

Family Insertion in Endogenous Psychoses

Bărănescu Ramona¹, Lăzărescu M^{1,2}, Ienciu Monica^{1,2}, Bredicean Cristina^{1,2}, Giurgi-Oncu Cătălina¹, Mihalcea Roxana¹, Popovici Z¹

¹ Eduard Pamfil Psychiatric Clinic, Timișoara, Romania

² Department of Psychiatry, Victor Babeș University of Medicine and Pharmacy, Timișoara, Romania

Background: This paper is an early study of a larger project conducted in Psychiatric Clinic Timișoara which aims to provide new light on family insertion of patients with endogenous psychosis. The purpose of the paper is to analyze patients diagnosed with endogenous psychosis by socio-demographic and psychopathological parameters with emphasis on family, regarding three dimensions (family of origin, their own family and their offspring).

Material and methods: The study is based on 4 groups of patients known as group A (which includes patients diagnosed with schizophrenia), group B (patients diagnosed with schizoaffective disorder), group C (patients with persistent delusional disorder) and group D (which includes patients with a diagnosis of bipolar disorder).

Results: There were no significant differences related to psychiatric history in family of origin. Patients with schizophrenia and schizoaffective disorder rarely found a family, and their fertility is less compared to other forms of psychosis. Most endogenous psychosis women are married, and the family stability is higher among men with schizophrenia and schizoaffective disorder. More frequent own family occurrence in patients with endogenous psychosis is correlated with average age of 33 years, high school education and employment status. Social and family inclusion is increased in the patients with bipolar affective disorder.

Conclusions: There are differences between groups of endogenous psychoses, both in terms of socio-demographic characteristics, their correlation to family insertion and to their own family and offspring of psychotic patients.

Keywords: endogenous psychosis, socio-demographic characteristics, family insertion, offspring, family of origin

Introduction

Study of the relationship between psychotic patient and family has many directions. One of them concerns the family of origin of the psychotic patient that was studied particularly in patients with schizophrenia. This study has not been replicated substantially for the other main groups of psychosis.

A second problem is the foundation of own family for psychotic patients, and one related to its fertility. Family stability and fertility were usually analyzed on homogeneous groups with a defined diagnosis and not compared to a population of psychotic patients with different diagnoses, followed diachronically by a unified team under the same conditions and sufficiently long term. The study about fertility and offspring of psychotic patients was made usually in the first generation. It becomes interesting the trans-generational research of population with at least one psychotic individual. Casuistry, in which the expressiveness of psychosis is genetically strong, clearly manifested in the second successive generation, remain open for research [1].

The purpose of this paper is to analyze patients diagnosed with endogenous psychosis, which have a minimum of 5 years development, by socio-demographic and psychopathological parameters, with emphasis on family, considering the three dimensions: horizontal (own family, and its dynamics compared with the onset of disease), descending (presence of children and their assessment of psychopathological point of view), ascending (family of origin, the possible presence of psychiatric illnesses of relatives).

Material and method

The study is performed in the Clinic and Ambulatory Psychiatry in Timișoara and concerns patients diagnosed with functional psychosis according to ICD-10, being from the beginning in psychiatric evidence, with evolution from the first psychotic episode of at least five years.

This study includes 4 groups of patients, around inclusion and exclusion criteria, known as group A (which includes patients diagnosed with schizophrenia), group B (patients diagnosed with schizoaffective disorder), group C (patients with persistent delusional disorder) and group D (which includes patients diagnosed with the bipolar affective disorder). Each study group includes 30 patients.

Inclusion criteria

1. Fulfilling ICD-10 diagnostic criteria for the following classes of endogenous psychoses: schizophrenia (F20), schizoaffective disorder (F25), persistent delusional disorder (F22), bipolar affective disorder (F31);
2. The necessity of at least one psychotic episode;
3. At least 5 years of evolution from the first episode;
4. Patients gave their consent to participation in this study;
5. Permanent residence in Timiș and active dispensary in Timișoara Mental Health Center and Ambulatory Psychiatry;
6. The presence of at least one family member to participate in the evaluation process.

Exclusion criteria

1. Organic psychoses;
2. Substance-induced psychoses;
3. Unwillingness or reluctance to participate in the study;
4. Communication difficulties, making it impossible to obtain reliable data.

