Depression in Schizophrenic Patients

Thesis

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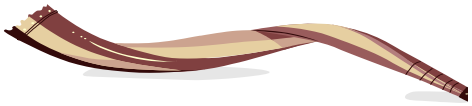

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List of Abbreviations

APA ..... American Psychiatric Association

BDI..... Beck Depression Inventory

BPRS ..... The Brief Psychiatric Rating Scale, Expanded Version

CDSS ….Calgary Depression Scale for Schizophrenia

CLZ ..... Clozapine

DSM..... Diagnostic and statistical manual of mental disorder

FLZ-D..... Fluphenazine Decanoate

GPS ..... General Psychopatholigy Scale

HAMD .... Hamilton Rating Scale for Depression

HL- D..... Haloperidol Decanoate

HL..... Haloperidol clozapine

ICD ..... International Statistical Classification of Diseases

L-SL P ....L-sulpiride

MADRS .Montgomery Asberg Depression Rating Scale

OLZ ..... Olanzapine

PANSS ...Positive and Negative Syndrome Scale

PDDS .....Postpsychotic Depressive disorder of schizophrenia

PSD .....Post-schizophrenic depression

QTP ..... Quetiapine

RSP ..... Risperidone

SCID I .... Structured Clinical Interview of DSM I

SSRI ..... Selective Serotonin Reuptake Inhibitor

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INTRODUCTION

Schizophrenia is a common and debilitating illness, characterized by chronic psychotic symptoms and psychosocial impairment that exact considerable human and economic costs ***(*Albert Hung et al., 2003).***

It is a disorder in which individuals experience a constellation of symptoms that include perceptual misinterpretation, cognitive impairment and emotional dysfunction. These symptoms are commonly divided into positive and negative symptoms, the positive symptoms appear to reflect an excess or distortion of normal functions whereas the negative symptoms appear to reflect a diminution or loss of normal functions ***(APA, 1994).***

On the other hand depression is a condition mainly characterized by depressed mood and or loss of pleasure in almost all activities. The state can be accompanied by loss of energy or tiredness, excessive and inappropriate guilt and feelings of worthlessness, as well as other cognitive, speech and vegetative dysfunctions. A depressive syndrome is typical of affective disorders, but it is well known that depressive symptoms occur in a wide range of other conditions. However, there is no general agreement on the definition of common and specific features of depressive symptomatology across disorders ***(Serretti et al, 2004).***

Depression in schizophrenia has been much studied. **Bleuler** and **Kraepelin** observed the presence of depressive symptoms during the course of the illness. The incidence of depressive features is currently accepted as frequent, though the reported rate of depression ranges from 7 to 75%, with a modal rate of 25% ***(Siris et al., 2001)*.**

Diagnostic criteria to assess depression in schizophrenia are still discussed ***(Bressan et al., 2003)*.**

The latest international classifications include specific categories for depression in schizophrenia: - the ICD-10 has a specific diagnostic criterion for depression in schizophrenia called post-schizophrenic depression (PSD), but the DSM-IV does not have any category in the main classification. The diagnostic criteria for depression in schizophrenia of the DSM-IV are still among the criteria sets and Axes provided for further study, called postpsychotic depressive disorder of schizophrenia (PDDS). Post-psychotic depression is a controversial issue that has been considered from several different perspectives: as a phase of psychotic evolution, as secondary to neuroleptic treatment, or as a state that was present but hidden by acute psychosis ***(Rigaud. 1991)*.**

Depressive symptoms sometimes appear to bode well for outcome in schizophrenia, while a contrary view is that depressive symptoms relate to increased risk self-harm, suicide,

schizophrenic relapse, poor outcome and social dysfunctions **(Siris et al., 2001).**

Depressive symptoms were found to occur not only in the post-psychotic phase, but during all phases of schizophrenia ***(Rigaud. 1991).*** A relatively high incidence of depressive symptoms was found in acute schizophrenia up to 60% **(Sands & Harrow 1999)** and even higher, in other phases. Other studies showed similar occurrences of depressive symptoms in acute and chronic schizophrenia **(Hinterhuber and Neumann, 1985).**

Furthermore, ***Ventura et al. (2000)*** reported an association between depressive symptoms in the early course of schizophrenia and a positive family history of unipolar affective illness, suggesting that the expression of depressive symptoms in schizophrenia could be influenced by a familial liability. Meanwhile studies performing factor analysis of symptoms in large sample of patients consider depression one of the psychopathological domains of schizophrenia in addition to positive, negative, excitement and cognitive domains ***(Peralta and Cuesta, 2001).***

HYPOTHESIS

Patients with schizophrenia have considerable depressive symptom.

AIM OF THE WORK

Our aim of the work was:

1- To search for depressive symptoms and or disorder among group of patients with schizophrenia.

2- To correlate those depressive symptoms with other illness variables as duration of illness, psychopathology and demographic variables.

Chapter (1)

CONCEPT OF COMORBIDITY IN PSYCHAITRY

Shizophrenia is a common and debilitating illness, characterized by chronic psychotic symptoms and psychosocial impairment that exact considerable human and economic costs ***(Albert Hung et al., 2003)*.**

It is a disorder in which individuals experience a constellation of symptoms that include perceptual misinterpretation, cognitive impairment and emotional dysfunction. These symptoms are commonly divided into positive and negative symptoms, the positive symptoms appear to reflect an excess or distortion of normal functions whereas the negative symptoms appear to reflect a diminution or loss of normal functions ***(APA. 1994).***

Regarding the positive symptoms:

They may include:

- **Hallucinations**
- **Delusions:-**
- **Disorganized speech:-**
- **Grossly disorganized or catatonic behavior**

Regarding the negative symptoms

Negative symptoms constitute an important aspect of schizophrenia and can help define valid homogeneous subgroups. As opposed to positive symptoms, negative symptoms represent a decrease in volition, social drive, emotional expressivity and speech ***(Sayers et al., 1996; Peralta, & Cuesta 1995; Keefe et al., 1992).***

The identification of deficit symptoms requires distinguishing between primary and secondary negative symptoms, Primary negative symptoms are manifestations of core pathology, while secondary negative symptoms are consequences of the illness process or secondary to medical disorder. For example a lack of facial expression can be a negative symptom, a symptom of depression ***(Trémeau et al., 2005)***, or a side effect of antipsychotic medications (e.g. *extrapyramidal* symptoms)

Negative symptoms may include:

Affective flattening:

- Unchanging facial expression
- Decreased spontaneous movements
- Paucity of expressive gestures
- Poor eye contact

- Affective non- resposivity
- Inappropriate affect
- Lack of vocal inflections ***(Trémeau et al. 2008; Kirkpatrick et al., 2006)*.**

Alogia:

- Poverty of speech
- Poverty of content of speech
- Blocking
- Increased response latency (the clinical assessment of increased latency of response is not reliable yet) **(Alpert et al., 2002)**.
- **Neologism:** the use of words that only have meaning to the person who uses them, independent of their common meaning.

Avolition–Amotivation:-

This includes both a subjective reduction in interests, desires and goals & a behavioral reduction of self-initiated and purposeful acts.

Motivational deficits in schizophrenia have always been considered core symptoms, yet the optimal means to assess motivation is still debated **(Barch . 2005).**