



Prevalence and Correlates of Demoralization in Patients with Schizophrenia

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Introduction:

- Demoralization is a syndrome of “existential distress” which occurs in patients who are suffering from a chronic physical or mental illness
- Very few studies have looked into demoralization and its correlates in patients with schizophrenia

Objectives:

To evaluate the prevalence and correlates of demoralization in patients with schizophrenia currently in clinical remission

Methodology:

The study was approved by the Ethics Committee of the Institute and the participants were enrolled after obtaining written informed consent

Sample Size: 160 individuals
Method of sampling: Purposive

Diagnosed with Schizophrenia (DSM-5)
Currently in clinical remission (Andreasen 2005)

Instruments Used:

- Demoralization Scale (DS)
- Positive and Negative Syndrome Scale (PANSS)
- Calgary Depression Scale for Schizophrenia (CDSS)
- Beck's Hopelessness Scale (BHS)
- Internalized Stigma of Mental Illness Scale (ISMIS)
- Everyday discrimination scale (EDS)
- Rosenberg Self esteem Scale (RSES)
- Brief Cope Scale
- Brief Dyadic Scale of Expressed Emotions (BDSEE)
- Self-report Quality of Life Measure (SQLS)

The study participants were divided into 2 groups on the basis of total demoralization scale score: high (≥ 30) and low demoralization (< 30)

Results:

Table 1: Demographic and clinical profile

| Demographic profile | Values |
|----------------------------|-------------|
| Male | 59.4% |
| Unmarried | 62.5% |
| Unemployed | 62.5% |
| Urban locality | 70 % |
| Nuclear family | 61.3% |
| Lower Socioeconomic Status | 69.4% |
| Mean age of participants | 34.98 years |
| Duration of illness | 12.83 years |
| Duration of treatment | 11.42 years |

Table 2: Demoralization scale scores

| Demoralization scale | Mean (SD) |
|---------------------------|---------------|
| Loss of meaning subscale | 5.34 (4.97) |
| Dysphoria subscale | 7.61 (4.82) |
| Disheartenment subscale | 9.02 (6.18) |
| Helplessness subscale | 5.57 (4.109) |
| Sense of failure subscale | 5.68 (3.81) |
| Total Score | 33.24 (20.95) |

Figure 1: Frequency of high and low demoralization

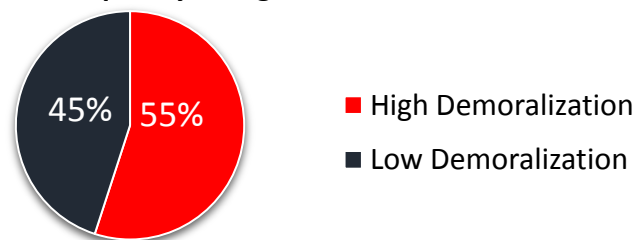


Table 3: Correlates of demoralization

| Scales | Comparison of High & Low Demoralization Groups | Pearson Correlation Coefficient |
|-------------------------|--|---------------------------------|
| PANSS | t= -0.397 | -0.001 |
| CDSS | U=1600*** | -5.754*** |
| EDS | U= 1639*** | 0.365*** |
| SQLS | t= -7.164*** | 0.587*** |
| ISMIS | t=-6.696*** | 0.538*** |
| BDSEE | t= -3.340** | 0.302*** |
| RSES | t= 6.486*** | -0.496*** |
| BCS: maladaptive coping | t= -2.435* | 0.315*** |
| BHS | t= -6.630*** | 0.480*** |

* $p \leq 0.05$, ** $p \leq 0.001$, *** $p \leq 0.001$

Conclusions:

- Demoralization contributes to distress of the existing symptoms and psychosocial circumstances faced by the patients. It reduce the ability to cope. Thereby, leading to poor quality of life
- There is high prevalence of demoralization in schizophrenia
- Hence, there is a need to routinely evaluate the patients of schizophrenia for demoralization and address the same before it progresses to depression and suicide

References:

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