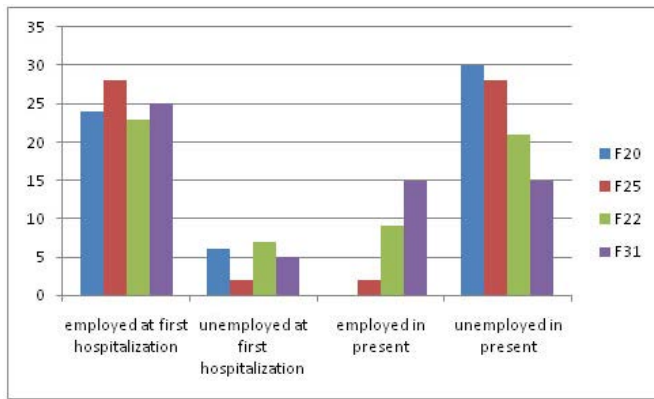


Fig. 1. Employment status of the patients

Evaluation of family insertion of psychotic patients was analyzed on three axes, ascendant (family of origin), horizontal (own family), descendant (children) and in correlation to some socio-demographic characteristics (gender distribution, age of onset, the educational and professional status).

Results

Socio-demographic characteristics of the group

1. Sex distribution

There were a higher proportion of women in the groups diagnosed with schizophrenia, schizoaffective disorder and persistent delusional disorder, with an equal gender distribution in the bipolar disorder group.

2. Age of onset

Analyzing this parameter revealed that patients diagnosed with schizophrenia and schizoaffective disorder have a lower average age (25.64 and 25.45, respectively) compared with persistent delusional disorder (41.2) and bipolar disorder (33.52) groups.

3. Level of education

Overall, most patients evaluated had high school studies. Comparing the four groups, we found that a higher percentage of patients with higher education level belong to the group of subjects diagnosed with bipolar disorder (23.33%) and 46.67% of patients with persistent delusional disorder have only secondary education.

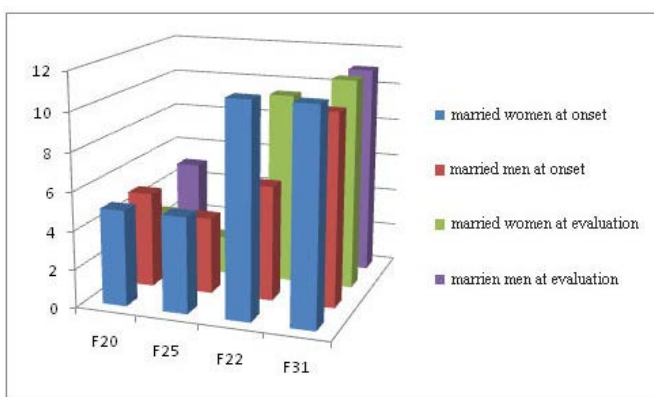


Fig. 3. Correlation between marital status and sex distribution

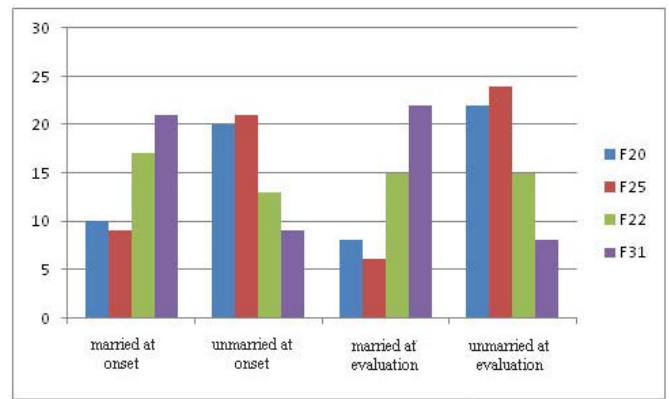


Fig. 2. Stability of marital status

4. Employment status

Overall patient group and each diagnostic group analyzed separately show that at onset most patients were employed, and now most are unemployed. Comparing the 4 groups of patients shows that the higher percentage of patients employed (50%) is in bipolar affective disorder group, followed by the group of patients with persistent delusional disorder. In the group of patients diagnosed with schizophrenia, no patient is currently employed.

Family Characteristics

It has been analyzed the presence of psychiatric history in subject's family, recording psychiatric diseases of parents, grandparents, uncles/aunts, great-grandparents or other relatives. In all four groups mental illness was found in the family, but a higher genetic load was observed in the group of patients with schizophrenia (46.67%), followed by schizoaffective disorder (40%), bipolar affective disorder (33.33%) and persistent delusional disorder.

It was found the presence of a higher percentage of relatives with psychosis in the group diagnosed with schizophrenia (64.28%), a higher percentage of alcohol use in the families of those with schizoaffective disorder (50%). In the group of patients diagnosed with bipolar affective disorder there is an equal proportion of known relatives with alcohol use and psychosis (30%), but a higher percentage (20%) with depression and suicidal behavior compared with other studied diagnostic groups.

