NATURE AND COURSE OF DISABILITY IN SCHIZOPHRENIA
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SUMMARY
Sixty eight Feighner positive schizophrenic patients were followed up prospectively for a period of six years using standardized instruments. Disability was assessed in this sample using the Schedule for the Assessment of Psychiatric Disability at the end of 4, 5 and 6 years of follow up. It was found that the three year course of disability tended to be stable and fluctuations were minimal. Disability did not seem to be related to relapses. The implications of these findings in planning intervention programs for chronic schizophrenic patients are discussed.

INTRODUCTION
Traditionally, disabilities have been associated with conditions, physical and mental, where a handicap or impairment has been tangible and obvious such as physical and sensory handicap or mental retardation. In the recent past, however, certain chronic illnesses are being increasingly recognized as a source of great disability in the community. Cardiac diseases, arthritis and chronic mental illnesses are among the most prominent of these (Thara & Menon, 1991).

Disabilities are defined as an inability or limitation to perform tasks expected of an individual within a social environment. The disabilities of persons with schizophrenia can be very severe, encompassing the entire gamut of an individual’s personal, social and occupational functioning. The need to measure, quantify and understand disability gave rise to a major WHO initiative of a multi-site study (Jablensky et al, 1981). One significant contribution of the study has been the development of the Disability Assessment Schedule (DAS) which has been modified as the Schedule for the Assessment of Psychiatric Disability (SAPD, Thara et al, 1988).

As an offshoot of the ICMR sponsored multi-site study of the course and outcome of schizophrenia, disability was measured at the end of the fourth and fifth years of follow-up at Madras and Vellore. The SAPD was developed during the course of this exercise (ICMR, 1988). In Madras, disability assessments were repeated at the end of 6 years as well, giving rise to three successive yearly measurements of disability. This, therefore provided an opportunity to study the nature of disability longitudinally and its course over time.

AIMS AND OBJECTIVES
1. To study the nature and severity of disability in schizophrenia.
2. To assess the course of disability in chronic schizophrenia.

METHOD
The ICMR sponsored study on "Factors affecting the course and outcome of schizophrenia" was a major multi-site study conducted at Madras, Vellore and Lucknow between 1981 and 1988.

RESULTS

A. Severity of disability: The mean scores of disability in all the three years of assessments were not high, ranging from a low of 0.67 in the area of social functioning to a high of 1.65 in occupational functioning. This implies a mild to moderate degree of disability (0=absent, 1=mild, 2=moderate, 3=severe).

B. Personal Disability: The items of self-care, spare time activity, speed of performance, interest and informa-
Table 1

Mean Disability Scores

|                  | 4th yr | 5th yr | 6th yr |
|------------------|--------|--------|--------|
| Personal Disability | 1.18   | 1.07   | 1.03   |
| Social Disability   | 0.91   | 1.11   | 0.79   |
| Occupation Disability | 1.39   | 1.63   | 1.35   |
| Global Disability    | 1.39   | 1.63   | 1.35   |

Dealing with an emergency situation constitutes personal disability. The scores for the 4th, 5th and 6th years of follow-up were 1.18, 1.07 and 1.06 respectively. The maximum disability perceived was in the area of functioning in emergency situations.

C. Social Disability: This includes household activities, communication, friction in social contact, marital and parental role functioning. The scores for the three years were 0.91, 1.11, and 0.79.

D. Occupational Disability: Occupational performance, interest in getting back to work and number of days of work make up this item. Of all the three areas of disability, maximal scores were seen in this, though still being only mild to moderate degree of disability. The disability scores were 1.39, 1.63, 1.35.

E. Global Disability: This was the interviewer's assessment of the overall disability on a 4 point scale. The highest score of 1.16 was in the 5th year of follow-up. The scores in the 4th and 6th years were 1.11 and 0.91 respectively.

F. Course of Disability: Table 2 shows the changes in disability scores over a two year period. It can be observed that disability tends to be stable in more than 60% of the patients. The difference between those who had an increase and a decrease in disability was not substantial.

G. Relationship between Disability and Course of Illness:

The relationship between disability and relapses was studied. Between the 4th and 5th years of follow-up, 19 patients had recorded a relapse, while only 9 showed an increase in disability. 14 patients had relapsed between the 5th and 6th years of follow-up, but only 7 had an increase in disability scores.

This seems to indicate that disability scores are not related to the clinical pattern, especially with regard to relapses.

Table 2

Change in Disability

| YEARS | INCREASE | DECREASE | STABLE |
|-------|----------|----------|--------|
| 4-5   | 9(13.2%) | 6 (8.8%) | 53 (77.9%) |
| 5-6   | 7 (10.3%)| 14 (20.5%)| 47 (69.1%) |
| 4-6   | 11 (16.1%) | 15 (22.0%) | 42 (61.7%) |

60% of the patients. The difference between those who had an increase and a decrease in disability was not substantial.

DISCUSSION

The most striking observations in this study are the rather low levels of disability throughout the three years it was measured. This could be due to several factors, the most important being that it was a closely followed up and well treated cohort. At Madras, most patients were seen once in two weeks or at least once a month by the same investigator (RT), and hence it was possible in many cases to avert severe relapses. Besides, in all these patients, treatment had been initiated early in the course of the illness, between 3 and 24 months after the onset.

This is in contrast to the findings of rather high disability in a Madras based community study, wherein the average duration of illness was longer, about 35% of the cohort was untreated and attrition rates were higher (Rajkumar, 1990).

The highest disability was in the area of occupational functioning. We have found that the informants are able to respond more precisely to questions on this area of functioning, since it is more objective and less hypothetical. It is also true that loss or lack of gainful activity could be perceived as more disabling than deficiencies in certain other activities such as communication, self care etc. It is also interesting to note that the course of disability tends to be stable over a three year period. Other studies have also found similar results (Giel et al, 1984).

In order to gain a true picture of the course of disability in schizophrenia, it would be ideal to start with acute, first onset cases, and to follow them up at steady intervals. This would give a clearer picture of the 'plateauing off' effect of disability.

In any case, the finding that disability tends to stabilize after a 5 year period is relevant to the planning of intervention programs for the chronically mentally ill. What appears to be important is the area of disability, rather than mild fluctuations in the total scores themselves. Hence, intervention personnel would do well to focus their energies on specific areas of dysfunction, such as occupation etc.
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The findings of this study cannot be generalized to that of any chronic schizophrenic cohort for the reasons pointed out. Nevertheless, it is an indicator of the trends in disability research.

CONCLUSIONS

This study of social disabilities in a prospectively followed-up cohort reveals mild to moderate disability scores, with occupational functioning being the area of maximal disability.

Disability tends to be stable over a period of 3 years and seems to be independent of fluctuations in clinical course. The findings are relevant to planning intervention programs for the chronic mentally ill.

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