



Social functioning of patients with schizophrenia in high-income welfare societies.

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Adult
Chronic Disease
Developed Countries - statistics & numerical data
Female
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Humans
Linear Models
Male
Middle Aged
Norway
Outcome Assessment (Health Care)
Research Support, Non-U.S. Gov't
Sampling Studies
Schizophrenia - rehabilitation
Social Adjustment
Social Isolation
Social Welfare
Unemployment

Abstract:

OBJECTIVE: The study assessed the level of reintegration into the community of patients with schizophrenia in Oslo, Norway, a country with a well-developed social welfare system and low unemployment rates. **METHODS:** Eighty-one patients with a DSM-III-R diagnosis of schizophrenia treated in 1980 and in 1983 in a short-term ward of a psychiatric hospital were followed up after seven years. Seventy-four of 76 patients alive at follow-up agreed to participate. Social functioning was measured by the Strauss-Carpenter Level of Functioning Scale and the Social Adjustment Scale. **RESULTS:** At follow-up 78 percent of patients lived independently, 47 percent were socially isolated, and 94 percent were unemployed. Thirty-four percent had lost employment in the follow-up period. A poor outcome in terms of social functioning and community reintegration was associated with loss of employment. A good outcome was predicted by short periods of inpatient hospitalization, high levels of education, being married, male gender, and not having a late onset of psychosis. **CONCLUSIONS:** The level of homelessness among these patients with schizophrenia was encouragingly low, which may have been expected in a high-income welfare society. However, insufficient efforts were aimed at social and instrumental rehabilitation, and the level of unemployment was alarmingly high.

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The Ullevål acute ward follow-up study: a personal 7-year follow-up of patients with functional psychosis admitted to the acute ward of a catchment area.

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Female
Follow-Up Studies
Hospitalization
Humans
Male
Middle Aged
Norway
Psychotic Disorders - diagnosis - psychology - therapy
Research Support, Non-U.S. Gov't
Sex Factors
Treatment Outcome

Abstract: Eighty-eight patients were admitted to the acute ward of a catchment area suffering from the following functional psychoses: schizophrenia (S; n = 41), affective disorder (AD; n = 22), other disorders (OD; n = 25). Follow-up data were obtained for 97%. Ten patients were dead at follow-up, 8 due to suicide. Sixty-five were personally interviewed. While nearly all the patients had only brief periods of rehospitalization, most had used neuroleptics during the follow-up period. Compared to other samples, functioning at follow-up was fairly good for the AD and OD patients, but rather poor for the S patients.

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Childhood trauma mediates the association between ethnic minority status and more severe hallucinations in psychotic disorder.

<https://arctichealth.org/en/permalink/ahliterature265239>

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Adult
Adult Survivors of Child Abuse - psychology
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Aged
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Cross-Sectional Studies
Ethnic groups - psychology - statistics & numerical data
Female
Hallucinations - diagnosis - epidemiology - etiology
Humans
Male
Middle Aged
Minority Groups - psychology - statistics & numerical data
Multivariate Analysis
Norway - epidemiology
Psychiatric Status Rating Scales
Psychotic Disorders - diagnosis - epidemiology - etiology
Risk factors
Self Report
Young Adult

Abstract:

Ethnic minority status and childhood trauma are established risk factors for psychotic disorders. Both are found to be associated with increased level of positive symptoms, in particular auditory hallucinations. Our main aim was to investigate the experience and effect of childhood trauma in patients with psychosis from ethnic minorities, hypothesizing that they would report more childhood trauma than the majority and that this would be associated with more current and lifetime hallucinations.

In this cross-sectional study we included 454 patients with a SCID-I DSM-IV diagnosis of non-affective or affective psychotic disorder. Current hallucinations were measured with the Positive and Negative Syndrome Scale (P3; Hallucinatory Behaviour). Lifetime hallucinations were assessed with the SCID-I items: auditory hallucinations, voices commenting and two or more voices conversing. Childhood trauma was assessed with the Childhood Trauma Questionnaire, self-report version.