Family insertion, as can be seen in Figure 2, at the onset of mental illness was better in the bipolar affective disorder group (70%) than in schizophrenic (33.33%) and schizoaffective disorder (30%) groups. When evaluating, the stability of marital status was maintained better in the group of patients with bipolar affective disorder, followed by persistent delusional disorder.

Table I. Fertility in endogenous psychosis groups

Offspring	F20	F25	F22	F31
0	23	23	5	3
1	5	4	9	12
2	2	3	12	7
>2	0	0	4	8

Correlation between marital status and sex distribution

At onset, in all four groups of endogenous psychoses was a higher marriage rate among women that remained high in patients with persistent delusional and bipolar affective disorder. There was a greater family stability among men with schizophrenia and schizoaffective disorder compared to women in these groups. There were no significant differences in marital status at onset regarding sex ratio in bipolar affective and persistent delusional disorder groups.

Correlation between marital status and age

Overall, lowest average age (29.42 years) of married patients was in the schizophrenia group. The average age is highest among married patients with persistent delusional disorder (41.68). It can be made a correlation between average age at onset and marital status, the lower the average age is at onset, the smaller are chances of a patient with endogenous psychosis to marry.

Correlation between level of education and family integration showed that in all four categories of diagnostic married patients have high school educations, except 13.33% of the married patients in the persistent delusional disorder group with secondary school.

Regarding employment status, all married patients in schizophrenic and schizoaffective disorder groups were employed at disease onset, 57.14% of married patients with persistent delusional disorder had a job and 74.52% of those with bipolar affective disorder were integrated both familial and social.

Regarding psychotic patients' offspring, there was a much lower fertility (23.33%) among patients diagnosed with schizophrenia and schizoaffective disorder and increased in patients with bipolar affective disorder (90%) and delusional disorder (83.33%). In Table I we can see the difference in fertility and the number of children in all studied diagnostic categories.

It has been observed among offspring of psychotic patients the presence of psychiatric pathology in 18.5% of the children of patients with bipolar affective disorder, 14.28% of the children of patients belonging to schizophrenic, respectively schizoaffective group, and 12% of children of those with persistent delusional disorder.

Discussions

Family of origin is the carrier of pathological genetic load. Family of origin expresses also certain fertility and socio-demographic characteristics, behavioral and educational style, relationships with the patient, so it requires consideration from these points of view too. It is known that psychosis occurs in families with high fertility and stable social development. This hypothesis correlates with the evolutionary interpretation of psychosis' presence in conditions of low fertility [2].

Establishing own family, fertility and offspring of psychotic patients are lower than in general population. However, it depends of overall socio-demographic development of person until disease onset, the type of disorder and how it evolves. Marital status is one of socio-demographic factors analyzed in schizophrenia. This factor influences the so-called social vulnerability. Family role in etiology of schizophrenia should be seen against the vulnerability-stress hypothesis, because the family can be a protective factor or conversely a stressful one. One of the defining features of schizophrenia is the difficulty of establishing and maintaining marital links. Difficulty in interpersonal relationships in schizophrenia is caused by several factors: age of onset (which in schizophrenia is reduced compared to other psychoses), premorbid personality traits and low social functioning, all these aspects influencing the likelihood of marriage, a social process that requires social skills. Long term evolution generally indicates deterioration in marital status of married people in particular, deterioration of intra-familial relations and the evolution towards divorce. Most often unmarried people remain on the same status. On the other hand, we can see a vicious circle installed and maintained; patients who live alone have fared worse, and with a poor outcome, they can't achieve a satisfactory marital situation. Children of psychotic patient may exist or not, and development and their fate may reflect the general characteristics of their family and may be partly influenced by disease. Descendants of psychotic patients have high risk for psychopathological states in general, but in the first generation psychotic pathology is only partially penetrating [1].

Conclusions

The results of this study revealed the following:

1. Genetic load was evident in all studied endogenous psychoses groups.
2. Patients with schizophrenia and schizoaffective disorder rarely found a family, unlike patients with bipolar affective disorder.
3. Most endogenous psychosis women are married.
4. Family stability is higher among men with schizophrenia and schizoaffective disorder.
5. More frequent own family occurrence in patients with endogenous psychosis is correlated with average age of 33 years, high school education and employment status.
6. Social and family inclusion is increased in the patients with bipolar affective disorder.
7. Fertility of patients with schizophrenia and schizoaffective disorder is less compared to other forms of psychosis.

References

1. Semple D – Schizophrenia and related psychoses, in Smith R (eds): Oxford handbook of psychiatry. Oxford University Press, NY, 2005, 457- 625
2. Lieberman J - Textbook of Schizophrenia. American Psychiatric Publishing, Washington, 2006, 50-69