Subjective Symptoms in Euthymic Bipolar Disorder and Remitted Schizophrenia Patients: A Comparative Study

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ABSTRACT

Background: Subjective experience means subtle, not yet psychotic abnormalities of experience that might be present during remitted phase and also in prodromal phase of schizophrenia and might be accurately efficient in identifying individuals at risk of eminent psychosis (Parnas et al., 2003). Apart from schizophrenic patients, bipolar patients also experience certain subjective symptoms in their euthymic state. They often experience subtle cognitive impairment and functional disturbances during their euthymic states. These subjective experiences may be related to distorted cognitive functions in these patients. These experiences include a great variety of cognitive dysfunction complaints about attention, perception, memory, thinking, language, movement, and emotion. Objective: To measure the experience of subjective symptoms and compare them between euthymic bipolar and remitted schizophrenia patients. Materials and Methods: Thirty euthymic bipolar patients and 30 remitted schizophrenia patients as per International Classification of Diseases Tenth Revision were selected for the purpose of the study. At first, sociodemographic data were collected. And then, the patients were assessed using the scales; positive and negative syndrome scale, Young Mania Rating Scale, Hamilton Depression Rating Scale, Symptom Checklist-90-Revised, and Frankfurt Complaint Questionnaire-24. Results: Both the groups showed significant differences in terms of subjective symptoms. However, no significant correlation has been found between the objective psychopathology and subjective experience in the two groups. Conclusion: It can be suggested that the patients with schizophrenia show significantly higher subjective experience when compared with the patients of bipolar disorder.

Key words: Euthymic bipolar disorder, remitted schizophrenia, subjective symptoms

INTRODUCTION

Subjective experience means subtle, not yet psychotic abnormalities of experience that might be present during remitted phase and also in prodromal phase of schizophrenia and might be accurately efficient in identifying individuals at risk of eminent psychosis. Abnormal subjective experiences, other than delusions of schizophrenia and might be accurately efficient in identifying individuals at risk of eminent psychosis. Abnormal subjective experiences, other than delusions of schizophrenia and might be accurately efficient in identifying individuals at risk of eminent psychosis.

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and hallucinations, are becoming accepted as having important implications for the comprehension and treatment of schizophrenic disorders. These experiences include a great variety of cognitive dysfunction complaints about attention, perception, memory, thinking, language, movement, and emotion. Recently, there has been renewed interest in the study of subjective symptoms. Apart from schizophrenic patients, bipolar patients also experience certain subjective symptoms in their euthymic state. They often experience subtle cognitive impairment and functional disturbances during their euthymic states. These subjective experiences may be related to distorted cognitive functions in these patients.

Most studies of subjective experiences have been conducted in patients with schizophrenia. It is generally accepted that cognitive dysfunction persists in the remitted schizophrenics. In contrast, we do not have definite evidence of persistent cognitive dysfunction in euthymic patients with bipolar disorder. More recently, however, the number of studies on the persistence of cognitive and perceptual distortion in bipolar patients has increased. To date, little attention has been paid to subjective cognitive impairment in bipolar disorder. To our knowledge, there are few studies to compare the subjective experience of patients with bipolar disorder with the patients with schizophrenia, and the results were inconsistent. Joe et al. compared the experience of subjective symptoms in normal control, euthymic bipolar patients, and remitted schizophrenia patients. The scores were significantly higher in the bipolar group than in the normal control group, and they were similar between the bipolar group and schizophrenia group. Depression, anxiety, phobic anxiety, and paranoid ideation subscale scores of the bipolar group were similar to those of the normal control group, and they were lower than those of the schizophrenia group. Most studies on the subjective experiences have been conducted in schizophrenia and to a lesser extent in affective disorders. However, studies comparing subjective experiences in schizophrenic and affective disorders have reached inconclusive results.

The aim of the present study was, therefore, to evaluate and compare the subjective experiences in schizophrenic and bipolar patients.

