International Journal of Science Academic Research
Vol. 05, Issue 03, pp.7175-7177, March, 2024
Available online at http://www.scienceijsar.com

ISSN: 2582-6425

Research Article

QUALITY OF LIFE AMONG PATIENT WITH SCHIZOPHRENIA AT SELECTED TERTIARY LEVEL HOSPITAL

[1, *]Bhim Maya Yakha and [2]Darwin Das

[1]PhD Scholar, Psychiatric Nursing Department of Nursing, Mansarober global University (MP) India
[2]Professor, Department of Nursing, Mansarober global University (MP) India

Received 20th January 2024; **Accepted** 26th February 2024; **Published online** 29th March 2024

Abstract

Background: Schizophrenia is a severe mental condition where, quality of life is severely impaired in patients with schizophrenia. Noncompliance can affect quality of life by causing psychotic exacerbations. **Objectives:** To find out quality of life among patient with schizophrenia. To find out correlation between quality of life among schizophrenic patient with socio-demographic variables. **Materials and Method:** A descriptive cross-sectional study design was adopted for the study. Sample size was 422 and purposive sampling technique was used to select the sample. Data was collected by face to face interview during March, April, May 2023. Questionnaire related to Socio-demographic information, Standard valid tool The Schizophrenia Quality of Life Questionnaire (SQoL-18) was adopted to assess quality of life among schizophrenia. Data were analyzed using descriptive and inferential statistics with SPSS version 20. **Results:** The mean age of the respondents was 41.02 and standard deviation 12.77. More than half52 (12.3%) of respondents were taking antipsychotics from more than 15 years. Majority of respondents 342 (81.0%) were using atypical antipsychotic. Higher mean score of Schizophrenia quality of life found in family relation (RFa) dimension mean=75.23, lowest was found on Relationship with Friends (RFr) mean=61.37.while comparison of mean score of all eight dimension of (S-QoL-18 Dimension) with adherence level. There is significance mean difference found p=<0.001 from nonadherent group to moderate adherent and adherent group and from moderate adherent to adherent group. **Conclusion:** Non- adherence was found important factor low Quality of life among schizophrenia patient. Additional factors that were found to be linked included education level, length of sickness, and history of substance use. Implementation of community mental health program may reduce treatment group and decrease non-adherence. Furthermore, it is essential to improve adherence on antipsychotic for better quality of life among schizophrenia patient

Keywords: Schizophrenia, Antipsychotic, Schizophrenia Quality of Life.

INTRODUCTION

Schizophrenia is characterized by broad range of symptoms like positive symptoms, negative symptoms, and cognitive symptoms. There is significant functional impairment and changes in personality affects in all major area of life.[1] Medication non-adherence was significantly associated with lower scores on all domains and facets of quality of life. Study concluded that medication non-adherence is common among outpatients with schizophrenia and is associated with poor quality of life. Clinicians' awareness of the risk factors for medication non-adherence early in patients' management may significantly improve treatment outcomes, including patients' quality of .[2]In the management of schizophrenia non-adherence with antipsychotic medicine is frequently faced problem. It leads to poor patient outcomes, such as a higher chance of relapse and lower quality of life, as well as higher inpatient care expenditures.[3]Noncompliance can affect quality of life by causing psychotic exacerbations. Improving medication adherence appears to be a crucial strategy for improving assessed quality of life in schizophrenia patients. [4]

MATERIALS AND METHODS

A descriptive cross-sectional study design was adopted for the study. Sample size was 422 and purposive sampling technique was used to select the sample from out-patient department sample size calculation, prevalence of was taken 49. With an assumption of 95% of confidence interval level, margin of permissible error will be 5% and non-response rate will be 10% to determine final sample size. Data was collected by face to face interview during March, April, May 2023. Ethical approval was obtained from ethical review board of Nepal Health Research Council (NHRC) ref. 2318. Participant were assured for anonymity and confidentiality. No name or personal identification number were reflected on the questionnaire. Informed consent was obtained from each respondent. Data were analyzed using descriptive and inferential statistics with SPSS version 20.

Part I questionnaire: related to Socio-demographic information i.e. age, sex, education, occupation, religion, ethnicity, types of family, marital status, duration of illness, types of antipsychotic, history of substance use, history of admission.

