Profile of psychotic patients with social isolation behavior

S. Castillo Magaña1, M. Rodriguez Pascual2, A. Malagon Amor1, D. Corcoles Martínez1, L. Badenas Orts1, A. Murcia Juarez1, L.M. Martín López1, A. Bulbena Vilarrasa1

1INAD (Institut de Neuropsiquiatria i Adiccions). Hospital del Mar. Barcelona, Spain.
2Hospital Vall d’Hebron, Psiquiatría. Barcelona, Spain.

Introduction

Social isolation is a factor associated to mortality and morbidity in the general population [1]. This factor is very frequent in patients diagnosed with a mental disorder. This symptom has been considered as a prodrome in ‘high-risk mental states’ for the possible development of psychosis [2]. Social isolation is a frequent problem in psychotic patients visited by the mobile crisis unit (EMSE) in Barcelona. Social isolation had a prevalence of 20.1% in patients visited by the psychiatrists of this unit.

Objective

To describe the differences between patients diagnosed with psychotic disorder with and without social isolation behavior.

Methods

A descriptive observational and cross-linked study in patients diagnosed with a psychotic disorder and visited by EMSE from 2004 to 2010 in Barcelona. The sample was divided into two groups; the first group with a presence of social isolation (N=100) and the other without this behaviour (N=562), as the main issue. We evaluated demographic, social and clinical variables. We included the aggressive behaviour and violence scale (AVAT), the subscale positive syndrome of PANSS, the subscale negative syndrome of PANSS and subscale general psychopathology of PANSS. The level of statistical significance was p<0.05 and the statistical analysis was performed using the SPSS package.

Results

Table 1. Differences between psychotic patients with social isolation and patients without it.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Social Isolation (N=100)</th>
<th>No Social Isolation (N=562)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender, male* N(%)</td>
<td>72 (72,0%)</td>
<td>334 (59,4%)</td>
<td>&lt;.05</td>
</tr>
<tr>
<td>Living alone* N(%)</td>
<td>12 (12,0%)</td>
<td>116 (20,6%)</td>
<td>&lt;.05</td>
</tr>
<tr>
<td>AVAT**; mean (SD)</td>
<td>2.77 (2.44)</td>
<td>3.79 (2.92)</td>
<td>&lt;.05</td>
</tr>
<tr>
<td>PANSS positive symptom subscale total**; mean (SD)</td>
<td>25 (9.13)</td>
<td>26.34 (7.06)</td>
<td>0.401</td>
</tr>
<tr>
<td>PANSS negative symptom subscale total**; mean (SD)</td>
<td>26.19 (8.50)</td>
<td>20.25 (8.17)</td>
<td>&lt;.005</td>
</tr>
<tr>
<td>PANSS general subscale total**; mean (SD)</td>
<td>45.48 (12.00)</td>
<td>42.37 (10.44)</td>
<td>0.176</td>
</tr>
</tbody>
</table>

Note: AVAT: Aggressive behaviour and violence scale; PANSS: Positive and Negative Symptom Scale.
*Chi-square test
**Student’s t test

Conclusions

This study shows that psychotic patients with social isolation as the main issue is a frequent problem in this sample. Patients with psychotic disorder and social isolation behaviour are mainly men, have less aggression and have predominantly negatives symptoms compared to the group without social isolation. There were not statistical differences in the subscales positive syndrome and general psychopathology of PANSS. These results are important to improve the multidisciplinary approach to psychobiosocial treatment. We emphasize the absence of differences regarding the need for admission for both groups.

Bibliography