**MATERIALS AND METHODS**

**Sample**

Thirty euthymic bipolar patients (euthymia was defined by Young Mania Rating Scale [YMRS] score ≤12 and Hamilton Rating Scale for Depression [HRSD] cut-off values ≤7) and 30 remitted schizophrenic patients (positive and negative syndrome scale [PANSS] score <60 and the mean of any three sub scale of PANSS was not >3) diagnosed as per the International Classification of Diseases Tenth Revision (ICD-10) Diagnostic Criteria for Research were selected from the patients coming to outpatient department (OPD) or admitted in the Central Institute of Psychiatry, Ranchi, Jharkhand, India.

**Tools**

1. A semi-structured pro forma for sociodemographic data.
2. Symptom Checklist-90-Revised (SCL-90-R).
3. Frankfurt Complaint Questionnaire-24 (FCQ-24).
4. PANSS of schizophrenia.
5. YMRS.
6. HRSD.

**Procedure**

Thirty euthymic bipolar patients and 30 remitted schizophrenia patients as per ICD-10 meeting the inclusion-exclusion criteria were selected for the purpose of the study. Written informed consent was taken after explaining the procedure to the patients in detail. Sociodemographic data were collected and then the patients were assessed using the abovementioned scales in OPD or in admitted patients. The collected data were then tabulated, analyzed, and assessed properly with appropriate use of statistics.

**Statistical analysis**

The statistical analysis was done with the help of Statistical Package for Social Sciences-13 (SPSS Inc., 233 South Wacker Drive, 11th Floor, Chicago, IL, 60606-6412). Descriptive statistics (frequency, percentages, and mean), standard deviation (SD), Chi-square, and t-test were applied.

**RESULTS AND DISCUSSION**

The two groups, euthymic bipolar and remitted schizophrenia, were compared on sociodemographic variables such as age, sex, education, occupational status, marital status, family type, economic status, and religion. However, no significant difference has been found between the two groups. On comparing the clinical variables between the two groups, the mean duration of illness was 9.30 ± 4.84 (SD) years in the bipolar group and 7.87 ± 4.59 (SD) years in the schizophrenia group with no significant difference between both the groups. Mean number of hospitalization was 1.00 ± 1.08 (SD) in the bipolar group and 0.57 ± 7.28 (SD) in the schizophrenia group with no significant difference between both the groups. Duration of remission was 26.36 ± 22.3 (SD) years in the bipolar group as compared to 20.80 ± 22.52 (SD) years in the schizophrenia group, but this also has not reached statistical significance. In regard to objective pathology of...
Table 1 shows the comparison of FCQ-24 score between two groups where most of the phenomenological dimensions of FCQ-24 showed significant difference between the two groups except on memory \((t = -1.304, P = 0.198)\) and anhedonia anxiety \((t = -1.492, P = 0.141)\). Patient with schizophrenia, when compared with bipolar affective disorder, was found to show higher score in phenomenological areas of loss of control \((t = -2.084, P = 0.042)\), simple perception \((t = -3.568, P = 0.001)\), complex perception \((t = -2.692, P = 0.009)\), language \((t = -2.868, P = 0.006)\), thought \((t = -5.298, P = 0.000)\), motility \((t = -2.670, P = 0.010)\), and lack of automatism \((t = -2.339, P = 0.023)\); further, schizophrenia group had shown a significantly higher FCQ-24 total score. In the comparison between bipolar and schizophrenics, problem in SP (simple perception) CP (complex perception), thought and language emerged among the phenomenological areas showing the widest differences. These data confirm those obtained by Ebel et al.\(^{[12]}\) comparing schizophrenics with major affective patients, using the Bonn Scale for the Assessment of Basic Symptoms (BSABS), Ardunii et al.\(^{[3]}\) using Frankfurter Beschwerde-Fragebogen, and Parnas et al.\(^{[1]}\) using BSABS. It indicates that in schizophrenics, qualitative alterations of the perception of single objects or of some details of objects were more frequent and lasting than in affective patients: A similar pattern was observed for abnormalities of complex perception. Data about qualitative alterations of perception refer mainly to the vulnerability pattern, which points to perceptive distortions, as being among the predisposing factors for schizophrenia,\(^{[13]}\) and also emphasizes the necessity of addressing neuropsychological tests toward the areas of the central nervous system involved in these alterations. Thought and language disorders such as distinct concentration disorders, thought pressure, thought blocking, and thought interference seem to be more represented in schizophrenia patients than in bipolar patients. This emphasizes the importance of the alterations of the form of thought processes, as well as delusions, in the clinical characterization of major psychoses.\(^{[13]}\)