Patients from ethnic minority groups (n = 69) reported significantly more childhood trauma, specifically physical abuse/neglect, and sexual abuse. They had significantly more current hallucinatory behaviour and lifetime symptoms of hearing two or more voices conversing. Regression analyses revealed that the presence of childhood trauma mediated the association between ethnic minorities and hallucinations.

More childhood trauma in ethnic minorities with psychosis may partially explain findings of more positive symptoms, especially hallucinations, in this group. The association between childhood trauma and these first-rank symptoms may in part explain this group's higher risk of being diagnosed with a schizophrenia-spectrum diagnosis. The findings show the importance of childhood trauma in symptom development in psychosis.

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Sleep problems in bipolar disorders: more than just insomnia.

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Bipolar Disorder - epidemiology
Comorbidity
Cross-Sectional Studies
Disorders of Excessive Somnolence - epidemiology
Female
Humans
Male
Middle Aged
Norway - epidemiology
Sleep Initiation and Maintenance Disorders - epidemiology

Abstract: Sleep problems in bipolar disorder (BD) are common, but reported rates vary from 10% to 80%, depending on definitions, methodologies and management of potential confounding factors. This multicenter study seeks to address these issues and also compares BD cases with Hypersomnia as well as the more commonly investigated Insomnia and No Sleep Problem groups.

A cross-sectional comparison of sleep profiles in 563 BD I and II individuals who participated in a structured assessment of demographic, clinical, illness history and treatment variables.

Over 40% cases met criteria for Insomnia and 29% for Hypersomnia. In univariate analysis, Insomnia was associated with BD II depression whilst Hypersomnia was associated with BD I depression or euthymia. After controlling for confounders and covariates, it was demonstrated that Hypersomnia cases were significantly more likely to be younger, have BD I and be prescribed antidepressants whilst Insomnia cases had longer illness durations and were more likely to be prescribed benzodiazepines and hypnotics.

Whilst Insomnia symptoms are common in BD, Hypersomnia is a significant, frequently underexplored problem. Detailed analyses of large representative clinical samples are critical to extending our knowledge of differences between subgroups defined by sleep profile.

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Pre- and perinatal hypoxia associated with hippocampus/amygdala volume in bipolar disorder.

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Adult
Amygdala - pathology
Asphyxia Neonatorum - epidemiology - pathology
Bipolar Disorder - epidemiology - pathology
Comorbidity
Female
Fetal Hypoxia - epidemiology - pathology
Hippocampus - pathology
Humans
Magnetic Resonance Imaging
Male
Norway - epidemiology
Registries - statistics & numerical data
Young Adult

Abstract: Pre- and perinatal adversities may increase the risk for schizophrenia and bipolar disorder. Hypoxia-related obstetric complications (OCs) are associated with brain anatomical abnormalities in schizophrenia, but their association with brain anatomy variation in bipolar disorder is unknown.

Magnetic resonance imaging brain scans, clinical examinations and data from the Medical Birth Registry of Norway were obtained for 219 adults, including 79 patients with a DSM-IV diagnosis of bipolar disorder (age 29.4 years, s.d. = 11.8 years, 39% male) and 140 healthy controls (age 30.8 years, s.d. = 12.0 years, 53% male). Severe hypoxia-related OCs throughout pregnancy/birth and perinatal asphyxia were each studied in relation to a priori selected brain volumes (hippocampus, lateral ventricles and amygdala, obtained with FreeSurfer), using linear regression models covarying for age, sex, medication use and intracranial volume. Multiple comparison adjustment was applied.

Perinatal asphyxia was associated with smaller left amygdala volume ($t = -2.59$, $p = 0.012$) in bipolar disorder patients, but not in healthy controls. Patients with psychotic bipolar disorder showed distinct associations between perinatal asphyxia and smaller left amygdala volume ($t = -2.69$, $p = 0.010$), whereas patients with non-psychotic bipolar disorder showed smaller right hippocampal volumes related to both perinatal asphyxia ($t = -2.60$, $p = 0.015$) and severe OCs ($t = -3.25$, $p = 0.003$). No associations between asphyxia or severe OCs and the lateral ventricles were found.

