DEMORALIZATION IN PSYCHOTIC PATIENTS: ASSOCIATION WITH BENZODIAZEPINES AND POSITIVE SYMPTOMS

A. Maraone¹, M. Frascarelli¹, L. Carlone¹, F. Ghezzi¹, E. Bruni², V. Roselli¹, V. Magliocchetti¹, C. Pancheri¹, M. Parisi³, M. Pasquini¹, L. Tarsitani¹.

¹Sapienza University, Human Neurosciences, Rome, Italy.

²Sapienza University, Cognitive Neurosciences and Psychological Rehabilitation, Rome, Italy.

³Psychiatric Residential Structure Villa Armonia Nuova, Head Department, Rome, Italy.

Background and Aims: Demoralization is the state of mind of a person deprived of courage, disheartened, who experiences a sense of incompetence. It differs from depression due to lack of anhedonia. Recent studies have hypothesized that a Demoralization Syndrome (DS) could increase morbidity and mortality in schizophrenia. The aim of present study is to investigate the prevalence of DS, and its association with clinical variables, in a sample of psychotic patients.

Methods: The sample consists of 37 patients with a Psychotic Disorder diagnosed with Structured Clinical Interview-DSM IV TR (Table1, Figure1). The Demoralization Scale was employed to measure the Demoralization Index (DI). Depressive and psychotic symptoms were evaluated through: Patient Health Questionnaire-9 (PHQ-9); Positive and Negative Symptoms Scale (PANSS).

Results: 51.3% of the sample showed a DS (DI>24). No difference in DI were observed between subgroups based on medications prescribed ($F=1.149$; $p=0.344$): Antipsychotics ($n=17$); Antidepressant and Antipsychotic ($n=8$); Antipsychotic and Mood Stabilizers ($n=9$); Antipsychotic, Antidepressant and Mood Stabilizers ($n=3$) (**Figure2**). DI was instead higher ($t=2.479$; $p=0.018$, **Figure3**) in patients who were taking benzodiazepines (54.1% of all sample). According to PHQ, 27% of patients ($n=10$) suffered from depressive symptoms. t-test showed higher DI in this group respect to subjects with subthreshold depression ($t=3.162$, $p=0.003$, **Figure4**). A positive correlation was found between PANSS Positive Symptoms and DI ($r=0.451$, $p=0.005$, **Figure5**).

Conclusions: In our sample DS is a relevant clinical component and it appears to be associated with more severe positive symptoms and prescription of benzodiazepine. DS in our patients is more common than depressive symptoms; however only future studies with enlarged sample could disentangle DS from depression.

Table 1. Description of the sample.

Age (mean±sd)	31,5±10,8
Gender (%)	
F	32,4
M	67,6
Dol (mean±sd)	9,1±7,6

sd=standard deviation; Dol=Duration of Illness

Figure 1. Frequency of diagnoses in the sample.

Figure 2. Medications prescribed in the sample.

AP= Antipsychotics

MS= Mood Stabilizers

AD= Antidepressants

SCHIZOPHRENIA
PSYCHOTIC DISORDER NOS
SCHIZOAFFECTIVE DISORDER
SCHIZOPHRENIFORM DISORDER

Figure 4.

Figure 5.

Figure 3.