Part II questionnaire: Standard valid tool The Schizophrenia Quality of Life Questionnaire (SQoL-18) was used to assess quality of life among schizophrenia. It is a standardized tool originally developed by Professor Pascal Auquier and Doctor Laurent Boyer at 2010. It has8 dimensions including psychological well-being (PsW), self-esteem (SE),family relationships (RFa), relationships with friends (RFr), resilience (RE), physical well-being (PhW), autonomy (AU), and sentimental life (SL). It has factor structure accounted for 78% of the total variance. Internal consistency is Cronbach's alpha coefficients ranged from 0.72 to 0.84.

RESULTS

Out of 422 respondents majority of respondent 160 (37.9%) were from age group 30-44 years followed by 115 (27.3%) from age group ≤ 30 years.

Corresponding Author:** ***Bhim Maya Yakha,
PhD Scholar, Psychiatric Nursing Department of Nursing, Mansarober global University (MP) India.

Table 1. Quality of life Dimension and Mean Score among Respondents

n=422

Schizophrenia Quality of life (S-QoL 18) Dimension	Number of question item	Score range	Mean	Minimum	Maximum	Stander deviation
Psychological Wellbeing (Psw)	3	0-100	64.55	62.55	65.58	23.12
Self-esteem (SE)	2	0-100	62.5	60.30	64.69	21.45
Family Relation (RFa)	2	0-100	75.23	75.11	75.35	21.60
Relationship with Friends (Rfr)	2	0-100	61.64	61.37	61.90	17.77
Resilience (RE)	3	0-100	65.12	63.80	66.41	20.89
Physical wellbeing (Phw)	2	0-100	66.82	66.41	67.23	28.41
Autonomy (Au)	2	0-100	67.71	66.82	68.60	24.61
Sentimental life (SL)	2	0-100	65.96	65.64	66.29	18.62

Table 2. Comparison of Mean (Sd) score on Eight Dimension of S-Qol-18 with Demographic variables

n=422

Demographic variables		S-Qol-18 Dimension							
		Psychological Wellbeing (Psw)	Self-esteem (SE)	Family Relation (RFa)	Relationship with Friends (Rfr)	Resilience (RE)	Physical wellbeing (Phw)	Autonomy (Au)	Sentimental life (SL)
Variable	Categories	Mean/ Standard Deviation							
Gender	Male	65.47(21.66)	63.13(21.11)	76.26(20.73)	62.44(17.12)	66.24(2029)	68.09(27.79)	69.40(24.71)	66.50(18.4)
	Female	63.37(24.88)	61.68(21.90)	73.91(22.65)	60.60(18,65)	63.69(21.61)	65.20(29.18)	65.54(24.38)	65.27(19.37)
t/p value		0.922/0.357	0.686/0.493	1.107/0.268	1.054/0.292	1.245/0.213	1.036/0.300	1.605/0.109	0.677 /0.498
Education	Illiterate	56.99(22.49)	57.56(20.97)	69.13(22.80)	57.87(16.93)	59.05(22.86)	60.339(28.76)	57.87(24.79)	62.19(19.05)
	Literate	66.34(22.94)	63.67(21.42)	76.68(20.08)	62.53(17.87)	66.56(20.17)	68.36(18.15)	70.05 (02)	66.86(18.43)
t/p value		3.310/0.001	-2.316/0.021	-2.850/0.005	-2.830/0.033	-2.936/0.004	-2.796/0.022	-4.790/0.001	-2.037/0.047
Marital status	Married	65.67(22.31)	63.21(20.55)	76.547(21.36)	61.60(17.71)	66.70(21.41)	68.80(28.81)	69.16(24.76)	66.78(17.99)
	Others	63.44(23.90)	61.79(22.32)	73.93(21.81)	61.67(17.86)	63.56(2021)	64.85(27.94)	66.27(24.44)	65.15(19.23)
t/p value		0.099/0.322	0.680/0.496	1.241/0.215	-0.038/0.969	1.548/0.144	1.430/0.153	1.208/0.226	0.900/0.228
Types of family	Nuclear	63.93(22.73)	62.55(22.06)	75.31(21.52)	60.73(17.58)	65.42921.56)	66.80(21.18)	67.53(24.73)	64.62(17.49)
	Joint and extended	65.37(23.66)	62.43(20.73)	75.13(21.77)	62.84(17.99)	64.73(20.03)	66.85(24.43)	67.95(2451)	67.74(19.93)
t/p value		-0.633/0.5265	0.057/0.954	0.081/0.935	-1.207/0.228	-0.016/0.228	0.334/0.737	-1.708/0.088	-0.175/0.861
Occupation status	Employed	66.57(21.65)	63.28(20.36)	76.71(19.93)	62.63(17.05)	65.87(17.49)	67.23(26.76)	69.21(24.10)	66.97(17.480
	Others	63.96(23.53)	62.27(21.780	74.80(22.07)	61.35(17.99)	64.90(21.80)	66.70(28.88)	67.27(24.78)	65.67(18.95)
t/p value		0.969/0.332	0.316/0.684	0.754/0.450	0.616/0.537	0.397/0.691	0.160/0.872	0.397/0.691	0.598/0.549

