



Depressive symptoms in patients of schizophrenia in state mental health hospital

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Abstract

Aim: To study prevalence of depressive symptoms in schizophrenia patients in HHMH & R, Shimla.

Material and Methods: A cross-sectional observation was done in schizophrenia patients admitted in our hospital with diagnosis of schizophrenia. After informed consent sociodemographic information and clinical characteristics were collected from patients and attendants.

Results: Mean age of participants was around 37 years and most were male and single. Olanzapine was most common prescribed drug second most common was haloperidol. Depressive symptoms were reported by 54% of participants out of which 26% participants had clinically significant depression as per CDSS.

Conclusion: In schizophrenia it is difficult to distinguish true negative and depressive symptoms. But over 50% of patients have depressive symptoms which needs proper assessment and timely measures to prevent suicides and improve quality of life of patients.

Keywords: Calgary depression scale (CDSS), Positive and negative syndrome scale (PANSS).

Introduction

In schizophrenia negative symptoms may cause decrease in normal emotions and functions which also can be due to depression^[1]. Depressive symptoms are frequently seen in schizophrenia patients, in past studies prevalence is seen between 10-75%^[2,3]. Suicidal thoughts are also common in these patients^[4,5] and as many as 2-13% of them ultimately attempt suicide and majority of them report depressive symptoms during the course of illness, specifically helplessness and feeling worthless^[6,7]. These above factors warrant recognising and treating depression one of most important but overlooked

facet in management of schizophrenia. Due to difficulty in delineating the negative symptoms and depressive symptoms the prevalence rates of depression among schizophrenics vary widely. In literature it is said that attributing symptoms to these conditions should be guided by the nature of presenting symptomatology, in which sadness predominate in depression while apathy in schizophrenia^[8]. Our study looks into depressive symptoms in schizophrenia patients and emphasise that we should not overlook depressive symptoms considering them as negative symptoms.

Material and Methods

In months of January and February 2021 cross-sectional observation was done in HHMH & R Shimla after proper informed consent. All patients admitted in our hospital during that period with diagnosis of schizophrenia were included in study. We confirmed diagnosis as per MINI-PLUS and patient meeting diagnosis of schizophrenia were included in study. Socio-demographic data was

obtained and psychopathology and depressive symptoms were rated on PANSS and CDSS scales.

Statistical Analysis

The collected data was analysed using SPSS software. For continuous variables mean and standard deviation were used and for categorical variables frequencies were used.

Table 1: Socio-demographic profile of patients

Variables	Participants N=47 Mean (SD)/ Frequency (%)
Age in years	37.28 (11)
Gender	
Male	34 (73.9%)
Female	12 (26.1%)
Marital status	
Single	35 (76.1%)
Married	11 (23.9%)
Medication	
Olanzapine	17 (37.0%)
Haloperidol	12 (21.7%)
Others	17 (37.0%)
Co-morbidity	
Yes	15 (32.6%)
No	31 (67.4%)
Substance use history	
Yes	23 (50%)
No	23 (50%)

Table 2: Clinical profile of patients

Variables	Participants N=47 Mean (SD)/ Frequency (%)
PANSS	
Positive subscale score	14.89 (6.87)
Negative subscale score	18.08 (7.89)
General psychopathology subscale score	28.34 (9.70)
PANSS Depression subscale	6.60 (2.48)
Total PANSS Score	58.32 (21.93)
CDSS	
CDSS total score	4.28 (3.61)
Depression as per CDSS (≥ 6)	12 (26.1%)

Results

Mean age of participants was 37.28 years and most of them were males and single (76.1%). Olanzapine was most commonly prescribed drug second most common was Haloperidol. Substance use was found in around half of participants in which tobacco was commonest. Co-morbidities were also fairly common. Hypertension was found in 15% participants and diabetes was present in 8.7% of participants. {Table 1}

In clinical profile on PANSS participants scored higher on general psychopathology subscale (28.3) followed by Negative symptom subscale (18.08). On CDSS 25 participants (54%) reported depressive symptoms out of which 12 participants (26%) had clinically significant depression (Total CDSS score ≥ 6). {Table 2}

Discussion

Our study demonstrates over 50% incidence of depressive symptomatology in schizophrenia patients. Whereas in other study the incidence was around 13% in schizophrenia patients [9]. Which can be explained by use of different instrument (BDI-II) in that study to study the prevalence of depressive symptoms. Keeping away the differences in percentage of depression prevalence among schizophrenia patients, that can be explained as different population and methodologies were used, there is an agreement that depression is a common co-morbidity in schizophrenia leading to relapses. In a study they have emphasized that acute phase of schizophrenia can be preceded by depression^[3]. Others have reported that around 60% of patients and 75% of their caregivers reported depressive symptoms as a factor leading to relapse^[10]. Depression can be seen in all phases of illness^[11] and affects the course of the illness, causing aggravations, which leads to modifications in management^[8], and is also a main risk factor for suicidal attempts. In literature it has been seen that around 10% of schizophrenia patients commit suicide, more significantly majority of them had depressive episodes in past or had shown

depressive symptoms during their visits to psychiatrists^[3]. At times depressive symptoms may mimic or overlooked as negative symptoms. It is tough to delineate them and one has to be very diligent enough while assessing patients with schizophrenia with predominant negative symptoms. If these go untreated, they can lead to a relapse or even suicide among patients. Depression in schizophrenia lead to difficulties in adjustment during rehabilitation, like unemployment, decreased activity and satisfaction, suicidal thoughts, leading to re-hospitalizations. In our study it is emphasized that thorough psychological evaluation can lead to picking up of patients who are at risk of having depression which will allow clinicians to take timely measures to prevent same.

Conclusion

Depressive symptoms in schizophrenia are fairly common and commonly mistaken or overlooked as negative symptoms. Over 50% of patients had depressive symptoms out of which 26% patients had clinically significant depression including suicidal ideations. These can lead to repeated exacerbations, hospitalizations and even suicide if overlooked. So clinicians should be keen to pick depressive symptoms and proper psychological assessment should be done to ascertain the diagnosis and timely measures should be taken.

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