

SOCIAL INSOLATION AND DISABILITY IN PATIENTS WITH PSYCHOTIC DISORDER AND ANXIETY DISORDER

Elena Belmonte¹, Carlos Cedrón¹, Ángeles Malagón¹, Magda Bellsolà¹, Ana González¹, Lucia Pérez¹, Ana Masso¹, Victor Pérez^{1,2}, Luis M. Martín^{1,2}, David Córcoles^{1,2}

¹Institut de Neuropsiquiatria i Addiccions, Hospital del Mar, Barcelona

²Centro de Investigación Biomédica en Red de Salud Mental (CIBERSAM)

Introduction

Disability is an important outcome measure that involves dynamic interactions between an individual’s health conditions and environment (social and attitudinal), quality of life, and the level of stigma experienced by the person. Disability is any restriction or the deterioration of the expected functioning of an individual in a particular society by the family or social group or by the affected individual.

Traditionally, several studies have shown that patients with schizophrenia experience greater severity of disability than the healthy controls. However, research is currently focusing disability of anxiety disorders because they are the most prevalent class of mental health disorders and collectively impose a substantial public health burden on society. There is evidence that adults with anxiety disorders tend to report poorer social functioning, role functioning, mental health, and overall mental and physical well-being. Social withdrawal behaviour is a major health problem that is becoming increasingly important in the last years. Psychotic and anxiety were the most common comorbid disorders.

To date, no studies have been conducted comparing the disability of both disorders.

Objectives

Compare disability among patients with psychotic and anxiety disorders with social withdrawal higher than 6 months.

Methods

A total of 89 patients with social withdrawal higher than 6 months were evaluated.

Clinical and socio-demographic variables and several scales were collected: World Health Organization Disability Assessment Schedule (WHO-DAS), Severity of Psychiatric Illness (SPI), Global Assessment Functioning (GAF) and Clinical Global Impression (CGI).

Data were compared between groups with psychotic and anxiety disorder using Chi-square and Student’s T-test.

Results

76.4% (N=68) of individuals were males and 23.6% (N=21) were females. Mean age was 37.5 years (SD= 14.9). 64.0 % (N=57) were patients with psychotic disorder and 36.0% (N=32) with anxiety disorder.

We did not found statistical differences in mean age (p=0.061) and months of social withdrawal (p=0.776). Results showed higher scores in all scales in patients affected by psychotic disorder. [Table 1.](#)

Table 1.

| | Psychotic Disorder (N=57) | | Anxiety Disorder (N=32) | | P |
|---------------------------|---------------------------|-------|-------------------------|-------|-------|
| | Mean | SD | Mean | SD | |
| Age | 39,7 | 15,87 | 33,5 | 12,25 | 0,061 |
| Total SPI score | 14,6 | 5,32 | 10,7 | 3,46 | 0,000 |
| GAF score | 35,7 | 14,48 | 44,8 | 16,19 | 0,008 |
| CGI score | 4,8 | 0,89 | 4,1 | 1 | 0,001 |
| WHO/DAS score | 13,8 | 3,83 | 11,5 | 3,95 | 0,010 |
| Social withdrawal (month) | 52,6 | 74,14 | 48,1 | 59,23 | 0,766 |

World Health Organization Disability Assessment Schedule (WHO-DAS), Severity of Psychiatric Illness (SPI), Global Assessment Functioning (GAF) and Clinical Global Impression (CGI), Standard Deviation (SD).

Conclusions

Psychotic patients with social withdrawal present greater overall functional disability than patients with anxiety disorder.