AFFECTIVE SYMPTOMS AND THE AWARENESS OF ILLNESS IN PSYCHOTIC PATIENTS

Santiago Latorre (1), Jesus Cobo* (2,3), Lourdes Nieto (4), Susana Ochoa (5), Esther Pousa (2,4), Judith Usall (5), Iris Baños (5), Beatriz González (6), Isabel Ruiz (4), Carles García-Ribera (7), Insight Barcelona Research Group, Ada-Inmaculada Ruiz (1,8). *Presenting author.

1 INAD (Institut de Neuropsiquiatria i Addiccions). Hospital del Mar. Barcelona. 2 Mental Health Department. Corporació Sanitària Parc Taulí, Hospital Universitari – UAB, Sabadell (Barcelona). 3 Department of Psychiatry and Forensic Medicine. Universitat Autònoma de Barcelona. Bellaterra (Barcelona). 4 Department of Health and Clinical Psychology - Research Unit. Universitat Autònoma de Barcelona. Bellaterra (Barcelona). 5 Research and Development Unit, Parc Sanitari San Joan de Dèu – CIBERSAM. Sant Boi de Llobregat (Barcelona). 6 Mental Health Department. Hospital Benito Menni. Sant Boi de Llobregat (Barcelona). 7 Mental Healt Department. Hospital de S. Pau. Barcelona. 8 IMIM (Hospital del Mar Medical Research Institut). Barcelona.

BACKGROUND

Lack of insight is a common multidimensional phenomenon in psychosis. Some studies have found that patients with schizophrenia show more severe insight deficits than patients with schizoaffective or major depressive disorder with or without psychosis. Also better insight in schizophrenia is associated with low mood or depression. But data are contradictory and the link between affectivity and insight in psychotic disorders remains unclear.

OBJECTIVES

We aim to study differences of insight between schizophrenic and schizoaffective patients and to analyze the relationships between affectivity and dimensions of insight.

METHODS

Multicenter cross-sectional naturalistic study of 288 psychotic patients (250 schizophrenic and 38 schizoaffective) from different clinical settings was undertaken. Diagnosis was made following DSM IV criteria. (Table 1).
The severity of psychopathology was assessed using Positive and Negative Syndrome Scale (PANSS) and Lindenmayer's Factors -Positive, Negative, Cognitive, Depressive and Excitement- were obtained. One Positive PANSS item (P5 Grandiosity), and three General PANSS items (G3 Guilt, G6 Depression, and G2 Anxiety) were used as specific affectivity symptoms measures. The deficit of insight and its three dimensions -awareness of illness, awareness of the effects of medication, awareness of the social consequences of the diseases- and the total awareness and total attribution of each different symptom- were evaluated by the Scale of Unawareness of Mental Disorders (SUMD).
Bivariate analysis and non-parametric correlations were performed in order to make a multiple linear regression model of insight dimensions.

RESULTS

- There were no significant differences between schizophrenic and schizoaffective patients in any dimension of insight (Table 2).
- Regression analysis (Table 3) showed that all insight dimensions except attribution were mainly explained by the **Positive Lindenmayer's factor** and **inpatient** condition, independently of clinical phase, symptomatic severity, gender and age.
- Schizoaffective diagnosis and less Disorganization predict better awareness of effect of medication No significant relationships were observed with Depression or Grandiosity in any of the dimensions of insight.
- Guilt an Anxiety were therefore independently related to better insight of the illness, better awareness of the social consequences of the disease, and better total awareness of symptoms. Poorer total insight of symptoms was also independently related to Disorganized and Excitement Lindenmayer's factors and duration of illness. Finally, better attribution of symptoms was predicted by Anxiety, and less Disorganization.

