A Study on Social Economical Status Related towards Schizophrenia and Mood Disorder Patients

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ABSTRACT

Introduction: Schizophrenia can be defined as a serious mental disorder with some combination of hallucinations, delusions, and extremely disordered thinking and behavior that prejudices daily functioning, and can be disabling.Mood disorders can cause changes in your behavior and can affect your ability to deal with routine activities, such as work or school. (Woodruff Jr, R. A., Murphy, G. E., &Herjanic, M. (1967)).Anyone can feel sad or depressed at times .Children, teens, or adults who have a parent with a mood disorder have a greater chance of also having a mood disorder These life events and stress can bring on feelings of sadness or depression or make a mood disorder harder to manage.Method:In present study researcher adopted a Simple Random Sampling   Method was used. A comparative study was conducted to assess different outcome in schizophrenia and mood disorder.the data collection was done on 120 patients.Result: Study results shows that schizophrenia patients are belonging from lower middle socioeconomic status and mood disorder patients are belonging from lower class and lower middle class. the socioeconomic status of schizophrenia and mood disorder patient's different socioeconomic status in geographical area there is significant difference found in rural and urban area; rural area socioeconomic status is good compared to urban area and have good quality of life of rural area patients compare to urban area it shows there is good prognostic factors of rural area patient because have good socioeconomic status and quality of life. The socioeconomic status and quality of life schizophrenia and mood disorder patient have interdependent on each other if their socioeconomic status is good it improve / reflect good quality of life.Conclusion: There is a slightly difference in socio economic status and quality of life of the schizophrenia and mood disorder patients. There is statistically no any significant difference in a both groups.

Keywords:- Schizophrenia, mood disorder, socio economic status

INTRODUCTION

Most people with untreated schizophrenia hear voices or see different things. They may also have false beliefs about the world that vary in content, but share the common characteristic of being untrue.*(NordenToft M. Dan Med Bull. 2007).* Schizophrenia is the chronic disorder which adversely affects most of the domains of sociodemographic profile of an individual. The socioeconomic impairment is often attributed to social neglect, unemployment out of the stigma. This is finding is of particular note in chronic longstanding cases, female gender, rural residence and socioeconomically backward classes of the community. This include suitable behavioral interaction and conversational topics by involvement in group treatment and planned group activities. a case manager is someone who helps to ensure that the patient can get to appointments and group activities, monitors the progress of the patient, and helps him apply for other available assistance. (Arieti, S. (1955).Mood disorders can cause changes in your behaviour and can affect your ability to deal with routine activities, such as work or school. (Woodruff Jr, R. A., Murphy, G. E., &Herjanic, M. (1967)).Socioeconomic Status and Mental Health: Evidence and Evidence and Evidence and Theory Psychiatric disorders

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have been consistently shown to be more common among people in lower social classes (Murali& Oyebode,2004). Historical sociological research by Faris and Dunham (1939) showed that high rates of mental disorder emerged in the most dilapidated and run-down areas of the city (Faris& Dunham, 1939), while Hollingshead &Redlich (1953) provided evidence for a significant relationship between social class and prevalence of psychiatric disorders (Hollingshead & Redlich, 1953).

METHODOLOGY

Universe: This is hospital based cross sectional comparative study design to assess and compare socioeconomic condition and its impact on person with schizophrenia disorder and mood disorder.Research Design: This study will be conducted to assessment different outcome in schizophrenia and mood disorder. It will be a hospital based comparative study. Sampling Method: Samples was selected by using the purposive sampling method (Simple Random Sampling   Method). From MIMH OPD. Sample Size: Total 120 patients were recruited which were further divided in two groups.60 patient of schizophrenia disorder and 60 patient of mood disorder.Tool used in the collection of Data - Socio-demographic and clinical data sheet, Kuppuswamy Socioeconomic Scale (Kumar et al. 2007). and Quality of Life Scale (Burckhardt et al, 2003).

RESULTS

Table 1 Socioeconomical status of mood disorder patients from rural and urban area

Area	Diagnosis	Socioeconomic Status		Percentage
Rural	Mood disorder	Lower	1	1.6%
		Lower middle	26	43.3%
		Middle	3	5%
Urban	Mood disorder	Lower	14	23.3%
		Lower middle	16	26.6%
		Middle	0	0%

Above table 3 show that socioeconomical status of mood disorder disorders patients from rural area.1 (1.6%) participant of mood disorder resident of rural area belonging from lower SES, there are 26(43.3%) participant of mood disorder resident of rural area belonging from lower middle SES. 3 (5%) participant of mood disorder resident of rural area belonging from middle SES. socioeconomical status of mood disorders patients from urban area.14 (23.3%) participant schizophrenia disorder resident of urban area belonging from lower SES, there are 16(26.6%) participant mood disorder resident of rural area belonging from lower middle SES. 0 (0%) participant of mood disorder resident of urban area belonging from middle SES.

