



**ASSESSMENT OF PERCENTAGE OF DISABILITY IN SCHIZOPHRENIA VERSUS
BIPOLAR MOOD DISORDER-I USING INDIAN DISABILITY EVALUATION
ASSESSMENT SCALE IN PSYCHIATRY OUT PATIENT DEPARTMENT**

*¹Dr. Soumya Kamath and ²Dr. Sanjiv Kale

¹Junior Resident, Dept. of Psychiatry, D.Y. Patil Medical College, Navi Mumbai.

²Professor and Head of Dept., Dept. of Psychiatry, D.Y. Patil Medical College, Navi Mumbai.

*Corresponding Author: Dr. Soumya Kamath

Junior Resident, Dept. of Psychiatry, D.Y. Patil Medical College, Navi Mumbai.

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ABSTRACT

Schizophrenia is a chronic psychotic disorder which is characterized by positive symptoms of delusions, hallucinations, disorganization of speech, behaviour and negative symptoms of diminished emotional expression and poverty of speech. Manic-depressive disorder, more frequently known as bipolar mood disorder, is a chronic and episodic mood disorder characterized by manic/hypomanic and depressive episodes, with periods ranging from minimal symptoms to apparent normalcy. It can be further subdivided into bipolar mood disorder I and bipolar mood disorder II. There is enormous burden of these conditions globally, on the individual and their families. It is associated with reduced life expectancy, associated psychiatric/medical comorbidities, functional disabilities and eventual deterioration in the quality of life. This study was undertaken to assess and compare the level of disability in various domains in patients with schizophrenia vs. bipolar mood disorder using Indian Disability Evaluation Assessment Scale (IDEAS).

KEYWORDS: Schizophrenia, Bipolar mood disorder, disability, quality of life, IDEAS.

INTRODUCTION

Schizophrenia is a severe psychotic disorder of chronic and relapsing course with usually incomplete remissions, considerable functional decline, frequent psychiatric/medical co-morbidities and an increase in mortality^[1]. In India, where about 1.1 billion people reside, the prevalence of schizophrenia is about 3/1000 individuals.^[2] It is ranked among the top ten leading causes of disease-related disability in the world^[3] and has consistently demonstrated a major negative impact on quality of life^[4]. The long-term outcome of schizophrenia is highly variable, depending on access to mental healthcare, early detection and pharmacological treatment.^[5]

Bipolar mood disorder (BMD) is an episodic illness in which episodes of depression/Mania/Hypomania occur. Throughout the course of the illness, patients may experience fluctuating levels of severity of manic and depressive symptoms combined with symptom-free (euthymic) periods.^[6] About 1 in 150 persons in India suffer from BMD but 70% of them remain untreated. It has been found to be associated with increased suicidal behaviour, higher unemployment, higher dependence on public assistance, lower annual income, and increased work absenteeism owing to illness, decreased work

productivity, poorer overall functioning, lower quality of life, and decreased lifespan.^[7]

Both schizophrenia and BMD are known to be associated with multidimensional disability.^[8] The various domains of disability in these psychiatric disorders have been analysed, such as self-care, interpersonal activities, communication & understanding and work which play an integral part in daily living.

In this study we aim to assess the various sociodemographic variables among the present study population, to compare the duration of illness with level of disability among the patients and to correlate the various domains of disability experienced by the patient with the disease condition.

MATERIALS AND METHODS

A comparative study was carried out in the psychiatry outpatient department at a tertiary care hospital in Navi Mumbai. Thirty-five patients with schizophrenia and 30 with BMD-I (diagnosed as per criteria of the Diagnostic and Statistical Manual of Mental Disorders, 5th edition), with a minimum duration of 2 years on maintenance treatments, were compared. Patients fulfilling the diagnostic criteria were identified, and informed consent

was obtained. Approval from the Ethics Committee was taken. Clinical and sociodemographic details of patients and their caregivers were collected using a semi-structured proforma. Patients were administered the IDEAS^[9] to assess their disability in various domains.