The mean age of the respondents was 41.02 and standard deviation 12.77. Majority of respondents 237 (56.2) were male followed by 185 (43.8 %) female. More than half 277 (53.8%) respondents were educated up to secondary education. Near about half 210 (49.8%) of respondents married followed by 144 (34.1%) unmarried, twenty three (5.5.%) of respondents were widow and 41 (9.7%) of respondents were divorced. worker etc. All together 139 (32.9%) of respondents were diagnosed as schizophrenia since 5-10. Majority of respondents 342 (81.0%) were using atypical antipsychotic. Only 126 (29.9%) of respondent has substance taking behavior. Table 1 illustrates that mean score and standard deviation on quality of life among respondent. Score ranges from 0-100. Score 0 indicates worse quality of life and 100 indicates be best possible level of quality of life. Here higher mean score ranges (M =60.30- 75.35) represent higher quality of life among respondents. Regarding stander deviation ranges from (Sd= 17.77- 28.41). Higher mean score of Schizophrenia quality of life found in family relation (RFa) dimension mean=75.23, lowest was found on Relationship with Friends (RFr) mean=61.37. Table 2 illustrates that regarding gender mean score found higher among male respondents than female in all eight dimension of S-Qol-18, however no statistically significant found between two groups. Among illiterate and literate education group mean score was found higher among literate group. Statistically significant association found with all dimension where p value >0.05 (Psychological Wellbeing (Psw) p=0.001, Self-esteem (SE) p=0.021, Family Relation (RFa) p=0.005, Relationship with Friends (Rfr) p= 033, Resilience (RE) p=0.004, Physical wellbeing (Phw) p= 0.022, Autonomy (Au) p=/0.001 and Sentimental life (SL) p= 0.047 respectively) . Rest of variables marital status, types of family and occupation no significant association found only mean difference can be observed.

DISCUSSION

Total of 422 sample were selected, age from above 18 year up to 80 years, Mean age ± SD= 41.02, ±12.77. More than half 237 (56.2%) of respondents were male and were belong to nuclear family. The socio-demographic characteristic respondents are similar and comparable with earlier study done in Bhairawa, Nepal [5]. Patient were came from all seven province maximum were from state three (Bagmati Province). This suggest that community mental health programme is necessary to make treatment accessible and assessable to the community people which reduce treatment gap and improves adherence among patient. Present study demonstrated a significant relationship between medication nonadherence and all eight dimension (psychological wellbeing, self-esteem, family relation, relationship with friends, resilience, physical wellbeing, autonomy and sentimental life) of S-QoL 18 scores (p= <0.01). this finding is similar to previous study there was also a correlation between medication adherence and quality of life ($p < .05$). [6] Indeed, it is possible that nonadherence to medication directly effect of course of illness resulting uncontrolled symptomatology and side-effect produced from antipsychotic, relapse and rehospitalization, disorganization of personality also takes longer time to remission. It is essential to give attention on reduction of nonadherence to improve quality of life. Present study found among respondents who had history of less then 5 years had higher mean score than more than 5 years. Significant association found in Psychological Wellbeing (Psw) p=0.002, Self-esteem (SE) p value=0.012, Family Relation (RFa) p=0.050, Relationship with Friends (Rfr)p= 0.001, Physical wellbeing (Phw) p=0.010 and Sentimental life (SL) p= 0.003. duration of the disorder was significantly associated with resilience (RE) ($\beta = 0.44$; $p =$

0.002) and physical well-being (PhW) (β = 0.31; p = 0.029). [2] Regarding use of substance minimum difference found in mean score with history of use and non-users.

CONCLUSION

Quality of life among schizophrenia patient found to be better. Factors that were found to be linked included education level, length of sickness, and history of substance use. It is essential to improve adherence on antipsychotic for better quality of life among schizophrenia patient. This study findings be an input for designing intervention to promote antipsychotic adherence, which is fundamental approach in developing countries to decrease burden of disease.

