Psychological Factors Associated with Relapse in Psychotic Patients attending Teaching Hospitals in AL_Furat Al-Awsat Governorates)

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Abstract

Background: Relapse demonstrates a large problem in general health; the relapse effects on the family and the client together social contact with other people and financially.

Objectives: To find out the relationship between the Psychological factors of relapse and sociodemographic data of psychotic patients attending teaching hospitals in AL_Furat Al-Awsat Governorates.

Methodology: The design was (Descriptive-Correlational) used to describe the variables and the relationships that occur among them in this study. The sample was (a non-probability) purposive of (181) relapsed psychotic patients were selected from our patients centers from teaching hospitals in AL_Furat Al-Awsat Governorates, during the period from 9th May 2019 to 20th August 2019. The instrument included two parts: sociodemographic variables and the psychological factors associated with relapse. The researcher used descriptive statistics tools such as frequency, percentage, mean of score and used in inferential statistics such as Chi-Square.

Results: The findings of the study indicate that (45.86%) of the sample their diagnosis was schizophrenia, (25.97%) were schizoaffective and (11.60%) were major depressive disorder with psychotic features. Also, the findings of the study indicate that (39.2%) of the study samples they have poor psychological factors, (34.8%) they have moderate psychological factors and (26%) they have good psychological factors.

Conclusion: There is a high significant relationship between the most sociodemographic data and psychological factor (that included high express emotion and stigma factors).

Keywords: *Psychological Factors, Relapse, Psychotic patients.*

Introduction

Mental illness indicates a wide range of mental health situations that influence behavior, mood, and thinking. Mental disorders lead to a negative perspective in daily life events like; work, relationships, and school, mental illnesses responsible for suffering in society [(1)]. Psychotic disorders were a set of mental diseases described through hallucinations, delusions, emotion and other problems of thought [(2)]. Relapse: it is a returning to a previously diagnosed state of mental illness and regains the symptoms appeared, (it is a recurrence of symptoms of a disease after a period of improvement) [(3)]. Relapse can occur at any time during treatment and recovery, and relapse can be expected in 70% of patients after the first episode [(4)]. Relapse demonstrates a large problem in general health; the relapse effects on the family and the client together social contact with other people and financially. The relapse in mental disorders is extremely painful and costly for the patient and his family as well as for the community. These frequent readmissions are strain on the health institutions and on the Ministry of Health Budget [(5)]. The risk of relapse can lead to a victim of violence and crime, (especially when responding to command hallucinations), substance abuse, poverty, homelessness and poor quality of life for such individuals [(6)]. Frequent relapse of psychosis is

a main cause of significantly increased hospitalization costs compared to other costly outpatient services and drug expensive [7].

Objectives

1. To assess the type of diagnosis with most relapse rate.

2. To identify the psychological factors that contributes with most relapse clients

3. To find out the relationship between the psychological factors of relapse and sociodemographic data of psychotic patients.

I. Methodology:

✓ **Design of the study**: A descriptive-correlational was used to describe the variables and the relationships that occur among them in this study. This design was carried out to accomplish the aims of this study using assessment method on psychotic patients attending the out patients clinic of teaching hospitals in AL_Furat Al-Awsat Governorates, during the period from 9th May 2019 to 20th August 2019.

✓ **Sample of the study**: The sample was (a non-probability) purposive of (181) relapsed psychotic patients were selected from teaching hospital out patients center in AL_Furat Al-Awsat Governorates.

✓ **Study instrument**: A questionnaire was created by the researcher to reach the study objectives. A large body of relevant literature were extensively reviewed to find the appropriate tool for the current study.

- All the instrument domains are measured and rated on three levels rating as a 3-point Likert scale from 1 to 3 respectively; 1 indicates never, 2 indicates sometimes, and 3 indicates always.
- The psychological factors associated with relapse of patients with psychotic illnesses are determined based on the mean of items scores. Effect levels of these domains were measured as follow:

- (Low effect = 1-1.66 (
-) Moderate effect = 1.67-2.33 (
-) Sever effect =2.34-3).

✓ The instrument included two parts: sociodemographic variables and the psychological factors associated with relapse.

Part1: The Socio-demographic information:

This part includes: (gender, age, age at diagnosis, duration of disease, level of education, social status, occupation, monthly income, type of living, residence, family type, who give care to the patients, number of relapses, admitted to the hospital, type of diagnosis).

