

Comorbidity of schizophrenia and social phobia – impact on quality of life, hope, and personality traits: a cross sectional study



¹ Kristyna Vrbova, ¹ Jan Prasko, ^{1,2} Michaela Holubova, ³ Milos Slepecky, ¹ Marie Ociskova

¹ Department of Psychiatry, Faculty of Medicine and Dentistry, University Palacký Olomouc, University Hospital Olomouc, Czech Republic

² Department of Psychiatry, Hospital Liberec, Czech Republic

³ Department of Psychology Sciences, Faculty of Social Science and Health Care, Constantine the Philosopher University in Nitra, Slovak Republic

Objectives: The purpose of the study was to explore whether the comorbidity of social phobia affects symptoms severity, positive and negative symptoms, self-stigma, hope, and quality of life in patients with schizophrenia spectrum disorders.

Results: The study included 61 patients of both genders. Clinically, the patients with comorbid social phobia had the earlier onset of the illness, more severe current psychopathology, more intense anxiety, and higher severity of depressive symptoms. The patients with comorbid social phobia had the significantly lower quality of life, lower mean level of hope and experienced a higher rate of the self-stigma compared to the patients without this comorbidity. They also exhibited higher average scores of personality trait harm avoidance and a lower score of personality trait self-directedness.

Methods: This is a cross-sectional study in which all participants completed the Internalized Stigma of Mental Illness scale, Adult Dispositional Hope Scale, Liebowitz Social Anxiety Scale, Beck Anxiety Inventory, Beck Depression Inventory-II, Positive and Negative Syndrome Scale, Quality of Life Enjoyment and Satisfaction Questionnaire, Temperament and Character Inventory – Revised, and the demographic questionnaire. The disorder severity was assessed both by a psychiatrist and by the patients.

The patients were in a stabilized state that did not require changes in the treatment. Diagnosis of schizophrenia, schizoaffective disorder, or delusional disorder was determined according to the International Classification of Diseases 10th Revision (ICD-10) research criteria. A structured interview by Mini International Neuropsychiatric Interview was used to confirm the diagnosis.

Sample description

FINDING	NUMBER OR MEAN
Number of patients	61
Age	35.6 ± 9.6
Gender: men / women	30 / 31
Occupation: yes / no / no information	30 / 30 / 1
Marital state: single/ married / divorced / widowed	42 / 11 / 6 / 2
Rent: without / full invalidity / partial invalidity / old age	29 / 22 / 10 / 0
Education: basic / vocational / secondary / university	9 / 23 / 19 / 10
Onset of the disorder	28.0 ± 9.8
Number of hospitalizations	3.48 ± 2.98
Duration of the disorder	7.27 ± 8.52
Suicidality no / low risk / moderate risk	33 / 27 / 1
objCGI-S	2.85 ± 0.93
subjCGI-S	2.36 ± 1.45
PANSS	59.5 ± 13.2
BDI-II	15.1 ± 10.4
BAI	13.9 ± 11.5
LSAS	90.4 ± 26.3
ADHS	39.9 ± 10.6
ISMI	61.2 ± 14.0
Q-LES-Q	269.1 ± 57.7
Novelty Seeking	97.0 ± 10.6
Harm Avoidance	110.2 ± 18.9
Reward Dependence	95.2 ± 9.9
Persistence	104.9 ± 17.1
Self-directedness	132.9 ± 15.8
Cooperativeness	126.0 ± 12.7
Self-transcendence	72.2 ± 15.6

Abbreviations: PANSS, Positive and Negative Syndrome Scale; ISMI, Internalized Stigma of Mental Illness; CGI-S, Clinical Global Impression – Severity scale; BDI-II, Beck Depression Inventory-II; LSAS, Liebowitz Social Anxiety Scale; ADHS, Adult Dispositional Hope Scale.

Comparison of the patients without the comorbid social phobia with the patients with the comorbid social phobia

FINDING	Without the social phobia (n=42)	With the social phobia (n=19)	Statistics (unpaired t-test or Mann-Whitney test)
Age	35.9 ± 9.4	35.0 ± 10.5	t=0.3369 df=59; n.s.
Onset of the disorder	30.5 ± 9.1	22.5 ± 9.3	t=3.157 df=59; p<0.005
Number of hospitalizations	3.1 ± 3.0	4.4 ± 2.9	MW U=271; p<0.05
Duration of the disorder	5.7 ± 7.1	10.8 ± 10.5	MW U=261; p<0.05
subjCGI-S	2.0 ± 1.1	3.2 ± 1.8	MW U=231; p<0.01
objCGI-S	2.7 ± 0.8	3.3 ± 1.0	MW U=263; p<0.05
PANSS	56.5 ± 12.2	66.5 ± 13.0	t=2.759 df=55; p<0.01
BDI-II	12.4 ± 8.9	21.2 ± 11.1	t=3.278 df=59; p<0.005
BAI	11.0 ± 9.2	20.4 ± 13.5	t=3.175 df=59; p<0.005
LSAS	77.6 ± 18.0	117.6 ± 19.6	t=7.768 df=57; p<0.0001
Q-LES-Q	290.0 ± 48.1	223.8 ± 51.1	t=4.863 df=58; p<0.0001
ADHS	42.2 ± 9.3	34.6 ± 11.6	t=2.710 df=57; p<0.01
ISMI	56.6 ± 13.2	71.2 ± 10.3	t=4.251 df=59; p<0.0001
Novelty Seeking	95.7 ± 10.3	99.7 ± 11.0	t=1.391 df=59; n.s.
Harm Avoidance	104.1 ± 17.3	123.6 ± 15.4	t=4.203 df=59; p<0.0001
Reward Dependence	95.5 ± 9.9	94.6 ± 10.2	t=0.3158 df=59; n.s.
Persistence	107.1 ± 14.3	100.1 ± 15.4	t=1.506 df=59; n.s.
Self-directedness	138.2 ± 14.3	121.3 ± 12.6	t=4.447 df=59; p<0.0001
Cooperativeness	127.5 ± 12.8	122.5 ± 12.0	t=1.459 df=59; n.s.
Self-transcendence	72.1 ± 15.7	72.4 ± 15.7	t=0.08591 df=59; n.s.

Abbreviations: PANSS, Positive and Negative Syndrome Scale; ISMI, Internalized Stigma of Mental Illness; CGI-S, Clinical Global Impression – Severity scale; BDI-II, Beck Depression Inventory-II; LSAS, Liebowitz Social Anxiety Scale; ADHS, Adult Dispositional Hope Scale.

Conclusions: The study demonstrated differences in demographic factors, the severity of the disorder, self-stigma, hope, and personality traits between patients with schizophrenia spectrum disorders with and without comorbid social phobia.