Pre- and perinatal hypoxia-related OCs are related to brain morphometry in bipolar disorder in adulthood, with specific patterns in patients with psychotic versus non-psychotic illness.

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Clinical epidemiologic first-episode psychosis: 1-year outcome and predictors.

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Affect
Denmark - epidemiology
Female
Humans
Male
Norway - epidemiology
Prospective Studies
Psychotic Disorders - drug therapy - epidemiology
Remission Induction
Schizophrenia - drug therapy - epidemiology
Social Behavior

Abstract: To describe 1-year outcome in a large clinical epidemiologic sample of first-episode psychosis and its predictors. A total of 301 patients with first-episode psychosis from four healthcare sectors in Norway and Denmark receiving common assessments and standardized treatment were evaluated at baseline, at 3 months, and at 1 year. Substantial clinical and social improvements occurred within the first 3 months. At 1-year 66% were in remission, 11% in relapse, and 23% continuously psychotic. Female gender and better premorbid functioning were predictive of less severe negative symptoms. Shorter DUP was predictive for shorter time to remission, stable remission, less severe positive symptoms, and better social functioning. Female gender, better premorbid social functioning and more education also contributed to a better social functioning. This first-episode sample, being well treated, may be typical of the early course of schizophrenia in contemporary centers.

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Additive effects of childhood abuse and cannabis abuse on clinical expressions of bipolar disorders.

<https://arctichealth.org/en/permalink/ahliterature261461>

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Age of Onset
Alcoholism - epidemiology
Bipolar Disorder - epidemiology - physiopathology
Child
Child Abuse - statistics & numerical data
Female
France - epidemiology
Humans
Male
Marijuana Abuse - epidemiology
Middle Aged
Norway - epidemiology
Suicide, Attempted - statistics & numerical data

Abstract: Previous studies of bipolar disorders indicate that childhood abuse and substance abuse are associated with the disorder. Whether both influence the clinical picture, or if one is mediating the association of the other, has not previously been investigated.

A total of 587 patients with bipolar disorders were recruited from Norway and France. A history of childhood abuse was obtained using the Childhood Trauma Questionnaire. Diagnosis and clinical variables, including substance abuse, were based on structured clinical interviews (Structured Clinical Interview for DSM-IV Axis I disorders or French version of the Diagnostic Interview for Genetic Studies).

Cannabis abuse was significantly associated with childhood abuse, specifically emotional and sexual abuse ($\chi^2 = 8.63$, $p = 0.003$ and $\chi^2 = 7.55$, $p = 0.006$, respectively). Cannabis abuse was significantly associated with earlier onset of the illness ($z = -4.17$, p

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A 2-year follow-up of involuntary admission's influence upon adherence and outcome in first-episode psychosis.

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Antipsychotic Agents - therapeutic use
Combined Modality Therapy
Commitment of Mentally Ill
Cross-Sectional Studies
Female
Follow-Up Studies
Humans
Male
Norway
Patient Admission - statistics & numerical data
Patient Compliance - psychology - statistics & numerical data
Psychiatric Status Rating Scales
Psychotherapy - statistics & numerical data
Psychotic Disorders - epidemiology - rehabilitation
Sex Factors
Young Adult

Abstract: To see, if voluntary admission for treatment in first-episode psychosis results in better adherence to treatment and more favourable outcome than involuntary admission.

We compared consecutively first-admitted, hospitalised patients from a voluntary (n = 91) with an involuntary (n = 126) group as to psychopathology and functioning using Positive and Negative Syndrome Scale and Global Assessment of Functioning Scales at baseline, after 3 months and at 2 year follow-up. Moreover, duration of supportive psychotherapy, medication and number of hospitalisations during the 2 years were measured.

More women than men were admitted involuntarily. Voluntary patients had less psychopathology and better functioning than involuntary patients at baseline. No significant difference as to duration of psychotherapy and medication between groups was found. No significant difference was found as to psychopathology and functioning between voluntarily and involuntarily admitted patients at follow-up.