Table 2 Socioeconomic status of both groups

Group	Number of Cases	Socioeconomic Status score		p-value
		Mean	SD	
Rural	60	43.03	6.16	< 0.001
Urban	60	39.45	5.87	

The above table 2 data of socioeconomic status of schizophrenia and mood disorder group in rural areas. In that the mean score of total 43.03 ± SD 6.16 socioeconomic details of group of schizophrenia and mood disorder person in rural areas. socioeconomic status of schizophrenia and mood disorder group in urban areas .in that the mean score of total 39.45 ± SD 5.87 socioeconomic details of group of schizophrenia and mood disorder patient in urban

areas. which indicates there was significant different between the socioeconomic status of schizophrenia and mood disorder group in rural and urban groups (< 0.001).

Table 3 Comparesion of socioeconomic status of schizophrenia & mood disorder person in rural & urban area

Group	Diagnosis	Comparision	Mean	SD	p Value
RURAL	Schizophrenia	30	43.99	5.20	0.260
	Mood disorder	30	42.19	6.91	
Urban	schizophrenia	30	39.36	4.69	0.911
	Mood disorder	30	39.39	6.19	

The above table 3 data of socioeconomic status of schizophrenia and mood disorder group in rural areas. In that the mean score of total 43.9 ±5.20 socioeconomic details of group of schizophrenia and mean score of total 42.19 ±6.91 socioeconomic details of group of mood disorder person in rural areas. Which indicates there was significant different between the socioeconomic status of schizophrenia and mood disorder group in rural groups (< 0.260). In urban areas the mean score of total 39.36±4.69 socioeconomic details of group of schizophrenia and mean score of total 39.39 ±6.19 socioeconomic details of group of mood disorder person in urban areas. Which indicates there was significant different between the socioeconomic status of schizophrenia and mood disorder group in urban groups (< 0.911).

Table 4 Findings related to quality of life schizophrenia and mood disorder among patients

Quality of Life scale	Rural (n=60)		Urban (n=60)		p-value
	Mean	SD	Mean	SD	
Physical health	12.58	1.28	12.97	1.96	0.200
Psychological health	12.47	1.67	12.68	2.36	0.573
Social relationship	10.04	2.22	9.42	3.15	0.214
Environmental health	11.48	1.46	11.88	2.58	0.308

Comprasion of quality of life in group of schizophrenia

The above table. 4 displays the data of socioeconomic status and its effect on quality of life of schizophrenia and mood disorder group in rural and urban area group. Data shows that in rural area physical health mean 12.58 ± SD 1.28, in urban area physical health mean 12.97 ± SD 1.96 both group of p value 0.200, there was no significant difference found.in rural area psychological health mean12.47 ± SD 1.67 in urban area psychological mean 12.68 ± SD2.36 P value of both group 0.573, there was no significant difference found. In rural area social health mean 10.04 ± SD 2.22, in urban area social health mean 9.42 ± SD 3.15 P value of both group 0.214, there was no significant difference found. In rural area environmental mean 11.48 ± SD 1.46 and urban area, environmental health mean 11.88 ± SD 2.58 and both group of P value 0.308 there was no significant difference found.

Table 5 Comprasion of Qol in group of schizophrenia and mood disorder patient in rural area

Quality of Lifescale	Schizophrenia (n=30)		Mood Disorder (n=30)		p-value
	Mean	SD	Mean	SD	
physical health domain	12.38	1.47	12.78	1.04	0.231
psychological health domain	12.36	1.78	12.58	1.56	0.610
Social relationship domain	9.82	2.49	10.27	1.92	0.442
Environmental health domain	11.42	1.66	11.55	1.26	0.728

The above table 5 displays the data of socioeconomic status and its effect on quality of life schizophrenia and mood disorder rural area group. Data shows that in rural area schizophrenia group physical health domain mean 12.38 ± SD 1.47, in mood Disorder group physical health domain mean 12.78 ± SD 1.04 both group of p value 0.231, there was no significant difference found. In schizophrenia group psychological health domain mean 12.36 ± SD 1.78, in mood disorder group psychological health domain mean 12.58 ± SD1.56 P value of both group 0.610, there was no significant difference found.in schizophrenia group social health domain mean 9.82 ± SD 2.49, in mood disorder group social health mean 10.27 ± SD 1.92 P value of both group 0.442. There was no significant difference found. in schizophrenia group environmental health domain mean 11.42 ± SD 1.66 and mood disorder group environmental health domain mean 11.55 ± SD 1.26 and both group of P value 0.728 there was no significant difference found.

