

# GENDER DIFFERENCES IN THE DEFICIT OF INSIGHT IN PSYCHOTIC PATIENTS

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## BACKGROUND

There seem to be gender differences in the expression of psychotic spectrum disorders. Males show a higher frequency of negative symptoms while females tend to have a later onset, higher probability of showing affective symptoms and a better social functioning (1,2,3).

Also, in first episode of psychosis female gender have been associated with more insight into psychotic illness (4) and in correct attribution of symptoms (5); but in adult stable psychotic patients no evidence of gender differences have been shown (6).

## MAIN OBJECTIVE

To analyze gender differences in clinical variables as well as in the deficit of insight in a large sample of psychotic patients.

## METHODS

Multicentre cross-sectional naturalistic study of 401 psychotic patients, 270 men and 131 women, mean age 35.8 years, SD: 12.7, range: 13.0/67.17, evaluated in different clinical conditions.

The sample was obtained in four Mental Health Departments of the Area of Barcelona (Spain): Parc de Salut Mar (Barcelona), Parc Sanitari San Joan de Dèu (Sant Boi de Llobregat, Barcelona), Hospital Benito Menni (Sant Boi de Llobregat, Barcelona), Corporació Sanitària i Universitària Parc Taulí (Sabadell, Barcelona).

Diagnosis was obtained following DSM-IV criteria and confirmed by the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID). Participation was voluntary and participants signed an informed consent under the Ethical Committee of the different Centers.

The severity of psychopathology was assessed using the Positive and Negative Syndrome Scale for Schizophrenia (PANSS). The PANSS-C index and Lidermayer factors were also obtained. The deficit of insight and its five dimensions were evaluated by the Scale of Unawareness of Mental Disorder (SUMD). Functionality was measured by the Scale Global Assessment of Functioning (GAF). IQ was estimated by verbal scale of Wechsler Adults Intelligence Scale (WAIS). We used a sociodemographic, clinical and outcome data questionnaire

The IBM SPSS Statistics version 19 was used for statistical analysis. The normality of distribution of the quantitative scales was verified using the Kolmogorov test. Assessment of the differences between groups was performed using the Student t-test or chi-square test, as appropriate.

## CONCLUSIONS

In a large sample of patients with schizophrenia spectrum psychosis gender differences were observed in age of onset of the illness, diagnosis of psychosis and severity of positive symptoms. Patients did not show gender differences in IQ and in variables related to global severity of illness such as: years of evolution, number of hospitalizations, functionality and severity of psychopathology. No gender differences were found in insight and its dimensions, supporting that insight is a complex multidimensional phenomenon related to the psychotic process in itself.

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**Declaration of interests:** The authors of the study don't have declaration of interest to disclose

Table 1. Sociodemographic and clinical characteristics of the sample (N=401).

	Women (n= 131)		Men (n= 270)		P value
	n	%	n	%	
<b>Marital Status</b>					P<0.001
Single	75	57.3	201	74.4	
Partner	30	22.9	23	8.5	
Divorced	20	15.2	20	7.4	
Missing	6	4.6	26	9.7	
<b>Level of Education</b>					NS
No education (read and write only)	27	20.6	33	12.3	
Primary	49	37.4	120	44.4	
Medium and High	55	42.0	108	40.0	
Missing			9	3.3	
<b>Diagnosis</b>					P<0.001
Schizophrenia	70	53.4	193	71.5	
Schizoaffective disease	22	16.8	20	7.4	
Non-specific psychotic disease	32	24.4	39	14.4	
Schizophreniform disease	7	5.4	18	6.7	
<b>Clinical program</b>					0.36
Inpatient department	79	60.3	150	55.6	
Outpatient department	52	39.7	120	44.4	
<b>Symptomatic Profiles</b>					NS
Positive	63	52.1	149	59.8	
Negative	58	47.9	100	40.2	

Table 2. Sociodemographic and clinical characteristics of the sample (N=401)

	Women (n= 131)			Men (n= 270)			P value
	X	SD	Median	X	SD	Median	
Age (years)	36.9	14.5	36.8	35.0	12.1	34.1	NS
Age of onset	24.5	9.3	21.7	21.4	6.1	20.0	0.000
Evolution of psychiatric disease (years)	13.3	13.4	9.2	13.8	11.4	11.4	0.001
Hospitalizations over life	2.7	2.4	2.0	2.9	2.9	2.0	NS
PANSS Total	76.6	21.7	75.5	75.9	21.6	76.0	NS
PANSS Positive Symptoms	18.8	6.4	19.0	17.7	17.0	6.7	NS
PANSS Negative Symptoms	18.9	9.0	17.0	20.0	8.6	20.0	NS
PANSS General Symptoms	38.6	11.0	39.0	37.8	10.9	37.0	NS
<b>Lidermayer Factors</b>							
Positive Factor	19.9	7.6	20.0	18.3	6.9	19.0	0.032
Negative Factor	18.1	9.5	16.0	19.7	8.8	19.0	NS
Disrupt Factor	16.4	6.4	15.0	16.7	6.5	16.0	NS
Affective Factor	11.7	4.0	12.0	11.1	3.9	10.5	NS
Excitation Factor	9.5	4.0	9.0	9.9	4.6	9.0	NS
<b>SUMD</b>							
Awareness	2.8	1.2	2.7	2.6	1.2	2.8	NS
Attribution	3.6	1.3	4.0	3.3	1.3	3.5	0.058
Awareness of disease (item 1)	3.0	1.7	3.0	2.8	1.6	3.0	NS
Awareness of the effects of medication (item 2)	2.3	1.5	1.5	2.3	1.5	1.0	NS
Awareness of social consequences (item 3)	2.9	1.7	3.0	2.8	1.7	3.0	NS
GAF	50.0	14.9	50.0	48.9	15.4	50.0	NS
CI	90.1	17.0	90.0	90.7	19.2	90.0	NS

## RESULTS

No statistical significant differences were observed between males and females in age, years of illness evolution, hospitalizations over life, IQ and functionality. The groups did neither differ in the deficit of insight and its dimensions.

Gender differences were found between the groups in marital status (28.2,  $p \leq 0.000$ ) and in the age at onset of the illness (3.8  $p \leq 0.000$ ). Significant differences were also found in the diagnosis (17.0,  $p \leq 0.001$ ), with women showing a higher rate of schizoaffective disease than men, and in the positive Lidermayer factor (2.1,  $p \leq 0.032$ ). However, no significant differences were observed in severity of psychopathology.