Legal admission status per se did not seem to influence treatment adherence and outcome.

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[No progressive brain changes during a 1-year follow-up of patients with first-episode psychosis.](#)

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Antipsychotic Agents - therapeutic use
Bipolar Disorder - drug therapy - pathology
Case-Control Studies
Cerebral Cortex - pathology
Disease Progression
Female
Follow-Up Studies
Humans
Linear Models
Longitudinal Studies
Magnetic Resonance Imaging
Male
Middle Aged
Norway
Psychotic Disorders - drug therapy - pathology
Schizophrenia - drug therapy - pathology
Young Adult

Abstract: First-episode psychosis (FEP) patients show structural brain abnormalities. Whether the changes are progressive or not remain under debate, and the results from longitudinal magnetic resonance imaging (MRI) studies are mixed. We investigated if FEP patients showed a different pattern of regional brain structural change over a 1-year period compared with healthy controls, and if putative changes correlated with clinical characteristics and outcome.

MRIs of 79 FEP patients [SCID-I-verified diagnoses: schizophrenia, psychotic bipolar disorder, or other psychoses, mean age 27.6 (s.d. = 7.7) years, 66% male] and 82 healthy controls [age 29.3 (s.d. = 7.2) years, 66% male] were acquired from the same 1.5 T scanner at baseline and 1-year follow-up as part of the Thematically Organized Psychosis (TOP) study, Oslo, Norway. Scans were automatically processed with the longitudinal stream in FreeSurfer that creates an unbiased within-subject template image. General linear models were used to analyse longitudinal change in a wide range of subcortical volumes and detailed thickness and surface area estimates across the entire cortex, and associations with clinical characteristics.

FEP patients and controls did not differ significantly in annual percentage change in cortical thickness or area in any cortical region, or in any of the subcortical structures after adjustment for multiple comparisons. Within the FEP group, duration of untreated psychosis, age at illness onset, antipsychotic medication use and remission at follow-up were not related to longitudinal brain change.

We found no significant longitudinal brain changes over a 1-year period in FEP patients. Our results do not support early progressive brain changes in psychotic disorders.

PubMed ID: 26526001 [View in PubMed](#) 

[Affective lability mediates the association between childhood trauma and suicide attempts, mixed episodes and co-morbid anxiety disorders in bipolar disorders.](#)

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Adult
Adult Survivors of Child Adverse Events - psychology - statistics & numerical data
Age of Onset
Aged
Anxiety Disorders - epidemiology - physiopathology
Bipolar Disorder - epidemiology - physiopathology
Comorbidity
Female
France - epidemiology
Humans
Male
Middle Aged
Norway - epidemiology
Psychotic Disorders - epidemiology - physiopathology
Suicide, Attempted - psychology - statistics & numerical data
Young Adult

Abstract:

Many studies have shown associations between a history of childhood trauma and more severe or complex clinical features of bipolar disorders (BD), including suicide attempts and earlier illness onset. However, the psychopathological mechanisms underlying these associations are still unknown. Here, we investigated whether affective lability mediates the relationship between childhood trauma and the severe clinical features of BD.

A total of 342 participants with BD were recruited from France and Norway. Diagnosis and clinical characteristics were assessed using the Diagnostic Interview for Genetic Studies (DIGS) or the Structured Clinical Interview for DSM-IV Axis I disorders (SCID-I). Affective lability was measured using the short form of the Affective Lability Scale (ALS-SF). A history of childhood trauma was assessed using the Childhood Trauma Questionnaire (CTQ). Mediation analyses were performed using the SPSS process macro.

Using the mediation model and covariation for the lifetime number of major mood episodes, affective lability was found to statistically mediate the relationship between childhood trauma experiences and several clinical variables, including suicide attempts, mixed episodes and anxiety disorders. No significant mediation effects were found for rapid cycling or age at onset.

Our data suggest that affective lability may represent a psychological dimension that mediates the association between childhood traumatic experiences and the risk of a more severe or complex clinical expression of BD.

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