ABSTRACT

Although depressive symptomatology is frequently seen in schizophrenia at different stages of the illness, the depression which occurs in non acute phase of schizophrenia is often under diagnosed and under treated. There are no studies done in Sri Lanka on this phenomenon. Therefore the prevalence of depression and factors associated with this type of depressive symptomatology in Sri Lanka is unknown. Therefore this study was conducted to determine the prevalence of such depression and as well as it's association with negative symptoms , antipsychotic induced bradykinesia and demographic data.

This cross sectional study was carried out among inpatients and outpatients in three of the major hospitals in Sri Lanka between 01st of December 2001 and 10th of January 2002 among selected individuals diagnosed as suffering from schizophrenia. Four hundred eleven patients, who were clinically diagnosed as suffering from schizophrenia, and who were clinically stable without any positive psychotic features were studied using four research instruments. The research instruments were brief clinical examination to detect bradykinesia, demographic data questionnaire, negative syndrome subscale of positive and negative syndrome scale and Beck's depression inventory. The individuals who were having any other medical illness, consuming excessive alcohol or psychoactive substances, low in intelligence and who were on any medication other than for schizophrenia related condition were excluded from the study.

The results showed that point prevalence of depression was 38.4% and that of neuroleptic induced bradykinesia was 7.5% in the sample while mean negative syndrome subscale score was 17.Striking findings were that 77.7% of the depressed were not on any antidepressant medication and 7.2% were on same static dosage of antidepressant dose for more than a year. Mean daily chlorpromazine equivalent antipsychotic dosage was 392.5 milligrams, and 40.1% were maintained in remission on depot medication. Majority of the patients were between 35 and 39 years while unemployment rate and individuals who were without a partner were high in the sample. It was interesting to note that although majority of the sample had developed schizophrenia when they were under 25 years of age, the representation of individuals who were under 25 years was the minimal which was only 4.6%.It was found in this study that prevalence of depression was higher among individuals who were living in the community than among individuals who remained in the hospital during the previous six months, prior to the study.

The conclusion was that the depressive syndrome seems to be a part and parcel of schizophrenia and it is frequent, but did not appear to be simply a by product of negative symptoms, neuroleptic induced bradykinesia, or neuroleptic medication. The depression in non acute phase of schizophrenia did not have any association with age of the patient, gender of the patient , marital status or life events within the last six months. Occurrence of depressive syndrome in chronic schizophrenia may be just a co-incidence without connection, neither psychiatric state leading to another. Whether this

apparently typical depressive syndrome in chronic schizophrenia is an integral part of schizophrenia or whether it reflects episodes of depression, related to their adverse circumstances and multiple handicaps, remains a matter of speculation at the moment which needs to be explored further.

It is recommended that careful consideration should be given in exploring depressive syndrome in clinically stable non acute phase of schizophrenia, probably by periodically using beck's depression inventory or any other scale to assess the severity of depression, particularly among outpatients. Mental health workers should engage more often than they do now with patients who are in clinically stable non acute phase of schizophrenia , who are in the community and with their families in order to detect and prevent depression in non acute phase of schizophrenia.