RESULTS AND DISCUSSION

The total study sample consists of 65 patients. The mean age of the study sample (n=65) was 34.93 ± 11.86 with

the females (61.53%) outnumbering the males (38.46%). More than half of the patients were married (n=38; 58.4%), belonging to rural backgrounds (n=37;56.9%), had a duration of illness ranging between 2-5 years (n=34; 52.3%) and received more than 10 years of education (n=35; 53.8%). About one-third of the patients were unemployed/homemakers (n=26).

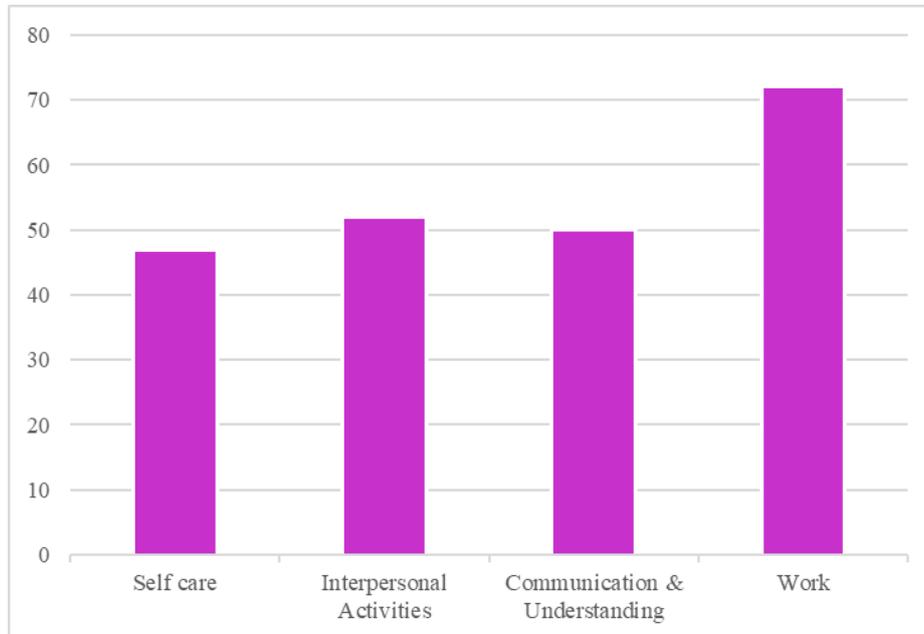


Figure 1: Domains of disability affected in Schizophrenia as per IDEAS scale.

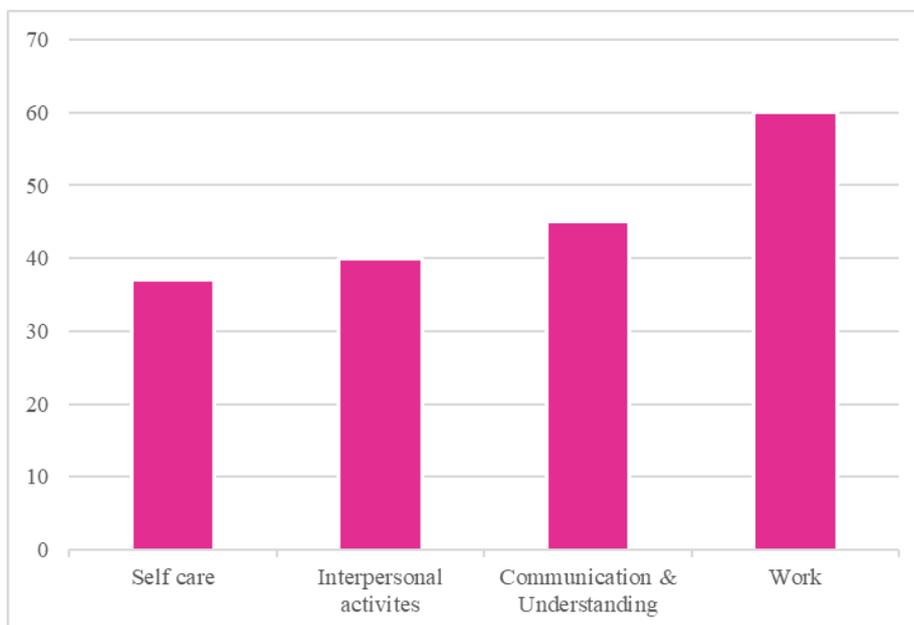


Figure 2: Domains of disability affected in Bipolar Mood Disorder I as per IDEAS scale.

