PROFILE OF THE YOUNG PATIENT WITH SCHIZOPHRENIA
SOCIO- CULTURAL CHARACTERISTICS

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ABSTRACT

The importance of early diagnosis is closely related to the fact that the possibility of predicting the disease suggested by a somewhat characteristic psycho-behavioral profile of the adolescent with schizophrenia could constitute the basis for suspecting the condition which would act interventions to prevent or delay the disease. In support of this statement is the fact that from the sample of patients included in this study aged between 18 and 30 years, at the time of admission, 44% were already retired due to the disease. This fact is representative of the dramatic socio-professional consequences of patients diagnosed with schizophrenia, especially considering the fact that in proportion they were with: high school (32%), vocational school (16%) and higher education (10%). From the patients diagnosed with schizophrenia included in the study 31 benefited from family support and 23 from the community they belong to. Studies show that in the absence of social or family support, the isolation of patients with schizophrenia can trigger depression with a higher incidence of self-aggressive behavior and suicidal tendencies.

Keywords: schizophrenia, socio-cultural characteristics, psycho-behavioral profile

Introduction

Schizophrenia is a chronic psychiatric disorder with the entire personality of the individual affected, characterized by distortions of thought, perception, emotions, language, self-awareness and behavior. Studies highlight the role of trauma during childhood in triggering psychosis, in correlation with the existence of symptoms of anxiety and depression. It is proven that adolescence represents a period of psychobiological crisis in the individual’s life. Thus, the consequences of childhood trauma with the existence of some affective disorders on the background of the crisis period in adolescence can constitute the trigger of psychosis on the background of various adaptation disorders of the adolescent in which the socio-cultural factor has a crucial importance.

The current understanding of the disease brings a reconceptualization regarding the involvement of cultural factors in the psychopathological expressions of schizophrenia. The higher incidence of schizophrenia in “evolved” societies in relation to less developed ones has brought into discussion the influence of culture on the shaping of symptoms and they have positioned the cultural factor in the role of a direct causal factor with influences on perception and reaction. A particularly important
aspect in the context of social reconfiguration determined by population migration, refers to the phenomenology of schizophrenia with different valences between different cultures due to transcultural characteristics. The implications of this aspect are multiple, starting with the perception of the disease, the predominance of the type of symptoms in the clinical picture, the prescription, the administration and even the pharmacokinetics of the medication. Moreover, the trends in the diagnosis and treatment of schizophrenia aim at genetic, neuropsychological and neuroimaging studies to improve the possibilities of diagnosis (early diagnosis), classification and new therapies in the future offering a picture in accordance with cultural and social factors, offering a new picture of this complex cerebral dysfunction in which prevention should be included in the arsenal to fight the disease.

The importance of early diagnosis is closely related to the fact that the possibility of predicting the disease suggested by a somewhat characteristic psycho-behavioral profile of the adolescent with schizophrenia could constitute the basis for suspecting the condition which would attract interventions to prevent or delay the disease. In support of this statement is the fact that from the sample of patients included in this study aged between 18 and 30 years, at the time of admission, 44% were already retired due to the disease. This fact is representative of the dramatic socio-professional consequences of patients diagnosed with schizophrenia, especially considering the fact that in proportion they were with: high school (32%), vocational school (16%) and higher education (10%).

The patients diagnosed with schizophrenia included in the study 31 benefited from family support and 23 from the community they belong to. Studies show that in the absence of social or family support, the isolation of patients with schizophrenia can trigger depression with a higher incidence of self-aggressive behavior and suicidal tendencies (1).

It is also demonstrated that certain diseases, including dental ones, can occur with increased frequency in patients with severe forms of severe depression (2). The association of simultaneous treatment for the psychiatric disorder and for the dental pathologies is interconditioned, increasing the favorable prognosis of both conditions.

Materials and Methods

The present study is a retrospective one. It was carried out on a group of young patients, diagnosed with paranoid schizophrenia and admitted to the “Elisabeta-Doamna” Psychiatric Hospital from Galați, between January 1, 2019 and December 31, 2020.

The information that were taken into consideration were: socio-demographic indicators (sex, age, residential environment, education level, marital status, parental status, occupational status, home) and clinical indicators (diagnostic classification, age of onset, duration of disease evolution, predominant symptoms, hereditary antecedents, pathological personal antecedents, number of admissions to our hospital in Galati between 2019-2020, alcohol consumption, substance consumption, smoking, discharge status, class of drugs used for treatment, adherence to treatment).

