

DIFFERENCES IN RESILIENCE, SELF-STIGMA AND MENTAL HEALTH RECOVERY BETWEEN PATIENTS WITH SCHIZOPHRENIA AND DEPRESSION

Biserka Sedić¹, Slađana Štrkalj Ivezić², Olivera Petrak³ & Boris Ilić¹

¹*Department of Nursing, University of Applied Health Sciences, Zagreb, Croatia*

²*Department of Social Psychiatry, University Psychiatric Hospital Vrapče, Zagreb, Croatia*

³*Department of Psychology, University of Applied Health Sciences, Zagreb, Croatia*

Introduction: There is growing evidence that resilience is a key factor for prevention of mental disorder. Low resilience levels were found in individuals at clinical high risk to psychosis and schizophrenia. Higher level of resilience was associated with better functioning, less severe negative, anxiety and depressive symptoms. Low level of self stigma is associated with recovery from schizophrenia. Aim of this paper was to determine whether resilience and self-stigma are significant predictors of mental health recovery in patients diagnosed with schizophrenia and depression treated in a rehabilitation-oriented program.

Subjects and methods: 51 patients diagnosed with psychoses and 53 patients with depression treated in day hospital participated in this study. Internalized Stigma of Mental Illness Scale (ISMI), The Boston University Empowerment Scale (BUES), Perceived Devaluation and Discrimination (PDD) Scale, Mental Health Recovery Measure (MHRM) and Resilience questionnaire were used.

Results: Self-stigma positively correlates with PDD ($r=0.44$; $p=0.000$), and negatively with BUES ($r=-0.78$; $p=0.000$), resilience ($r=-0.51$; $p=0.000$) and with recovery ($r=-0.59$; $p=0.000$) in two groups. In addition, a higher PDD score indicates poorer levels of empowerment ($r=-0.42$; $p=0.000$), resilience ($r=-0.35$; $p=0.000$) and recovery ($r=-0.44$; $p=0.000$). Mental health empowerment, resilience and recovery all correlate significantly and positively with each other. Cross-group comparison results show the best results for patients with schizophrenia. Sociodemographic factors do not affect resilience, self-stigma nor recovery.

Conclusion: Self-stigma and resilience are connected with moderate correlation. Research supports the need for interventions that prevent self-stigma and increase resilience in the treatment of schizophrenia patients.

Key words: resilience - self-stigma - psychiatric illness - schizophrenia - rehabilitation - stress resistance

* * * * *

UNDERSTANDING THE CULTURAL CONTEXT: VOICE-HEARING EXPERIENCES OF RUSSIAN-SPEAKING PATIENTS

M. G. Graber¹, S. Kuzmina², A. B. Irkabaeva², D. P. Mason¹ & T. M. Luhrmann³

¹*Psychiatry and Behavioral Sciences, Stanford University, Palo Alto, CA, United States*

²*Kazan State Medical University, Psychiatry and Behavioral Sciences, Kazan, Russian*

³*Anthropology, Stanford University, Stanford, CA, United States*

Introduction: The present project examines how schizophrenia manifests in the Russian cultural context. Specifically, we aim to assess whether patients diagnosed with schizophrenia in Russia present with symptoms that might differ in form and content compared to participants from countries studied by Luhrmann and colleagues. Many persons who meet DSM or ICD criteria for schizophrenia experience what clinicians call “voices”: auditory and semi-auditory experiences, often of an invisible person who speaks.

Methods: This research is currently taking place at the Clinical Psychiatric Hospital in Kazan, Russia. All participants ($n>20$) hear voices and are diagnosed with schizophrenia or schizoaffective disorder. We assessed the patients’ experiences primarily through a Russian translation of the structured clinical interview protocol developed by Luhrmann et. al. Additionally, participants listened to a 45-second audio-track of positive and negative voices meant to represent a wide range of possible experiences of voice-hearing by those with psychosis. In this track, the voices speak in Russian. Participants were asked what they remember after the track played, and what, if anything, of the track was like their own experience of voices. The primary aim of this audio track is to better understand what patients may be experiencing first-hand, as well as to determine whether the positive or negative voice gathers more attention.

