ORIGINAL RESEARCH PAPER

Psychiatry

Quality of Life Assessment in Treated Mentally Ill Patients

KEY WORDS: Mental Illness, Quality of Life

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ABSTRACT

Introduction: Quality of life is poor in treated mentally ill patients. There are dearth of such studies from Indian subcontinent.

Materials & Methods: Treated mentally ill patient's (N=146) and normal controls, who are caregivers of mentally ill patients (N= 124) recruited for the study after obtaining consent. Veterans Rand 12 (VR 12) along with a semi-structured questionnaire was given to both the groups. ICD 10 diagnosis and CGI-S scale was applied by the treating psychiatrist on mentally ill patients.

Results and Analysis: Both Physical Composite quality of life score (PCS) (p=0.000) and Mental quality of life score (MCS) (p=0.000) are significantly worse in people with mental illness. It doesn't significantly vary with change of diagnosis but vary with severity of illness. It also varied with education, occupation and age

Conclusion: Quality of life is poor in mentally ill patients.

INTRODUCTION:

Health related quality of life is a measure that focuses on the gap between expectation and actual performance of an individual with chronic illness (1,2). It introduce a perception and psychological component to any chronic illnesses. Mental illness itself is a chronic illness with high morbidity. Hence quality of life is expected to be deficient in this patients. Studies all over the world endorse that —(37). But as mental health and quality of life both the constructs varies with culture and ethnicity (8,9), hence it needs to be studied across culture. Indian studies are non-existent in this context. This study has an objective to assess quality of life in treated mentally ill patients in Indian context.

MATERIALS & METHODS:

Patients in acute phase of mental illness may have difficulty to answer the questionnaires reliably. Hence consecutive patients already under treatment attending in a tertiary psychiatric set up were approached for recruitment in the study. Also the accompanying persons attending in that out-patient department who does not have acute illness were approached for study. The accompanying persons were treated as control group, they are not necessarily in relation with the patients groups those were recruited. Those who consented for recruitment, were subjected to semi-structured questionnaire to assess socio demographic profile, a well-known free to use health related quality of life measure, Veterans Rand 12 (VR12) —(1012). Clinical global impression –Severity (CGI-S) scale(13) and ICD 10 diagnosis assessed for the patient population by the treating psychiatrist. Total 146 treated patients with psychiatric disorders and 124 normal controls recruited for the study over six months.

RESULTS & ANALYSIS:

Case and control groups are equivalent except occupation of the participant. Cases (persons with mental illness) had poorer quality of life than the control group (Table 1). The significant contribution of the disorders exists (coefficient p=0.000 in both PCS and MCS) even nullifying the effect of occupation, taking it as a covariate (with PCS p=0.009, with MCS p=0.045).

Quality of life does not depend on the disorder but it worsens as the severity of the disorders increases (Table 2). Among the socio-demographic parameters occupation, education and age varies significantly with both physical and mental quality of life (Table 3). Better Health related quality of life was observed if they are educated till higher secondary and above. Housewives had the worst quality of life. Both the parameter are best for people who are in service. Housewives are significantly worse in all of these parameter than in service people (PCS, p=0.000) (MCS, p=0.000)) interestingly self-employed people have significantly poorer psychological quality of life (MCS) than people in service (p=0.01). It also showed that with age quality of life deteriorates.

Table1: Differences in case and control group

		Mental Illness	No mental Illness	Significance
Age	Mean ±SD	35.81±11.378	38.23±12.652	p=0.098 (t-test)
Income	Mean ±SD	3185.6±3441.1	3202.4±3809.6	P=0.970 (t-test)
sex	Male	88	89	p= 0.054 (Fisher's Exact test)
	Female	58	35	
religion	Hindu	135	114	P=0.871 (x^2)
	Muslim	11	10	
Marital Status	Married	142	124	P= 0.127 (Fisher's Exact test)
	Not married	4	0	
Residential Location	Rural	137	118	P=0.636 (x^2)
	Urban	9	6	
Education	Primary	63	58	P=0.526 (x^2)
	Secondary	59	42	
	Higher Secondary	24	24	
Occupation	Service	11	21	P=0.023 (x^2)
	Self Employed	70	66	
	Housewife	51	27	
	Unemployed	14	10	
Physical Composite Score		39.82±8.73	46.92±8.83	P=0.000 (t test)
Mental Composite Score		40.37±10.2	45.44±9.55	P=0.000 (t test)