Table 1:

	n	%
Gender		
Male	201	69.60
Female	88	30.40
Diagnostic		
Schizophrenic	251	86.90
Schizhoaffective	38	13.10
Setting		
Inpatients	185	64
outpatients	104	36
	X	**SD**
Evolution		
Age	39.19	11.5
Age of onset	21.99	6.24
Years of evolution	17.23	11.64
Psychopathology		
PANSS a	75.13	21.25
Positive factor a	15.68	6.006
Negative factor	20.48	9.32
Desorganized factor	17.38	6.79
Affective factor	11.28	4.07
Excited factor	9.99	4.47
Insight Dimensions(SUMD)		
Disorder Awareness	2.87	1.68
Medication effects Awareness	2.48	1.57
Social consequences Awareness	2.92	1.76
Symptoms Awareness	2.78	1.26
Symptoms Attribution	3.49	1.31

[a]Item PG12 (Lack of Insight) is substracted

Table 2. Differences in Insight dimensions between diagnostic groups

Dimension	Schizophrenia Mean	Schizoaffective Mean	Z	P value
Disorder Awareness	2.88	2.79	-0.255	ns
Medication effects Awareness	2.5	2.29	-0.706	ns
Social consequences Awareness	2.87	3.29	-1.49	ns
Symptoms Awareness	2.78	2.74	-0.068	ns
Symptoms Atribution	3.52	3.26	-1.011	ns

U Mann-Whitney Test

Table 3. Multiple Regression models for Insight Dimensions:

	R2 of the model	Modified Lindenmayer's Positive B	pvalue	Lindenmayer's Disorganized B	pvalue	Lindenmayer's Excited B	pvalue	Setting (Inpatient) B	pvalue	Disease duration (years) B	pvalue	Diagnose (Schizo-affective) B	pvalue	Anxiety B	pvalue	Guilt B	pvalue
Disease Awareness	0.189	0.074	****	0.034	*			0.696	****			-0.390	ns	-0.196	*	-0.191	*
Medication Effects Awareness	0.175	0.049	**	-0.035	*			0.880	****			-0.515	*	-0.104	ns	-0.106	ns
Social Consequences Awareness	0.144	0.048	**	0.058	****			0.427	ns			0.185	ns	-0.183	*	-0.214	*
Symptoms Awareness	0.283	0.04	**	0.026	*	0.068	****	0.36	*	0.014	*			-0.152	*	-0.205	*
Symptoms Attribution	0.068			-0.036	*							-0.286	ns	-0.173	*		

Modified Lindenmayer´s Positive Factor: Lindenmayer´s Positive Factor without the PANSS general ítem 12 (insight).   *p< 0.05; **p<0.01; ***p<0.005; ****p<0.001

DISCUSSION

- According to our data, Schizophrenic and Schizoaffective patients seem to be similar in their levels of insight, while severity of **positive symptoms and inpatient clinical setting** are important conditions. Nevertheless, a better awareness of the effects of medications is explained by Schizoaffective diagnosis, with differing tendency in social consequences.
- **Guilt and Anxiety, but no Depression**, are the affective symptoms associated to **better insight**, in accordance with other studies; however Anxiety but not Guilt was specifically related to better attribution.
- Affective symptoms of psychotic patients as Anxiety and Guilt, but not depressive mood, seem to modulate the awareness of illness in some specific way related to dimensions of insight.

REFERENCES

- Amador XF, Flaum M, Andreasen NC, et al. Awareness of Illness in Schizophrenia and Schizoaffective and Mood Disorders. Arch Gen Psychiatry 1994;51:826-836.
- Mintz AR, Dobson KS, Rommey DM. Insight in schizophrenia: a metaanalysis. Schizophr Res 2003;61:75-88.
- Buchy L, Torres IJ, Liddle PF, Woodward TS. Symptomatic determinants of insight in schizophrenia spectrum disorders. Compr Psychiatry. 2009 Nov-Dec;50(6):578-83.
- David AS, Bedford N, Wiffen B, Gilleen J. Failures of metacognition and lack of insight in neuropsychiatric disorders. Phil Trans R Soc B 2012. doi: 10.1098/rstb.2012.0002.

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