Psychosocial Therapy in Schizophrenic Patients with Depression

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Abstract

Depression in schizophrenic patients is associated with a less favorable patient course and poorer outcomes compared to those without depression. The symptoms can occur at any stage of the disease, affecting both physical and mental health problems, and are also a significant risk factor for suicide. Therefore, recognizing the symptoms and identifying their causes is important and leads to early and appropriate treatment. Psychosocial therapy is one of the treatments that can reduce the severity of symptoms and their consequences. This article reviews the depressive symptoms of schizophrenia patients and psychosocial therapies of current depressive schizophrenia patients.

Keywords : depression, schizophrenia, psychosocial therapy

Depressive symptoms are frequent clinical features in schizophrenia patients, which can be found in all stages of the disease, from the initial phase of symptoms to the period of exacerbation and after the psychosis has calmed down. Post-psychotic depression is depression that occurs after the psychotic symptoms have subsided. These depressions are the main symptoms of schizophrenia affecting mental and functional impairments. Patients are also more likely to have suicidal thoughts and successful suicide.[1] Psychosocial therapy is an alternative treatment of depression in people with schizophrenia. The author reviews depression in schizophrenic patients and psychosocial treatments.

Depression in schizophrenic patients

Depression refers to a persisting clinical condition that features low mood, anhedonia, and characteristics such as low energy, self-reproach, impaired concentration, pessimism, guilt, lack of confidence, sleep, or appetite disturbances. In contrast, depression in schizophrenia is defined as schizophrenic patients with distorted negative thoughts for themselves, their surroundings, and their future. It refers to a state of negative emotions, such as sadness, loneliness, regret, negative thoughts about oneself such as self-reproach, discouragement, boredom, feelings of self-worth, anorexia, and decreased sexual performance. There are various differences from depression in patients without schizophrenia.[2] People with schizophrenia who feel sad for more than 2 weeks are characterized by depressed mood, unhappy mood, and appetite disturbances. Energy levels and sleep patterns change. Patients experience feelings of guilt, worthlessness, and despair, all of which are leading causes of suicide attempts.[3]

Depression is a significant mental and psychiatric problem encountered in every country worldwide. The incidence of depression in schizophrenic patients is expected in a psychotic episode. Moreover, it was found that 81% of schizophrenic patients presenting their first psychotic symptoms had had depression during the 4 years before treatment. Among schizophrenic patients with first psychotic symptoms, the prevalence of depression was 4-20 %[5], and the prevalence after remission was 20 %.[6]

Depression in schizophrenic patients can be divided into 3 stages of the disease.[7,8]

1. At the onset of depression, patients tend to have noticeable physical symptoms, such as poor appetite, lack of concentration, sleep disturbances, sadness, and social isolation, found in 60% of schizophrenic patients.

2. Depression that occurs in the acute phase of psychotic symptoms. This depression occurs before drug treatment, and depression symptoms decrease during hospitalization. It is most common during critical illness.

3. Chronic Depression was found in patients who have been sick for a long time and are not entirely cured of the disease. Furthermore, during the later period, schizophrenia was found to be a risk factor for suicide in schizophrenia patients.

Factors of depression in schizophrenia patients

1. Clinical insight: Patients with a good understanding of mental illness had higher depression and negative self-esteem rates than those with a low understanding of mental illness.[9] This results from the patient recognizing his illness and assessing that his illness is causing the patient's loss of role and social status as a stigma. It is offensive and burdensome to the family, and not socially desirable.[10] In addition, schizophrenia patients had a negative adaptive pattern. They have low tolerance for disappointment and often blame themselves for their illness. Schizophrenic patients with a certain level of belief have a high degree of misunderstanding associated with depressive symptoms.[11] Consistent with the study on the perception of illness in schizophrenia patients, it was found that depressive symptoms accompany patients with schizophrenia. The perception of illness was higher than that of schizophrenia patients who had a low perception of their illness.[12] Studies also linked perception to education. It was found that schizophrenia patients with high clinical insight had depression, a more heightened sense of hopelessness, and a history of suicide attempts.[13] The study of characterizing depressive symptoms in schizophrenic patients found that they held a negative self-image, thinking that the illness is a stigma and causes a feeling of shame.[14]

2. Psychotic symptoms: Depressed patients had higher scores in negative psychiatric symptoms (PANSS-N) than in non-depressed patients.[15] When the psychosis test was used in at-risk schizophrenic patients, it was found that depressive symptoms in schizophrenia patients were associated with negative psychotic symptoms.[16]