Inclusion criteria for patients: age of the patient between 18 and 30 years at the time of the study, diagnosis of paranoid schizophrenia and hospitalization in our hospital, between January 1, 2019 and December 31, 2020.

There were taken into consideration a group of 50 patients. The datas were centralized and processed in the Microsoft Excel 2019 program. The results were presented in numerical and percentage form and illustrated through a series of graphics and tables.

The study was conducted in accordance with the Declaration of Helsinki, and approved by the Institutional Review Board (or Ethics Committee) of Elisabeta Doamna Psychiatry Hospital (11565/15.10.2020) for studies involving humans.

Results

In the studied group there is a predominance of males (62%) over females (38%), with a ratio of males: females = 1.6:1. The average age of the batch is about 21 years. The urban environment of residence predominates (68%) compared to the rural environment (32%).
The distribution according to the level of education, shown in Figure 1, is relatively homogeneous: primary school (16%), secondary school (26%), high school (32%), vocational school (16%) and higher education (10%).

Regarding the level of education, Figure 2 shows very high percentages of average and below average education level for the beginning < 18 years (41.66% high school, 41.66% secondary school cycle). For the onset > 18 years, the educational level shows a Gaussian distribution, with the predominance of the average level (28.94%).

According to Figure 4, the involvement in the labor market is weak, being absent at the onset of the disease < 18 years, where those with no occupation predominate. Also, those with a disability pension predominate at the onset of the disease > 18 years.

From the patients that were enrolled in the study, only 16% were married or having a relationship, whilst 84% of the patients were single.

Drug use is associated with a below-average level of education, with the highest percentages being recorded in primary school (20%), middle school (50%) and high school (20%). The educational level above the average shows very low percentages of consumers (post-secondary school – 10%) or absent (higher education – 0%) (Figure 5).
Also drug use, illustrated in Figure 6, is more prevalent among those without occupation (60%) and those with a disability pension (40%), and is absent among those with a job (0%).

To illustrate the evolution from a cultural point of view, during the 2 years of the study, the following aspects were followed numerically in Table 1, which reveals the discrimination to which patients diagnosed with schizophrenia are subjected and which can constitute an impediment in their recovery, as some studies shows (3). Out of the total of 50 patients included in the study, 31 had family support and only 23 had support from the community they belong to (extended family, friends, school/work colleagues, etc.). At the time of the start of the study, 10 patients were with ongoing studies; only 5 of them completed them and 5 dropped out. Also, among 18 patients who expressed their desire to find a job, only 1 single patient managed to get a job during the 2 years, and among those employed, 2 lost their job, opting for a disability pension. A total of 4 patients retired during the 2 years, with a disability pension. Among 13 patients who expressed a desire to marry and start a family, none married within 2 years (patients listed as married, married before disease diagnosis and outside of 2 years of the study).

<table>
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<tr>
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<td>29</td>
</tr>
<tr>
<td>Community support</td>
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<td>27</td>
</tr>
<tr>
<td>Completion of studies</td>
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</tr>
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<td>-</td>
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<tr>
<td>Retirement</td>
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<td>-</td>
</tr>
<tr>
<td>Marriage</td>
<td>0</td>
<td>13</td>
</tr>
</tbody>
</table>

### Discussion

The demographic information of our patients is similar to those in the specialized literature, with very small differences. In the present study there was a predominance of males (62%) over females (38%). A study carried out in Romania, Bucharest, in 2017 by Octavian Vasiliu et al., revealed a percentage of 53.3% women and 46.7% men, while another study conducted in Chengdu, China in 2020 by Xu et al., revealed percentages of 50% for both women and men (4,5). A comparison of ethnicities carried out in a 2015 study revealed male predominance in all three categories analyzed: white population (80%), black population (68.8%) and Asian (78.1%) (6). Also, the predominant residential environment of the patients is urban: 68% (in the present study) to 53% in Octavian Vasiliu et al.’s study and to 71% in Xu et al.’s study.

The predominant level of education in the present study is high school (32%), compared to Xu et al.’s study, where primary school predominates. However, Xu et al. register higher percentages for above-average education (27.4% vocational school, 17.7% university education), compared to the present study (16% vocational school, 10% higher education) (4,5).

