175]. Shankar et al. [1995] reported that negative symptoms predominated among the factors associated with global disability in both sexes. Grover et al. [2014] reported that the total and global disability score correlated with positive, negative and general psychopathology scores of PANSS, though the relation was strongest with negative symptom score. Thara and Joseph [1995] found that the socio-demographic and clinical variables like gender, age of onset, mode of onset, duration of illness and premorbid functioning which are related to course and outcome have also been reported to have an effect on disability. Further, Ali [2009] also reports that age of onset, duration of illness have an effect on disability [Ali, 2009].

Limitations

The sample size was relatively smaller and the study, Gender comparisons was not done. It was cross sectional hospital based study and cannot be generalized. Follow up study need to be conducted.

Conclusion

Schizophrenia required a diverse range of interventions. Beside pharmacological intervention there is an equally vital psychosocial intervention are required in promoting independence decreasing disability and enhancing quality of life in person with schizophrenia. No rehabilitation effort will be complete without taking into consideration the disability of the patients in the execution of rehabilitative measures.

References

1. Ali A. [2009]. Disability in schizophrenia and its relationship with duration of illness and age of onset. International Journal of Psychosocial Rehabilitation ,14, 37-41

2. Census of India-Data on Disability (2001). Office of the Registrar General of India.

3. Ganesh KS, Das A, Shashi JS. (2008).Epidemiology of disability in a rural community of Karnataka. Indian J Public Health. 52,125–9.

4. Grover S, Shah R, Kulhara P, Malhotra R. (2014) Internal consistency & validity of Indian disability evaluation and assessment scale [IDEAS] in patients with schizophrenia. Indian J Med Res. Nov; 140; 5,637-43.

5. Shihabuddeen Ismail, Chandran M, Moosabba (2012).Disability in persons with Schizophrenia correlated to family burden and family distress among their caregivers .Delhi Psychiatry 15;2,332-337

6. Kay SR, Opler A, Fisbein A (1987). Positive and Negative syndrome Scale (PANSS) for schizophrenia.Schizophr Bull, 2, 261–76.

7. King M and Nazareth. (1996). Community care of patients with schizophrenia, the role of the primary health care team. British Journal of General Practice, 46, 231-237.

8. Kumar S, Kulhara P, Grover S, Malhotra R. (2006). Preliminary experiences with use of disability assessment scales at mental disability clinic, PGIMER, Chandigarh. J Mental Health Hum Behav, 11:39–43.

9. Shankar R, Kamath S, Joseph AA. . (1995).Gender differences in disability: A comparison of married patients with schizophrenia. Schizophr Res, 16,17–23.

10. Thara R, Joseph A A(1995). Gender difference in symptoms and course of schizophrenia. Indian J Psychiatry, 37: 124-8.

11. The Rehabilitation Committee of the Indian Psychiatric Society (2002). IDEAS (Indian Disability Evaluation and Assessment Scale) - A scale for measuring and quantifying disability in mental disorders. Indian Psychiatric Society.

12. Tandon R, Keshavan MS, Nasrallah HA. (2008).Schizophrenia, “just the facts” what we know in 2008. 2. Epidemiology and etiology. Schizophrenia Research, 102,1–18

13. World Health Organization (2001).Geneva: World Health Organization; International classification of functioning, disability and health: ICF.