In both groups, maximum disability was seen in the domain of work, followed by communication and understanding, and interpersonal activities as evidenced by the cumulative scores obtained. The least disability

was seen in the area of self-care. (Fig. 1 & 2) Males were observed to have greater disability in the domains of self-care and work as compared to the females. (Fig. 3)

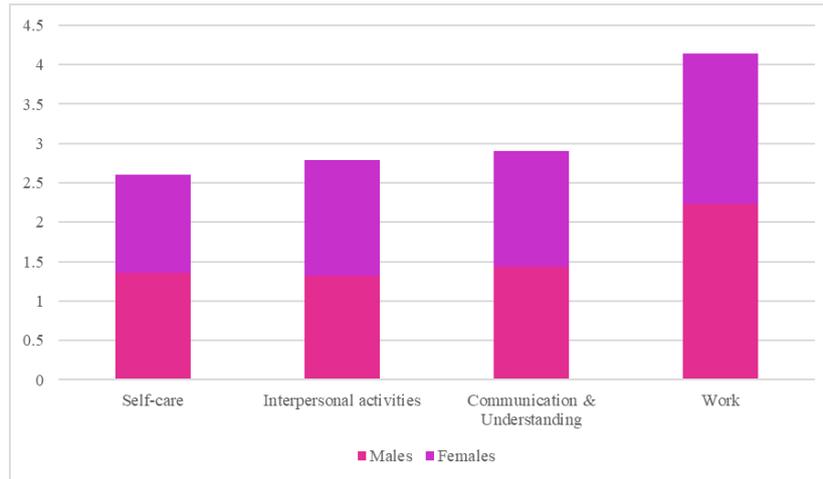


Figure 3: Sex-wise distribution of disability in various domains.

Table 1 & 2 shows the correlation between the disability and duration of illness in the Schizophrenia and BMD I patients. Patients are divided into three groups basing the duration of illness as 2–5 years, 6–10 years and >11

years. It is found that the severity of the disability was the most in the group with 2-5 years and least in the group with >11 years of illness duration in both the conditions.

Table 1: Correlation of duration of illness with disability in Schizophrenia patients.

Duration of Illness (in years)	Mild Disability (%)	Moderate Disability (%)	Severe Disability (%)	Total (%)
2-5 years	9 (47.3)	10 (52.6)	0	19 (100)
6-10 years	1 (14.2)	6 (85.7)	0	7 (100)
>11 years	2 (22.2)	3 (33.3)	4 (44.4)	9 (100)
Total	12 (34.2)	19 (54.2)	4 (11.4)	35 (100)

Table 2: Correlation of duration of illness with disability in Bipolar Mood Disorder I patients.

Duration of Illness (in years)	Mild disability (%)	Moderate disability (%)	Severe disability (%)	Total (%)
2-5 years	5 (33.3)	10 (66.6)	0	15 (100)
6-10 years	1 (10)	8 (80)	1 (10)	10 (100)
>11 years	1 (20)	2 (40)	2 (40)	5 (100)
Total	7 (23.3)	20 (66.6)	3 (10)	30 (100)

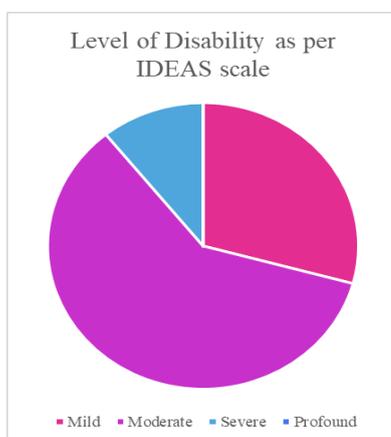


Figure 4: Level of disability as per IDEAS scale.

