

The process of recovery and Quality of life in persons with psychotic-spectrum disorders

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Quality of life and recovery are concepts increasingly used in current psychiatric research and practice. Integrating them into mental health services is a challenging process, especially when discussing psychotic spectrum disorders, which have long been considered disorders with a poor prognosis, with treatment focusing primarily on symptom relief and at most of patients' functionality.

The present thesis included two studies. The first focused on quality of life, and the second on the recovery process in people with psychotic spectrum disorders. The assessment of the persons who met the participation criteria included socio-demographic data, clinical data, symptomatology and severity of disease assessment scales, assessment scales of functionality, personal recovery and quality of life.

The first study aimed to evaluate the quality of life and the relationship between different factors (socio-demographic, clinical, functionality, adaptive behaviors, perceived level of recovery) and QoL in a group of patients with psychotic spectrum disorders from the Mental Health Center in Timișoara. The second objective was to develop a hierarchical model to highlight the most important aspects that can be the target of interventions to improve patients' QoL.

The sample included 78 people with chronic psychotic spectrum disorders (schizophrenia, persistent delusional disorder and schizoaffective disorder). Most patients (70.5%) were single, divorced or widowed and only 10.3% were employed. A large percentage of patients (88.5%) reported having family support and 57.7% having social support.

Almost 68% of the subjects rated their quality of life at an average level, and 3.8% at a high level. QoL scores were not significantly different according to patients' diagnoses. No correlation was observed between gender and QoL, nor between background and QoL. Patients who had an intimate partner and who had children presented a significantly higher level of QoL than those who were single and without children.

Symptoms and overall clinical disease severity did not significantly influence QoL. 58,97% of the patients presented a moderate or severe functional impairment when evaluated by the psychiatrist with the GAF scale. According to the ABAS scale, average functioning in the skill areas in all domains was observed in almost half of them, with 25% having high and above average functioning scores and 29.5% scoring below average, low or very low. QoL was positively correlated with the level of functioning according to the GAF scale and with ABAS scores (general adaptive skills, adaptive skills in the conceptual and social domains, but not in the practical domains). The results also showed a significant positive correlation between patients' perceived level of recovery and QoL.

The hierarchical regression model included adaptive skills in the conceptual and social domains, functioning capacity (GAFS scores), PANSS scores for positive and negative symptoms, disease severity, disease duration, presence of children, and family support and led to a significant prediction of QoL. According to it, factors related to functionality (global functioning and adaptive skills) and significant relationships (having children, perception of family and social support) were more important than clinical factors for improving QoL.

The second study aimed to evaluate the different types of recovery and the factors that influence the recovery process in a group of patients with psychotic spectrum disorders from the Mental Health Center in Timișoara, as well as highlighting the relationship between personal recovery and quality of life and the common elements that can be the target of therapeutic interventions.

The study included data from 94 patients with schizophrenia, persistent delusional disorder, schizoaffective disorder or bipolar affective disorder. The analysis of the socio-

demographic variables revealed that only 13.8% of the patients were employed, most of them (approximately 75%) being retired due to illness. From a personal perspective, only 34% of study participants were married or in a stable relationship. 88.3% of participants reported having family support and 58.5% having social support. Most patients (80.8%) had mild or moderate functional capacity impairment according to the GAF scale. According to the ABAS-GAC scores, 59.57% of patients presented an average, above average and superior level of functionality and 40.43% a below average, very low or inferior level. A smaller percentage (15.96%) of patients experienced severe functional impairment. 67.02% of the participants had an average score according to the QOLI, and 20.21% a very low and low score.

The gender of the patients, the rural or urban background and the presence of children did not significantly influence the functioning capacity, adaptive skills and the level of personal recovery. In contrast, married, employed patients and those who reported the presence of social support had a higher level of functioning according to the GAF scale, higher adaptive skills according to the ABAS scale, and a higher level of personal recovery. The severity of psychotic symptomatology, assessed by the CGI-S score and the PANSS-T score, negatively influenced the level of functioning, the adaptive skills and the level of personal recovery of the patients.

The degree of functional recovery correlated positively and statistically significantly with personal recovery, with the strongest correlation observed between adaptive skills and personal recovery. Both the level of functional and personal recovery correlated with the patients' perception of the degree of recovery at the time of assessment. An increased level of quality of life has been shown to positively influence functional and personal recovery.

The hierarchical regression model revealed the main factors influencing the patients' personal recovery. Severity of illness and exacerbation of psychotic symptoms had a negative impact on personal recovery, whereas improvements in functioning and adaptive skills in all areas of functioning might favor recovery.

Quality of life and personal recovery are two different concepts, but they partially intersect, both in terms of the elements that define them and the factors that influence them.

The socio-demographic factors with the greatest impact on both are those related to the presence of relationships, both personal (being in a stable relationship, having children) and social (social support) and the presence of professional activity (employee status). Psychotic symptoms, mainly negative ones, are an important aspect that especially influences functional and personal recovery. Functional capacity and adaptive skills, mainly social ones, have a significant impact on quality of life and personal recovery, constituting common and central key points that need to be integrated into the therapeutic plan. The three types of recovery—clinical, functional, and personal—can occur independently in different patients, but they influence each other.

The present research represents an important step in attempting to integrate the concepts of quality of life and personal recovery into mental health services. The evaluation of the factors that influence these aspects highlights the essential points that can constitute the objective of the interventions, the difficulties, but also the resources in this process. Services focused on personal recovery and quality of life involve a systemic approach, where the patient and their needs are at the center. Changes at this level have as their starting point the mentality of mental health professionals, which is reflected in the therapeutic relationship and which can subsequently generate changes at a systemic level. At the same time, rethinking mental health policies and creating resources to support this process is essential, starting from the training of professionals in the field and the psychoeducation of patients and their families, to the development of therapeutic services, access to services and collaboration between different support systems.