Table 6 Comprasion of QoL in group of schizophrenia & mood disorder patient in urban area

Qualityof Lifescale	Schizophrenia (n=30)		Mood Disorder (n=30)		p-value
	Mean	SD	Mean	SD	
Physical health domain	12.95	1.88	12.99	2.08	0.941
Psychological health domain	12.53	2.61	12.82	2.11	0.639
Social relationship domain	9.20	3.18	9.64	3.16	0.589
Environment domain	11.55	3.14	12.20	1.85	0.334

The above table 6 displays that data of socioeconomic status and its effect on quality of life schizophrenia and mood disorder group in urban area. Data show that in urban area schizophrenia group physical health domain mean 12.95 ± SD 1.88, in mood Disorder group physical health domain mean 12.99 ± SD 2.08 both group of p value 0.941, there was no significant difference found. In schizophrenia group psychological health domain mean 12.53± SD 2.61, in mood disorder group psychological health domain mean 12.82± SD 2.11 P value of both group 0.639, there was no significant difference found. In schizophrenia group social health domain mean 9.20 ± SD 3.18, in mood disorder group social health domain mean 9.64 ± SD 3.16 P value of both group 0.589, there was no significant difference found. In schizophrenia group Environmental health domain mean 11.55 ± SD 3.14 and mood disorder group Environmental health domain mean 12.20 ± SD 1.85 and both group of P value 0.334 there was no significant difference found.

Table 7 Findings related to the association of quality of life with selected demographic variables

AqoL rea	Correlations	Urban	Rural
		Socio	Socio
Physical health	Pearson Correlation	0.293[*]	0.05
	p-value	0.023	0.678
Psychological health	Pearson Correlation	.247	.178
	p-value	0.057	0.175
Social relationship	Pearson Correlation	.249	.392[**]
	p-value	0.055	0.002
Environment	Pearson Correlation	.510[**]	.373[**]
Total Score	Pearson Correlation	0.369	0.334
	p-value	0.009	0.003

The QOL scale and SSE scale has positive correlation ship. In this as the domain 1 i.e. physical health increase the socioeconomic status get increase, the correlation coefficient is 0.293 [p value is 0.023(<0.05)], it indicates that there is significant positive correlation between domain1 and socioeconomic score in urban group.

In this as the domain 2 i.e. social relationships increases the socioeconomic status get increases, the correlation coefficient is 0.510 [p value is <0.001(<0.05)] it indicates that there is significant positive correlation between domain4 and socioeconomic score in urban group.

In this as the domain 3 i.e. social increase the socioeconomic status get increase, the correlation coefficient is 0.392 [p value is 0.002(<0.05)]. It indicates that there is significant positive correlation between domain3 and socioeconomic score in rural group.

In this as the domain 4 i.e. Environmental relationships. The correlation coefficient is 0.373 [p value is 0.003(<0.05)]. It indicates that there is significant positive correlation between domain4 and socioeconomic score in rural group.

DISCUSSION

Findings related to the demographiccharacteristics of socio-demographic details of person with schizophrenia disorder and mood disorder person in rural and urban area

In the present study, from the data analyzed, it is evident that the demographic variable. Majority of rural person from the age of 31-40-year, minority of rural person from the age of 41-50 year and majority of urban person from the age >50 years, minority of urban person from the age ≤30 years. Majority of person are male from rural areas and minority of person are female from rural areas. Majority of person are female from urban areas and minority of person are male from urban areas. Majority of person are married from rural areas and minority are Live in from rural areas. Majority of person are married from urban areas and minority are Live in from urban areas. Majority of person have studied up to primary from rural areas and minority are person have studied up to P.G. And above from rural areas. Majority of person have studied up to primary from urban areas and minority are person have studied up to P.G. and above from urban areas. Majority of are other Occupation from rural areas and minority of are Professional and are student by occupation from rural areas. Majority of are other Occupation from urban areas and minority of are Farmer by occupation from urban areas. Majority of person are Lower middle status from rural area and minority of are lower status from rural area. Majority of person are Lower middle status from urban area and minority of are middle status from urban area.

Socioeconomical status of schizophrenia disorder patients from rural and urban area

In that socioeconomically status of schizophrenia disorder disorders patients from rural area. Majority of participant of schizophrenia disorder resident of rural area belonging from lower middle SES. Rests of those participants were belonging to lower- and middle-class SES.

In that socioeconomically status of schizophrenia disorder disorders patients from urban areas. Majority of participant of schizophrenia disorder resident of urban area belonging from lower middle SES. Rest of those participants were belonging to lower- and middle-class SES.