The occupational status of the patients in the present study shows a predominance of those not involved in the labor market (48% no occupation) and a very small percentage of employed patients (8%). Xu et al. also records a predominance of unemployed patients (55%), but with a clearly
superior difference of employed patients (37%) compared to the present study (4,5).

The marital status of the patients in the present study shows a predominance of the unmarried (84%), compared to the married (16%), a percentage consistent with specialized studies that also show a low involvement of patients with schizophrenia in civil partnerships: 26.7% married (Octavian Vasiliu et al.), 21% married (Xu et al.) (4,5).

In numerous studies over time, age at onset of schizophrenia has been considered a predictor of its course and overall patient functioning over time. An onset of the disease under the age of 18 was associated with a negative prognosis, with the predominance of negative symptoms, multiple hospitalizations, poor educational level, non-involvement in the labor market, use of substances with the potential to worsen the disease, and non-compliance with treatment. The existence of the negative prognostic factors brings into question the need to establish and consolidate an effective therapeutic relationship and avoid the duet of escalating antagonism in the relationship with these patients (7,8).

In a 2015 systematic review that included 2079 abstracts, young age at onset (< 18 years) was associated with poor social, educational and occupational functioning, disease remission much less likely and high degree of disability (9). Another 2017 review study found a small but statistically significant association between young age at onset and multiple hospitalizations, poor social and occupational functioning (10). Octavian Vasiliu et al. correlated young age at onset with treatment resistance (4). Shrivastava et al. correlated absence of remission with young age at onset, multiple hospitalizations, disorganized behavior, predominance of negative symptoms, and poor independent living (11).

Regarding the level of education, in the present study we can observe very high percentages of the average and below average level of education for the onset of the disease under the age of 18 (primary cycle 6.66%, secondary cycle 4.66%, high school 4.66%) and the absence of patients with above-average and higher education (0% vocational school, 0% university education), which confirms the associations of the CM Diaz-Caneja et al. study between young age at onset and poor educational functioning (9).

For the onset of the disease under the age of 18, involvement in the labor market is absent (0%), with patients without occupation (75%) and those with a disability pension (25%) predominating, which confirms the associations from the studies of CM Diaz-Caneja et al. and Immonen et al. between young age at onset and poor occupational functioning (9,10). At the onset of the disease, patients over 18 years old predominate with disability pension (50%), followed by those without occupation (39.47%) and with a small percentage of employed patients (3.5%).

Drug use was associated with a poor educational level (20% primary school, 50% secondary school) and lack of involvement in the labor market (0% employed patients). A study conducted in Ankara, Turkey, in 2015 confirms this (12), although in the group studied by them there was a percentage of 20% of employed patients who use substances. Thus, another important aspect in relation to the psychopathological behavior of patients with schizophrenia is represented by addiction problems. It is recognized in the case of some patients’ addiction to substances and gambling it can be added and a new addiction, the one of video games. Such behaviors are often the reason for dropping out of school or the impossibility of establishing and consolidating social relationships (13).

Among the stigmatizing cultural attitudes that contribute to preventing the recovery and reintegration of patients into society, we recall: dropping out of studies, finding a job with difficulty (3, 14-17) or losing a job and avoiding involvement in a civil partnership with patients diagnosed with schizophrenia (18).

In the context of the reduced accessibility of patients during the pandemic to complementary therapy modalities to pharmacological treatment, an alternative of psychotherapy validated by studies which can be performed at home was represented by music therapy. Specialized studies have shown that music therapy improves the general state, mental state (including negative and general symptoms), social functioning and the quality of life of people with schizophrenia
Conclusions

The profile of patients with schizophrenia in the present study is male, urban, with high school education, not involved in the labor market, unmarried and living with their parents.

The onset of the disease under the age of 18 is associated with an average and below average educational level, and the onset over the age of 18 shows a Gaussian distribution, with the predominance of the high school level.

The onset of the disease under the age of 18 shows non-involvement in the labor market, and the onset of the disease over the age of 18 shows a small percentage of employed patients.

In the studied group, drug consumption shows a higher percentage in the case of the onset of the disease under 18 years of age, and alcohol consumption shows similar percentages for both categories of onset.

The consumption of drugs and alcohol, in the young patient, with paranoid schizophrenia, associates a below-average educational level and lack of involvement in the labor market, with the evolution of multiple relapses.

It is necessary to improve the therapeutic relationship and use some complementary methods of therapy for this category of patients for superior therapeutic results and increasing the degree of social insertion.

References