

Abstract

Background

Psychiatric comorbidities are common in first-episode schizophrenia (FES) patients, and they have been shown to adversely affect the prognosis of the illness. However, local data on this phenomenon are lacking.

Objective

This study aims to explore the lifetime and point prevalence of psychiatric comorbidities and to identify the socio-demographic and clinical factors associated with current psychiatric comorbidities in FES patients.

Method

In this cross-sectional study, 128 patients with FES, who were in symptomatic remission, were consecutively recruited at a local early intervention clinic between September 2014 and March 2015. All patients were interviewed by the author using the Chinese-bilingual version of the Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Axis I disorders (SCID) for psychiatric diagnoses. Psychopathology assessments included the Positive and Negative Syndrome Scales

(PANSS), Calgary Depression Scale for Schizophrenia (CDSS), Hamilton Anxiety Rating Scale (HAM-A), and Yale-Brown Obsessive Compulsive Scale (Y-BOCS) for symptom severity; the Scale to Assess Unawareness of Mental Disorder (SUMD) for insight; the Social and Occupational Functioning Assessment Scale (SOFAS) for functioning; the Simpson-Angus Scale (SAS), Barnes Akathisia Rating Scale (BARS), and Abnormal Involuntary Movement Scale (AIMS) for medication side effects. Socio-demographic and clinical data were also collected. Bivariate and multivariate analyses were performed to investigate factors associated with psychiatric comorbidities in FES patients.

Results

The lifetime and point prevalence of psychiatric comorbidities in FES patients were 47.7% and 27.3%, respectively. Major depressive disorder (10.9%) and social anxiety disorder (10.9%) were the two most prevalent current psychiatric comorbidities among FES subjects. The presence of current overall psychiatric comorbidities, major depressive disorder and anxiety disorders were associated with lower levels of functioning.

Conclusion

Psychiatric comorbidities are prevalent among community FES patients. FES patients with current psychiatric comorbidities have a lower level of functioning. In addition to achieving symptomatic remission in schizophrenia, treating psychiatric comorbidities can support FES patients on their journey to recovery.

Keywords

Comorbidity, first-episode schizophrenia, prevalence, Chinese