Table 2: quality of life with clinical profile of the patients

		PCS (Mean± SD)	Significance	MCS (Mean± SD)	Significance
Clinical Global Impression - Severity	0 (Normal)	48.95±8.91	P=0.000 (ANOVA)	49.12±9.96	P=0.000 (ANOVA)
	1 (Mild)	42.76±7.73		47.32±10.52	
	2 (Moderate)	39.80±7.58		40.82±8.04	
	3 (Severe)	35.33±7.48		33.69±8.002	
Disorder	Major Depressive Disorders (MDD)	37.73±8.67	P=0.176 (ANOVA)	39.38± 10.81	P=0.119 (ANOVA)
	Bipolar Affective Disorders (BPAD)	41.11±8.85		44.07± 11.75	
	Anxiety and Related Disorders	38.45±6.19		39.2±7.09	
	Schizophrenia and related disorders	41.24±9.39		39.16±9.3	

Table 3: Determinants of quality of life in persons with mental illness

		PCS (Mean± SD)	Significance	MCS (Mean± SD)	Significance
SEX	Male	44.66±9.32	**P=0.000**	43.57±10.3	**P=0.054**
	Female	40.08±9.003		41.05±9.85	
RELIGION	Hindu	42.99±9.47	P=0.587	42.80±10.39	P=0.575
	Muslim	44.16±9.30		41.50±7.78	
RESIDENCE	Rural	43.13±9.55	P=0.718	42.49±10.22	P=0.169
	Urban	42.23±7.84		46.23±9.52	
EDUCATION	Primary	41.67±9.5	**P=0.002**	41.93±10.24	**P=0.026**
	Secondary	42.76±9.07		41.91±10.04	
	HS and above	47.33±8.98		46.29±9.9	
OCCUPATION	Service	48.44±8.84	**P=0.00**	48.82±8.17	**P=0.000**
	Self employed	43.97±9.30		42.64±10.13	
	Housewives	38.79±8.39		39.79±9.75	
	unemployed	44.87±9.26		44.31±11.11	
FAMILY	Joint	42.91±9.48	P=0.459	44.39±10.25	P=0.211
	Nuclear	41.71±9.57		41.55±10.26	
	Extended Nuclear	43.64±9.41		42.18±10.12	
AGE	Mean± SD= 36.92±12.01	43.08±9.45	r=-.146 **p=0.016**	42.70 ±10.2	r=-.136 **p=0.025**
INCOME	Mean± SD= 3193.33± 3608.18		r=0.093 p=0.128		r=0.166 p=0.006

DISCUSSION:

One previous study documented that treated schizophrenia patients was better with respect to quality of life than depressive patients who had more depressive symptoms (3). Another study showed patients with OCD were equivalents to patients of schizophrenia but better than patients with depression in quality of life measures(14). On the other hand few studies have also taken treated cases of different psychiatric diagnosis as a single group while assessing the quality of life of these patients (5,6). This study found no difference in quality of life across difference psychiatric disorders. But like a lot of studies(6) this study also emphasized poor quality of life in more severe psychiatric illness.

Though male had significantly better physical quality of life than females, mental quality of life is not significantly different across gender. This study, in line of another study (3) showed age and occupation as one of the determinants in quality of life in persons with mental illness.

Few studies observed quality of life improves along with treatment of the disorders (5). This study being a cross sectional study did not explored that aspect. It could be dealt with in future large scale studies.

CONCLUSION:

Both physical and mental aspect of quality of life is poor in treated mentally ill patients. Whereas higher education has a protective effect, higher age is a risk factor with respect to quality of life in this population. Occupation also has an effect. Housewives had worse and in service persons had the best quality of life irrespective of presence of mental illness. Further large scale studies with a pre post design can be carried out in future.

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