Results: At present, data continues to be collected. Exploratory analyses of the interviews will investigate how these hallucinations manifest in the Russian cultural context, and these results will ultimately be compared against previously collected data. Some preliminary questions have emerged. The patients interviewed express less violence to self and others than do the patients in the US that Luhrmann interviewed. They also speak more spontaneously about interrupted sleep. More patients express concerns around alcohol.

Conclusions: Understanding the way in which this devastating disorder manifests in Russia, in addition to how it is generally conceptualized and treated provides valuable information that could significantly impact the conceptualization of schizophrenia around the world. Understanding the psychosocial aspects of this disorder from multiple perspectives allows the scientific community to have a detailed conversation about how different individuals are impacted by this disorder. Furthermore, it opens the door to international cooperation to work on treatments and support systems that are culturally relevant and appropriate, and provides opportunity to better understand how best to support these individuals.

* * * * *

SCHYZOTIPY: FROM PERSONALITY ORGANIZATION TO TRANSITION TO SCHIZOPHRENIA

Branka Aukst Margetić^{1,2,3} & Dalibor Karlović^{1,2,4}

¹*Department of Psychiatry, Univeristy Hospital Center Sestre milosrdnice, Zagreb, Croatia*

²*Croatian Catholic University, Zagreb, Croatia*

³*School of Medicine, University of Zagreb, Zagreb, Croatia*

⁴*School of Dental Medicine, University of Zagreb, Zagreb, Croatia*

The traditional medical model of schizophrenia assumes a categorical view of the syndrome. On the contrary, the dimensional approach to schizophrenia infers that schizophrenia is not a discrete illness entity, but that psychotic symptoms differ in quantitative ways from normal experiences and behaviours. Schizotypy comprise a set of inherited traits reflected in personality organization, which presents as qualitatively similar to schizophrenia. Schizotypy is in line with continuum hypothesis of schizophrenia where different combinations of genes and environmental risk factors result in a range of different phenotypic expressions lying on a continuum from normal through to clinical psychosis. We discuss evidences for the continuity of psychotic symptoms to normal experiences and theoretical and future research implications of such a continuum.

Key words: schyzotypy - schizophrenia - genetics - development - personality

* * * * *

COMPARING BETWEEN THE INFLAMMATORY PROFILES OF MAJOR DEPRESSIVE DISORDER AND BIPOLAR DEPRESSION WITH AN EMPHASIS ON THE POSSIBLE ROLE OF CLINICAL SEVERITY AND PSYCHOTIC FEATURES

Necati Serkut Bulut¹, Neşe Yorguner¹ & Gresa Çarkaxhiu Bulut²

¹*Marmara University Pendik Training and Research Hospital, Department of Psychiatry, İstanbul, Turkey*

²*Maltepe University Medical School, Department of Child and Adolescent Psychiatry,
Maltepe/İstanbul, Turkey*

Background: In the present study, it was aimed to compare between the inflammatory patterns of two different disorders that may present with depressive episodes of largely overlapping symptomatology, Major Depressive Disorder (MDD) and Bipolar Depression (BD), by using neutrophil to lymphocyte (NLR) and platelet to lymphocyte ratios (PLR) as markers for inflammation; and to investigate whether and how these parameters correlate with the clinical characteristics (depression severity, presence of psychotic features) within and between diagnoses.

Method: The study sample consisted of 359 participants, with 126 MDD, 83 BD inpatients and 150 healthy controls (HC), with similar age-sex distributions among the groups. The medical records of the participants were retrospectively screened to obtain NLR, PLR values.

Results: The depressive episodes in both disorders presented with significantly increased levels of NLR and PLR, compared to HC, with greater values being additionally associated with severe depression, but not necessarily with the presence of psychotic features. The inflammatory patterns were found to be largely similar between disorders, or at least, indistinguishable by means of the NLR and PLR.

Conclusion: Taken together, our results suggest that, both BD and MDD involve a presumably complex inflammatory process, resulting in an observable -albeit nonspecific- alteration in the distribution of