Part 2: Psychological Factors associated with relapse:

Includes the association psychological factors with psychotic patients relapse:

➢ **Psychological factors**: consists of (13) items, divided to (2) domains:

- High express emotion (8 items).
- Stigma subdomain (5 items).

✓ **Data Analysis**: The results of the study were analyzed and assessed using the Statistical Package for Social Sciences program (SPSS, Version 26). The researcher used descriptive statistics tools such as frequency, percentage, mean of score and used in inferential statistics such as Chi-Square.

Results

Diagnosis	**F**	**%**
Schizoaffective	47	26
Schizophrenia	83	45.9
Major depressive disorder with psychotic features	21	11.6
Bipolar Disorder	16	8.8
Delusional Disorder	6	3.3
Postpartum Psychosis	5	2.8
Substance/medication-induced psychotic disorder	3	1.7
Total	181	100

(Table 1): Descriptive the samples according to types of diagnosis.

This table shows (45.9%) of the sample their diagnosis was schizophrenia, (26%) were schizoaffective and (11.6%) were major depressive disorder with psychotic features.

No.	Levels (Psychological factors)	F.	%
1	Good	47	26
2	Moderate	63	34.8
3	Poor	71	39.2
	Total	181	100

Table 2: Psychological Factors associated with relapse of psychotic patients.

This table show (39.2%) they have poor psychological factors, (34.8%) they have moderate psychological factors and (26%) they have good psychological factors.

This table shows that there is a highly significant relation in (gender, age, social status, occupation, residence, who give care to the patients, number of relapses and admitted to the hospital) with (psychological factors) at p £ 0.05. Also, this table shows that there is a significant relation in (age at diagnosis, duration of disease, level of education) with (psychological factors) at p £ 0.05. While this table shows that there is non-significant relation in (monthly income, type of living and family type) with (psychological factors) at p > 0.05.

Discussion

The results shows that (45.9%) of the study samples have schizophrenia, (26%) have schizoaffective and (11.6%) have major depressive disorder with psychotic features. (Table 1). This result comes with (fikreyesus, et al.,2016) they found that (72.5%) have schizophrenia, (14.2%) have brief psychotic and (13.3%) have schizophreniform and schizoaffective [(5)]. Also, this result was agree with (Hui C, et al, 2013) they found that nearly one-fourth (n = 70) of respondents with diagnosis of schizophrenia had relapse [(8)]. This is due to the fact that first episode psychosis showed that the diagnosis of schizophrenia was associated with high risk of relapse and elevated severity level, also the nature of the disease according to previous studies, is more severe and less responsive to treatment and suffer many relapses.

The psychological factors included (high express emotion and stigma factors). (Table 2). The result of our study shows that (39.2%) of the study samples they have poor level of psychological factors, (34.8%) they have moderate level of psychological factors and (26%) they have good level of psychological factors. This result was supported by (Linszen, et al, 1991) who found that high express emotion is the major risk factor for psychotic relapse in patients with a first-psychotic episode [(9)]. This is due to the fact that the nature of psychotic patients and discrimination against them could cause interpersonal relationships to deteriorate and reduced social contacts and they haven't any close friends, so many may have no one to turn to for help. When the stigma was severed may be affects the patients seeking to treatment which leading poor adherence to treatment which subsequently results in frequent relapse.

The result shows that there is a high significant relationship in psychological factors with gender at p value (.000). This result was disagree with (Samuel, A. 2017) he found non-significant relationship in internalized stigma with gender at p value (.000) [(10)]. This result may be because our community thought about stigma especially with female patients which lead them to keep them in the home instead of sending them to the hospital.

The result shows that there is a high significant relationship in psychological factors with age at p value (.000). This result was agree with (Sachit & Al-juboori, 2013) they found a significant relationship between high express emotion level and age [(11)]. While this result was disagree with (Samuel, A. 2017) he found non-significant relationship in internalized stigma with age at p value (.000) [(11)]. This is because most of the samples in the study were between the ages of 38-47 years who were significantly affected by psychological factors.

The result shows that there is a significant relationship in psychological factors with level of education at p value (.010). This result was agree with (Sachit & Al-juboori, 2013) they found a significant

relationship between high express emotion level and level of education [11]. Also, this result was agree with (Brohan E, et., al 2010) they found a higher level of education may improve self-esteem and thus limit the impact of illness on internalized stigma [14]. This result may be due to frequency of psychotic episodes in a patient result in decrease in level of education due to conflict of school attending resulting from recurrent relapse and deterioration in cognitive functions.