Table 2 shows the relationship between FCQ scores and PANSS scores. It can be seen that there was no correlation of total FCQ scores with positive symptoms \((P = 0.173)\), negative symptoms \((P = 0.287)\), general symptoms \((P = 0.316)\), and even with PANSS total scores \((P = 0.173)\).

Table 3 shows the relationship between FCQ, YMRS, and HRSD scores. It can be seen that FCQ total score did not correlate with YMRS score \((P = 0.307)\). Total FCQ score also did not correlate with scores on HRSD \((r = 0.196; P = 0.299)\).

From the above two tables, it is found that all subjects in the bipolar group, in euthymic state and all subjects in the schizophrenia group, in remitted state and objective psychopathology as assessed by PANSS (positive symptoms, negative symptoms, and general symptoms scale), YMRS, and HRSD did not correlate to subjective symptoms measured by FCQ. These findings were conflicting among the results of previous studies which showed that subjective experiences were either related to negative symptoms\(^{[14]}\) or display a relationship with positive ones.\(^{[13]}\) On the contrary, this finding was in accordance with the finding of previous study by Joe et al.\(^{[16]}\) who concluded that subjective symptoms measured by FCQ might not be secondary to psychosis or mood symptoms. This finding further supports that the subjective experience of bipolar and schizophrenia patients are distinct pathology from objective pathology.\(^{[6]}\)

Table 4 shows the comparison of SCL-90R score between two groups, where patients with schizophrenia when compared with bipolar affective disorder, were found to show higher score in the dimensions of obsessive compulsive \((t = 2.732, P = 0.008)\), depression \((t = 2.892, P = 0.005)\), anxiety \((t = 3.142, P = 0.003)\), phobic anxiety \((t = 2.444, P = 0.018)\), paranoid ideation \((t = 3.560, P = 0.001)\), and psychoticism \((t = 4.450, P = 0.000)\). It had not reached statistical significance in the dimensions of somatization \((t = 0.00, P = 1.00)\), interpersonal sensitivity \((t = 0.943, P = 0.350)\), and anger hostility \((t = 1.838, P = 0.071)\).
This finding was almost similar to the finding by Joe et al. however, his finding on psychoticism had shown trend toward higher score in the schizophrenia group ($P = 0.056$).

**CONCLUSION**

It can be said that the schizophrenia group showed higher score on FCQ as compared to bipolar disorders mainly in the areas of perception, thought, language, and motility as well as total FCQ scores. When total score on SCL was compared between two groups, the schizophrenia group showed significantly higher score than the bipolar group demonstrating that the schizophrenia group was associated with increased level of qualitative anomalous of subjective experiences, especially in the domain of cognitive disturbances, perception, and motility. However, subjective symptoms did not correlate with objective psychopathology as measured by PANSS, YMRS, and HRSD supporting that the subjective experience of bipolar and schizophrenia patients are distinct pathology from objective pathology. These findings suggest that certain anomalies of subjective experience aggregate significantly in schizophrenia when compared with bipolar disorders.

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**Conflicts of interest**

There are no conflicts of interest.

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