3. Cooperation in drug treatment: It was found that the drug treatment the patient received affected the positive and negative symptoms of the patient. When the patient had taken medication regularly, following the doctor's treatment plan, depression symptoms and feelings of hopelessness were reduced.[17]

4. The duration of illness: Depression was associated with the length of illness. Patients with prolonged illness become even more discouraged with a more negative outlook.[18] These patients must be on medication for a long time, and this is difficult and exhausting in practice. As a result, most schizophrenia patients have worse medication adherence and become chronic patients.[19] As studies have found, symptoms became chronic if left untreated for the duration of the depressive episodes. Most of the time, treatment for depression is stopped before 3 months, leading to a recurrence of symptoms with the length of the illness extending with each episode.[20]

5. Side effects of the medication: Schizophrenia patients with antipsychotic medication side effects were more likely to experience depression than those without side effects. Due to the side effects, the patients became uncomfortable and this affected their daily life. Moreover, antipsychotic agents can reduce dopamine in the brain, leading to depressive symptoms.[17]

6. Substance use: Schizophrenia patients who turn to substance abuse to alleviate the symptoms of schizophrenia, depression, or side effects of antipsychotic drugs, experience a worsening of mental symptoms. Substance abuse of alcohol, opium, heroin, cocaine, etc are associated with affecting neurotransmitters in the brain, including serotonin, norepinephrine, dopamine, and GABA.[21,22]

Assessment of depression in schizophrenia patients

The Calgary Depression Scale for Schizophrenia (CDSS): This assessment was explicitly developed to assess depression in schizophrenia patients. The interviewees are assessed on 9 topics: depression, feelings of hopelessness, feeling worthless, the idea of being wrong because of being accused, pathological guilt, morning depression, waking up earlier than usual, suicidal thoughts, and observable depression. A patient falling within the total score of 0-27, if greater than or equal to 5 points, is considered depressed. The scores for each item were as follows: 0 scores mean typical, 1 score: Slightly: showing some sadness or discouragement when asked, 2 scores: Moderate, markedly depressed for no more than half of the total time during the past 2 weeks. By occurring every day, 3 scores: Severe, feeling extremely sad every day. More than half of the time affects the body's movement and social activities. By measuring the internal consistency and face validity 2-time points, Cronbach's alpha values were 0.84 and 0.89, respectively.[3]

The review demonstrated that all depression assessments could be seen as not specific to the schizophrenic group. Therefore, there are different limitations of use. Nevertheless, the CDSS assessment is specific to assessing depressive symptoms in schizophrenia patients. Therefore, the CDSS assessment is appropriate for further assessment of the depressive symptoms of schizophrenia patients.[3]

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Psychosocial therapy of depressive symptoms in schizophrenia

Cognitive Therapy: This therapy focuses on the patient's thoughts and feelings as they feel or think for themselves, their world and future in a negative light, and allows them to accept that emotion is the result of thoughts.[23] The effectiveness of a short-term cognitive behavioral therapy program was studied in schizophrenia patients. It was found that there was a statistically significant reduction in depressive symptoms in schizophrenia patients.[24]

Occupational therapy: There are several types of group therapy in psychiatric patients. Currently, studies are being conducted on treatment programs for schizophrenia with depression, for example, the effectiveness of gratitude promotion programs on depression and quality of life in psychiatric patients. After participating in the program, the patients with schizophrenia significantly reduced their depressive symptoms.[25] The effect of diagnosing the health of phone users is being studied to help reduce depressive symptoms in people with emotional and mental health problems. A study in schizophrenic patients with depressive episodes found a statistically significant reduction in moderate or severe depressive symptoms. It can treat moderate to severe depression in depressed patients with schizophrenia.[26] This included a study on the effect of an online application for depression on mood and positive symptoms in schizophrenia, an experimental study in patients with schizophrenia. Conclusions: Patients with depressive symptoms of schizophrenia showed a significant reduction in their depressive symptoms. After three months of re-evaluation, 84% of schizophrenia patients did not have increased depression.[27]

In addition to pharmacological treatment, psychosocial therapy is an alternative treatment that enhances the effect of treatment in depressed patients with schizophrenia with the application of thinking therapy, designing various therapeutic activities to reduce the depressive symptoms of this group of patients, which must be considered individually by a team of specialized medical personnel.

Conclusion

Depression in schizophrenic patients can cause negative thoughts about themselves and others, including their surroundings and future, and negative feelings and emotions. In addition to pharmacological treatment, various psychosocial therapies are currently being studied and are consistent with the determinants of depressive symptoms in schizophrenia. Medical professionals can help reduce the symptoms of depression in people with schizophrenia and increase treatment results.

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