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Duration of Active Symptoms and Stigma Among Patients of Schizophrenia: A Cross-Sectional Study.

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Keywords

Active symptoms, stigma, Schizophrenia

Abstract

Introduction

Schizophrenia is a chronic condition requiring long term medications with serial compliance by patients. Stigma is an important factor which affects recovery and compliance of patients with schizophrenia. Stigma may be perceived stigma , self-stigma or experienced stigma .

AIMS AND OBJECTIVES :

To study soico-demographic factors of patients diagnosd with schizophrenia .

To study correlation between duration of active illness and stigma among patients of schizophrenia .

RESULTS

The value of pearson's correlation co-efficient R is 0.3497, thus indicating a ppositive correlation between duration of active illness and stigma faced by the patients. P value for pearson's correlation was found out to be 0.01188 which is statistically significant at $p<0.05$.

CONCLUSION

It thus becomes of utmost importance for early diagnosis , treatment of Schizphrenia , not only by medications , but also through a bio-psycho-social approach .

Stigma may affect recovery , promote relapse and treatment reisistance and it has become more important then ever to address this evil vice

1. Introduction

The term Schizophrenia is Greek in origin, which means 'split mind'. In 1887, Emil Kraepelin, a German psychiatrist, coined the term "Dementia Precox" which described Schizophrenia for the first time. A person suffering from schizophrenia, a chronic mental illness, finds it difficult to distinguish between reality and unreality. It is difficult for the person to think logically which leads to unusual mental or emotional responses and recognise social cues and act accordingly [1].

Globally, approximately 1% of the population suffers from schizophrenia [2]. The rate of occurrence is almost equal between men and women but it usually begins at a later age in women and is also milder in intensity as compared to man. The usual age of diagnosis is about 17 to 35 years. The peak age of onset is early adulthood. The prevalence rate of schizophrenia is 5 per 1000 population while the incidence rate is about 0.2 per 1000 population per year. However, these rates vary in different populations [3].

One of the main reasons for chronic course of this illness is inability of the patients to obtain treatment.

There are 3 main components of stigma in any mental illness [4]:

- Perceived stigma:

Van Brakel defined perceived stigma as perception in which "people with a (potentially) stigmatized health condition are interviewed about stigma and

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discrimination they fear or perceive to be present in the community or society" [5].

LeBel theorized that perceived stigma is what an individual with mental illness thinks most people of the society perceive the stigmatized group in general and him or her personally as part of that stigmatized group.

- **Experienced stigma:**

It was defined by Van Brakel et al as the experience of real discrimination and restriction in participation in the society by the affected or stigmatized person [5].

- **Self-stigma:**

It is the result of internalized shame, blame, hopelessness, guilt and fear of discrimination associated with psychiatric illness, as described by Corrigan and Watson [6]. It was described as feelings of loss of self-esteem and dignity, fear, shame, guilt, etc in which the individual with mental illness accepts diminished expectations both for and by themselves by Van Brakel [7]. When a person accepts the assumptions which are stigmatizing and stereotypical about mental illness, he or she applies it to self, resulting in self or internalized stigma [8].

2. Aims and Objectives:

1) To study soico-demographic factors of patients diagnosd with schizophrenia.
2) To study correlation between duration of active illness and stigma among patients of schizophrenia.

Methodology:

Design: Cohort

Sampling Method: Purposive Sampling

Inclusion Criteria:

1. Patient who are diagnosed with Schizophrenia.
2. Patients who are regularly taking medications.
3. All patients should be above the age of 18 years.

Exclusion Criteria:

1. Patients unwilling/lack the capacity to provide consent.
2. Patients with other co-morbid psychiatric illnesses.
3. Patients having an acute exacerbation of schizophrenia.

Socio-demographic data of the patients such as age, sex, marital status and residence were taken.

Details about the anti-psychotic and its dosage were taken.

Ethical Considerations:

After consent of patient, study was initiated. Strict confidentiality was maintained.

Internalized Stigma of Mental Illness Inventory (ISMI): [9]

In 2003, Ritsher Boyd et al developed the internalized stigma of mental illness inventory to study internalized stigma. It comprises of 29 items in total and is divided into five subscales. The items are rated on a four-point Likert scale from 1 (strongly disagree) to 4 (strongly agree).

The five major domains of this scale are:

- Alienation (6 items): it measures the subjective experience of the patient of being inadequate or insufficient to be a full member of society.

- Stereotype endorsement (7 items): it measures the extent to which a patient believes in the stereotypes about the patients with mental illness.

- Perceived discrimination (5 items): it measures the level of discrimination felt by the patient or participant.

- Social withdrawal (6 items): it measures the resultant isolation because of being stigmatized.

- Stigma resistance (5 items): it measures the efforts or experiences of resistance to being stigmatized.

Statistical Analysis:

The data collected from 51 study participants was entered in Microsoft excel data sheet and checked for consistency and completeness. The data analysis was done by IBM statistical package for social sciences version 22 (SPSS v22). The data was tabulated and diagrams/charts made after applying the principles of descriptive statistics.

Pearson's correlation co-efficient was used to derive a correlation between duration of active illness and ISMI scores. The level of significance was set at $p<0.05$.

3. Results:

Table 1: Socio-demographic distribution of data:

Mean age		36.8039 years
Sex distribution	Male	32 (62.74%)
	Female	19 (37.25%)
Religion	Hindu	36 (70.58%)
	Muslim	9 (17.64%)
	Christian	3 (5.88%)
	Sikh	1 (1.96%)
	Others	2 (3.92%)
Education	Diploma	16 (31.37%)
	Elementary	9 (17.64%)
	High school	19 (37.25%)
	Illiterate	4 (7.84%)
	University	3 (5.88%)
Socio Economic status	Upper-class	2 (3.92%)
	Upper-middle class	27 (52.94%)
	Lower-middle class	20 (39.21%)
	Lower-class	2 (3.92%)

2) Mean ISMI score of the sample population is 73.5491.

3) **The value of R is 0.3497.**

A positive value of Pearson's correlation coefficient indicates that higher the duration of active symptoms, higher the stigma associated with the same.

The value of R^2 co-efficient of determination is 0.1223
The **P-value is 0.011889, which is significant as P<0.05.**
Hence the correlation is found to be statistically significant.

4. Conclusion:

We obtained a statistically significant correlation between duration of active symptoms and ISMI scores from the study sample.

It thus becomes of utmost importance for early diagnosis, treatment of Schizphrenia, not only by medications , but also through a bio-psycho-social approach .

Stigma may affect recovery, promote relapse and treatment reisistance and it has become more important than ever to address this evil vice.

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