The result shows that there is a high significant relationship in psychological factors with social status at p value (.000). This result was agree with (Sachit & Al-juboori, 2013) who found a significant relationship between high express emotion level and social status [11]. While this result was disagree with (Samuel, A. 2017) he found non-significant relationship in internalized stigma with marital status at p value (.000) [10]. This result may be due to the fact that most families deal with their patients in a manner that exposes them to strong express emotions, who are more likely to experience relapse more than patients with less express emotions. Examples that include high express emotions are hostility and intense criticism by parents for not benefiting from their patients and unable to rely on themselves. Incapability to regularly function and the extreme assistance and tolerance that must be received from the husband, family and brother, all these reasons may lead to a relapse of the patient.

The result shows that there is a high significant relationship in psychological factors with occupation at p value (.000). This result was agree with (Sachit & Al-juboori, 2013) who found a significant relationship between high express emotion level and employment [11]. This result may be due to the fact was that stigmatized people have a low level of self-esteem, and therefore tend to consider themselves inefficient, reducing their chances of finding work and were likely to be unemployed. For workers, they face hostility and reduced responsibilities and may lose their jobs due to inefficiency [12].

The result shows that there is non-significant relationship in psychological factors with monthly income at p value (.653). This result was disagree with (Sachit & Al-juboori, 2013) they found a significant relationship between high express emotion level and income [11]. Also, this result was disagree with (Samuel, A. 2017) he study income a high significantly related to internalized stigma [10].

The result shows that there is non-significant relationship in psychological factors with type of living at p value (.891). This is due to the fact that most of the study sample live with their families like parents or brothers and most of them have housing so there is no relationship with the high rate of relapses.

The result shows that there is a high significant relationship in psychological factors with residence at p value (.000). This result was supported by (Chaurotia, et al, 2016) they found that long distance is a significant relationship to the patient's failure with compliance to treatment, especially for those living away from the hospital such as rural areas. This is due to the fact that most of the study samples were taken from the city center [13].

The result shows that there is non-significant relationship in psychological factors with family type at p value (.147). This result was agree with (Samuel, A. 2017) he found non-significant relationship in internalized stigma with living situation at p value (.000) [10]. While this result was disagree with Sachit (2013) they study found a high significant relationship between high express emotion level and family size [11].

The result shows that there is a high significant relationship in psychological factors with who give care to the patients at p value (.000). This result was agree with (Sachit & Al-juboori, 2013) they found a significant relationship between high express emotion level and caring responsibility [11]. This result may be due to the fact that all the previous studies support that the psychiatric patient, especially in psychosis, needs to be followed up by the family, but most of the samples in this study were followed by their brothers, so they were may be the reason of relapse due to neglect, poor follow-up and not to give them treatment and the adoption of incorrect methods and far from treatment, such as witches and charlatans.

The result shows that there is a high significant relationship in psychological factors with admitted to the hospital at p value (.008). This result may be due to the fact that psychotic patients who weren't compliant

to treatment do have increased risk for violence. This is due to the result of most of the patients in the study who violently violated them before admitting to the hospital and receiving treatment for the first time and very affecting their social relationships, especially if the target of the violence is the employer or a family member, friend or teacher and husband. Therefore, most families are forced to bring the patient for not tolerating the harm of the patient to others. Family use in this manner increases the severity and relapse of the illness.

Conclusions

The majority of samples were diagnosed with schizophrenia. All psychotic patients have non-significant relationship between type of living of sociodemographic data with psychological factors. There is a high significant relationship between the most sociodemographic data and psychological factor (that included high express emotion and stigma factors).

Recommendations:

1. Providing psychological units in educational hospitals in AL_Furat Al-Awsat region to enter the patients who need hospital admission to provide care for them and be equipped with doctors, nurses, medication and all the necessary supplies.

2. Providing qualified nurses in the field of psychiatric nursing to follow up patients who need hospitalization.

3. Educational program for families of psychiatric patients about the importance of caring for the mentally ill patient and not feeling stigmatized, because mental illness is like any other diseases and needs treatment to Reducing or eliminating symptoms that cause family embarrassment.

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Conflict of Interest: None to declare.

Ethical Clearance: All experimental protocols were approved and all experiments were carried out in accordance with approved guidelines.

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