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Author(s)	Chan, SKW; Sit, HLT; Hui, CLM; Lee, EHM; Chang, WC; Chen, EYH
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Subjective Recovery in Patients with First-Episode Psychosis in Hong Kong

Sherry KW Chan, Harrison LT Sit, Christy LM Hui, Edwin HM Lee, Wing Chung Chang, and Eric YH Chen

Department of Psychiatry
The University of Hong Kong

Psychosis Studies &
Intervention Programme

Correspondence: Dr Sherry Chan (kwscherry@hku.hk)

Introduction

The concept of recovery can be organized into two types: objective and subjective (1). Objective recovery is defined as the remission of clinical symptoms and improved everyday functioning, while subjective recovery is a personal understanding of recovery that varies individually. Understanding subjective recovery facilitates treatment adherence. The study aims to investigate the subjective determinants of perceived non-recovery to patients with first-episode psychosis in Chinese sample and the factors affecting subjective recovery.

Method

Study Instruments

109 patients with schizophrenia-spectrum disorder in Early Intervention service were assessed. Symptoms were measured by the Scale for the Assessment of Positive Symptoms (SAPS), the Scale for the Assessment of Negative Symptoms (SANS) and Calgary Depression Scale for Schizophrenia (CDSS). Psychosis Recovery Inventory (PRI) (2) was used to assess subjective recovery in aspects of reasons for non-recovery and perceived extent of recovery.

Statistical analysis

Statistical analyses were carried out using Statistical Package for Social Sciences (SPSS) version 20.0. One way repeated measure ANOVA was performed to check which potential reasons for non-recovery were endorsed mainly. Spearman's rho correlations were run with demographics, symptoms and subjective recovery.

Reference

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- Chen, E. Y., Tam, D. K., Wong, J. W., Law, C. W., & Chiu, C. P. (2005). Self-administered instrument to measure the patient's experience of recovery after first-episode psychosis: development and validation of the Psychosis Recovery Inventory. *Australian and New Zealand Journal of Psychiatry, 39*(6), 493-499.

Table 1. Spearman's rho correlation of clinical variables and perceived extent of recovery (PRI27)

	PRI27	
	Spearman's rho	P value
DUP	0.045	ns
Age of onset	-0.068	ns
SAPS	-0.124	ns
SANS	-0.185	ns
Inappropriate affect	0.094	ns
Affective flattening and blunting	-0.119	ns
Alogia	0.015	ns
Avolition/apathy	-0.103	ns
Anhedonia/asociality	-0.315**	.001
Attention	-0.074	ns
CDSS	-0.216*	.024

Results

12.8% of the subjects considered themselves to have made a full recovery. 'Cognitive dysfunction' and 'need to continue with medication' were endorsed as the main reasons for perceived non-recovery. Perceived extent of recovery did not correlate with history of relapse and hospitalization, depressive symptoms, and positive and negative symptomatology, except anhedonia/asociality. Unemployment history also correlated with perceived extent of recovery.

Conclusion

These results highlighted the difference in understanding recovery between a clinician and a service user. It reflects the importance of occupational functioning to service users, and this understanding can inform the development of future treatment plan in psychosis.



PSI