In comparing the two groups, it was observed that both groups had majority of patients with moderate level of disability at the time of evaluation. (Fig. 4) The average scores in all domains assessed, was almost equal in the patients of schizophrenia vs. BMD I (Fig. 5). Sex-wise assessment of disability revealed that in cases of BMD I, males had higher levels of disability and in Schizophrenia, the females had higher levels of disability (Fig. 6)

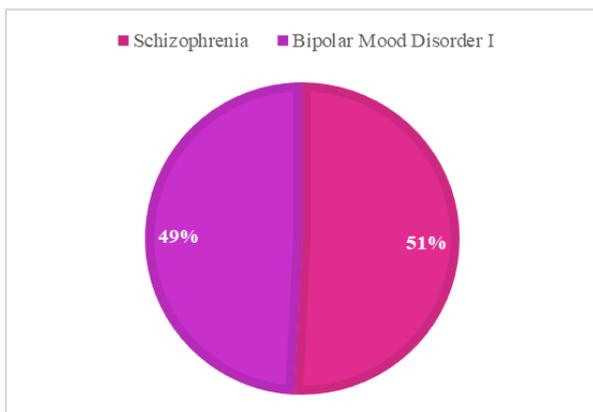


Figure 5: Case-wise distribution of Global Disability Scores (GDS).

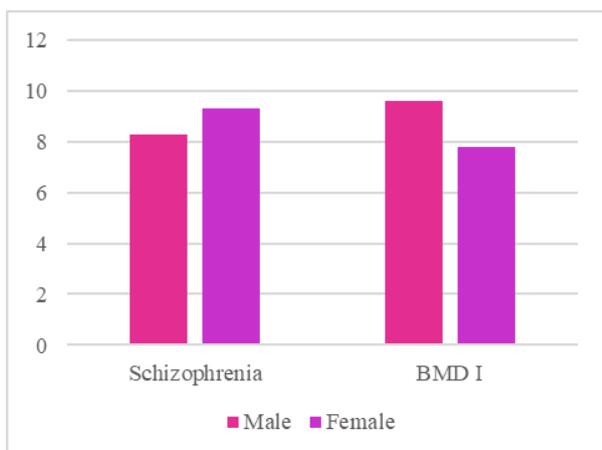


Figure 6: Sex-wise distribution of disability scores seen in both groups.

CONCLUSION

Mental illness was recognized as one of the causes of disability in an Act passed by the Government of India (GOI). This act known as Persons with Disabilities Act was enacted in 1995 and came into force from February, 1996.^[10] IDEAS is a GOI-approved scale for measuring and quantifying disability in patients with psychiatric illnesses. The scale when applied to a sample of patients showed higher level of disability in the domain of work and self-care in males as compared to females, which perhaps reflects the attitude of the society towards employability of people with mental illnesses.^[11] Societal pressures faced by Indian individuals, especially by women, may predispose them to high levels of stress and they may require assistance and support in addition to efforts to alter social norms. Living conditions can also prove to be a major source of stress, especially in developing nations.

Studies from other parts of India also suggest that people with schizophrenia face a lot of stigma and discrimination^[12] and have difficulty in getting jobs. A significant proportion of patients with BMD in remission also had disability and a poor quality of life as evidenced by reports from other studies.^[13,14]

The physical functioning of the person diagnosed with psychiatric disorders is of clinical interest for several reasons as higher levels of disability is a common indication for psychiatric admission and treatment on inpatient basis and physical limitations may sometimes be incorrectly attributed to medical causes by the patients and doctors.^[15]

The present study explains the remarkably broad domains of psychosocial areas affected in schizophrenia. It demonstrates how these areas are interconnected and how they interact with both environmental (e.g., treatments received) and personal factors (e.g., socio-demographic characteristics).^[16] Therefore, it stresses the need for an inclusive approach to schizophrenia-related disabilities in research and clinical practice.

Examining and evaluating interventions to reduce disability are crucial in the successful management of people with psychiatric illness. While significant reduction of symptoms has been achieved using psychotropic medications, a lot more is needed to be done to reduce the burden of psychosocial disability experienced by these patients.

Limitations of the study

The present study had few limitations. It was conducted in a small sample. Furthermore, the study was conducted in a homogenous sample of patients suffering from schizophrenia and bipolar mood disorder I. Those patients who did not visit the OPD were not included in this study and several factors such as coping and expressed emotions were not assessed. Thus, the results cannot be generalized to other group of patients. Future studies should attempt to overcome these limitations.

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