Conflict of interest: None

Acknowledgement

The researcher are thankful to Ethical Review Board of Nepal Health Research Council for giving permission to carry outthis research. We are thankful to Mental Hospital Lagankhel for providing support to conduct this study. We also express our sincere gratitude to all the respondents of the study.

REFERENCES

1. 1.Dilla T, Ciudad A, Álvarez. Systematic review of the economic aspects of nonadherence to antipsychotic medication in patients with schizophrenia. *Patient Prefer Adherence.* 2013;275. DOI: http://dx.doi.org/10.2147/ppa.s41609
2. Adelufosi AO, Adebowale TO, Abayomi O, Mosanya JT. Medication adherence and quality of life among Nigerian outpatients with schizophrenia. *Gen Hosp Psychiatry.* 2012;34(1):72–9. DOI: http://dx.doi.org/10.1016/j.genhosppsych.2011.09.001
3. Hayhurst KP, Drake RJ, Massie JA, Dunn G, Barnes TRE, Jones PB, et al. Improved quality of life over one year is associated with improved adherence in patients with schizophrenia. *Eur Psychiatry*. 2014;29(3):191–6. DOI : http://dx.doi.org/10.1016/j.eurpsy.2013.03.002
4. Endriyani L, Chien C-H, Huang X-Y, Chieh-Yu L. The influence of adherence to antipsychotics medication on the quality of life among patients with schizophrenia in Indonesia. *Perspect Psychiatry Care.* 2019;55(2):147–52. DOI: http://dx.doi.org/10.1111/ppc.12276
5. Subedi S, Paudel K. Treatment NonCompliance in Bipolar Affective Disorder Patients: A Study from a Tertiary Care Centre in Nepal. *Karnali Academy of Health Sciences.* 2020;3(1):1–6.
6. Acosta FJ, Hernández JL, Pereira J, Herrera J, Rodríguez CJ. Medication adherence in schizophrenia. *World J Psychiatry.* 2012;2(5):74–82. DOI: http://dx.doi.org/10.5498/wjp.v2.i5.74
7. Caqueo-Urízar A, Urzúa A, Mena-Chamorro P, Fond G, Boyer L. Adherence to antipsychotic medication and quality of life in Latin-American patients diagnosed with schizophrenia. *Patient Prefer Adherence.* 2020;14:1595–604. DOI: http://dx.doi.org/10.2147/ppa.s265312
8. Dong M, Lu L, Zhang L, Zhang Y-S, Ng CH, Ungvari GS, et al. Quality of life in schizophrenia: A meta-analysis of comparative studies. *Psychiatr Q.* 2019;90(3):519–32. DOI: http://dx.doi.org/10.1007/s11126-019-09633-4
9. Durgoji S, Muliyala KP, Jayarajan D, Chaturvedi SK. Quality of life in schizophrenia: What is important for persons with schizophrenia in India? *Indian J Psychol Med.* 2019;41(5):420–7. DOI: http://dx.doi.org/10.4103/IJPSYM.IJPSYM_71_19
10. He X-Y, Migliorini C, Huang Z-H, Wang F, Zhou R, Chen Z-L, et al. Quality of life in patients with schizophrenia: A 2-year cohort study in primary mental health care in rural China. *Front Public Health.* 2022;10:983733. DOI: http://dx.doi.org/10.3389/fpubh.2022.983733
11. Higashi K, Medic G, Littlewood KJ, Diez T, Granström O, De Hert M. Medication adherence in schizophrenia: factors influencing adherence and consequences of nonadherence, a systematic literature review. *Ther Adv Psychopharmacol.* 2013;3(4):200–18. DOI: http://dx.doi.org/10.1177/2045125312474019
12. Hofer A, Mizuno Y, Wartelsteiner F, Wolfgang Fleischhacker W, Frajo-Apor B, Kemmler G, et al. Quality of life in schizophrenia and bipolar disorder: The impact of symptomatic remission and resilience. *Eur Psychiatry.* 2017;46:42–7. DOI: http://dx.doi.org/10.1016/j.eurpsy.2017.08.005
13. Karow A, Wittmann L, Schöttle D, Schäfer I, Lambert M. The assessment of quality of life in clinical practice in patients with schizophrenia. *Dialogues Clin Neuroscience.* 2014;16(2):185–95. DOI: http://dx.doi.org/10.31887/dcns.2014.16.2/akarow
14. Lim MWZ, Lee J. Determinants of health-Related Quality of Life in schizophrenia: Beyond the medical model. *Front Psychiatry.* 2018;9:712. DOI: http://dx.doi.org/10.3389/fpsyt.2018.00712

****