Socioeconomical status of mood disorder patients from rural and urban area

In that socioeconomically status of mood disorder disorders patients from rural area, Majority of participant of mood disorder resident of rural area belonging from lower middle SES. Rest of the participants belonging from the lower- and middle-class SES.

Socioeconomically status of mood disorders patients from urban area, Majority of participant of mood disorder resident of rural area belonging from lower middle SES. Rest of the participants belonging from the lower- and middle-class SES.

Comparesion of socioeconomic status of schizophrenia and mood disorder person in rural area

Compression of Socioeconomic status of schizophrenia and mood disorder person in rural areas. In that the mean score of schizophrenia is more than of mood disorder person in rural areas. Which indicates there was significant different between the socioeconomic status of schizophrenia and mood disorder in rural groups.

Comparesion of socioeconomic status of schizophrenia and mood disorder person in urban area

Compression Socioeconomic status of schizophrenia and mood disorder group in urban areas. In that the mean score of schizophrenia was less then and mean score of mood disorder person in urban areas. Which indicates there was significant different between the socioeconomic status of schizophrenia and mood disorder in urban groups

Findings related to quality of life schizophrenia and mood disorder among patients

QoL in group of schizophrenia and mood disorder patient in Rural and Urban area.

The data of socioeconomic status and its effect on quality of life of schizophrenia and mood disorder patient in rural and urban area group. Data shows that in rural area physical health mean is less than urban area physical health mean. both group of p value is same there was no significant difference found.in rural area psychological health mean is less than urban area psychological mean P value of both group is same , there was no significant difference found. In rural area social health mean is more than, urban area social health mean. P value of both group are same, there was no significant difference found. In rural area environmental mean is less than urban area, environmental health mean and both group of P value are same there was no significant difference found.

Quality of life in group of schizophrenia and mood disorder patient in urban area.

Our study consists with C.B. Osman (2009). The quality of life of patients with schizophrenia was no different from those with major mood disorder. Being Chinese and employed was associated with better quality of life in terms of overall mental health. Quality of life pertaining to overall physical health of patients with schizophrenia was better in those who were employed and being treated with atypical antipsychotics. Conclusion: Though schizophrenia has often been considered a chronic disease with poor outcome, our study showed that quality of life of the patients was comparable to those with major mood disorder

Findings related to the association of quality of life with selected demographic variables

The association of quality of life with selected demographic variables It indicates that there is significant positive correlation between all domain and socioeconomic score in urban group.

Our study consists with LaeticiaEid, corresponding author Katrina Heim, Sarah Doucette, Shannon McCloskey, Anne Duffy, and Paul Grof(2013). The patients in recent studies have been diagnosed according to much broader criteria, reflecting the era of bipolar spectrum disorder.

Our study consists with SuraviPatra, Ajaya Mishra (2012). Quality of life of the patients varied in different domains. Male gender, unmarried status and higher educational status predicted a poorer quality of life. The domains of physical and psychological well-being of WHO-QOL were correlated with PANSS general and total scores whereas environmental and social health showed no correlation with PANSS scores. The study concluded that Domains

of subjective quality schizophrenia are associated variedly with socio-demographic variables and symptomatology.

The findings of the study are discussed with reference to the objectives and hypothesis and with the findings of the other studies in the section. The present study was conducted to social economical status related towards schizophrenia & mood disorder patients Based on the objectives the researcher tried to evaluate the existing level of knowledge of 120 subjects.Katie A. McLaughlin,et.al.(2012) was conducted a study on Socioeconomic Status and Adolescent Mental Disorders.result shows that social status (mean 0, variance 1) was most consistently associated with mental disorder. Odds ratios with mood, anxiety, substance, and behavior disorders after controlling for other SES indicators were all statistically significant and in the range of 0.7 to 0.8. Associations were strongest for White adolescents. Parent education was associated with low risk for anxiety disorder, relative deprivation with high risk for mood disorder, and the other 2 indicators were associated with none of the disorders considered.

CONCLUSION

Present study purpose was to compare the social economic status and quality of life of Schizophrenia & Mood disorder Patients. The study finding conclude that, there is a slightly difference in socio economic status and quality of life of the schizophrenia and mood disorder patients. There is statistically no any significant difference in a both groups. Study results shows that schizophrenia patients are belonging from lower middle socioeconomic status and mood disorder patients are belonging from lower class and lower middle class. Study result shows that the socioeconomic status of schizophrenia and mood disorder patients different socioeconomic status in geographical area there is significant difference found in rural and urban area; rural area socioeconomic status is good compared to urban area and have good quality of life of rural area patients compare to urban area it shows there is good prognostic factors of rural area patient because have good socioeconomic status and quality of life. The socioeconomic status and quality of life schizophrenia and mood disorder patient have interdependent on each other if   their socioeconomic status is good it improve / reflect good quality of life.

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