

Quality of life Among Patients With Delusional Disorder: A Cross Sectional Comparative Analytical Study

Md. Shahedul Islam^{1*}, Akhanji MMU², Rahman MM³, Abedin MF⁴, Saha CK⁵, Rashid MH⁶, Uddin MN⁷

¹Department of Associate Professor, Dept. of Psychiatry, Cumilla Medical College, Cumilla.

²Department of Assistant Professor, Dept. of Psychiatry, Shaheed Sayed Nazrul Islam Medical College, Kishorganj.

³Department of Associate Professor, Dept. of Gastroenterology, Dhaka Medical College, Dhaka.

⁴Department of Assistant Professor, Dept. of Hepatology, Abdul Malek Ukil Medical College, Noakhali.

⁵Department of Associate Professor, Dept. of Medicine, Cumilla Medical College, Cumilla.

⁶Department of Associate Professor, Dept. of Psychiatry, Cumilla Medical College, Cumilla.

⁷Department of Dr. Md. Shahedul Islam, Associate Professor, Dept. of Psychiatry, Cumilla Medical College, Cumilla.

ABSTRACT

Delusional disorder is a major psychiatric disorder. It is regarded as being an uncommon illness. Memory and other cognitive processes are intact in patients. This disorder affects deeply the function and feelings of subjects and impacts negatively on quality of life. We found out the quality of life in patients with delusional disorder with that of general population and order of impairment among domain of social relationship, environment domain, psychological and physical health. This was a descriptive, cross-sectional, comparative and analytical study. The study was conducted in the department of psychiatry, Cumilla Medical College, Cumilla. 40 Patients with delusional disorder who fulfilled inclusion criteria was selected as sample. Clinical diagnosis of patients was done by consultant psychiatrist with Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I CV). Then Bengali version of WHO Quality of Life Scale brief version (WHOQOL BREF 1998) was applied to evaluate quality of life of different domains including social relationship, environment domain, psychological and physical health. Semi structural questionnaire were used for collecting sociodemographic information. In this process of study age and sex matched 40 healthy controls from hospital staff and patient's attendants without physical or psychiatric illness were recruited for comparison. Data were analyzed by Statistical Package for Social Science Version 19. The study revealed that mean score of overall quality of life of patients were 3.21 and healthy controls were 3.85, mean score of overall health of patients were 3.04 and healthy control were 3.78, mean score of social relationship domain of patients were 2.11 and healthy control were 3.92, mean score of environment domain of patients were 2.63 and healthy control were 3.45, mean score of psychological domain of patients were 3.00 and healthy control were 3.88, and mean score of physical health domain of patients were 3.18 and healthy control were 3.96. Result of this study may help to encourage further research.

Keyword: Quality of life, delusional disorder, cognitive functions, social relationship, environment domain, psychological and physical health.

*Corresponding author: Islam,MS. Department of Associate Professor, Dept. of Psychiatry, Cumilla Medical College, Cumilla., Email: dr.shahedulislam@gmail.com

Received date: October 17, 2019; Accepted date: September 21, 2021; Published date: September 30, 2021

Citation: Islam,MS (2021) Quality of life Among Patients With Delusional Disorder: A Cross Sectional Comparative Analytical Study, J Psychiatry. 24: p785

Copyright: © 2021 Islam,MS. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

INTRODUCTION

Delusional disorder is a major psychiatric disorder. Memory and other cognitive processes are intact in patients with delusional disorder. The prevalence of delusional disorder is currently estimated to be 0.2 to 0.3 percent.¹ The delusional disorder is much rarer than schizophrenia, which has a prevalence of about 1 percent, and the mood disorders, which have a prevalence of about 5 percent. This disorder affects deeply the function and feelings of subjects and in this way would have negative impacts on quality of life.² Quality of life should take into account patient's subjective views of their life circumstances. This includes perception of social relationships, physical health, functioning of daily activities and work, economic status and overall sense of wellbeing.³ While measures of functioning focus on objective, quantifiable impairment that exist, measure of quality of life assesses enjoyment and life satisfaction associated with various activities.⁴ Quality of life is reflected in broadening of treatment goals towards prolongation of life. Clinician and policy makers are recognizing the importance of health related quality of life to patient management and policy decisions.

There are few studies carried out in different countries about quality of life in patients with delusional disorder. Those studies showed decreased quality of life in patients suffering from delusional disorder and scores may vary in different domains. High social support was connected with better quality of life and quality of life was better in male than female. In Bangladesh some studies investigated quality of life among patients with chronic mental illness like schizophrenia and depressive disorder.^{8, 9} There was no published data regarding quality of life among patients with delusional disorder in Bangladesh. So, this study has been designed to assess quality of life among patients with delusional disorder. Thus this study may help to take measure to improve of life in patients with delusional disorder. Another study comparing was done on major depressive disorder and revealed the highest score in social relationship domain followed by environment domain, then physical health domain.

METHODS

A descriptive cross sectional, comparative and analytical study was done in Department of Psychiatry, Cumilla Medical College, Cumilla. All cases were selected from patients attending at Cumilla Medical College Hospital and Private Mental Health Facilities in Cumilla City from July 2017 to June 2019. Duration of study was two years. Total 49 participants were approached for interview. Considering inclusion and exclusion criteria, finally 40 delusional disorder patients who fulfilled the enrolment criteria were included in the study. The participant's age was 18 years and above. All racial and ethnic groups were represented. 40 healthy controls were recruited in this study from hospital staff and patients attendants without any psychiatric and physical illness. Semi structural questionnaire were used for collecting socio demographic information. It included socio demographic variables such as age, educational level, residence, marital status, occupation, family type, monthly income etc. of the patient. The structured clinical interview for DSM-IV Axis I disorders (SCID-CV) was used. Diagnostic and Statistical Manual of Mental Disorder (DSM-IV) was used to

diagnose the psychiatric disorders. Then Bengali version of WHO Quality of Life Scale brief version (WHOQOL BREF 1998) was applied to evaluate quality of life of different domains including physical health, psychological, social relationship and environment domain. The WHOQOL-100 quality assessment was developed originally by the WHOQOL-Group by fifteen international field centers simultaneously.¹¹ The researcher was careful about the ethical issues related to this study. In this study precaution was taken to protect confidentiality of the participants. Finally appropriate statistical analysis was done with SPSS version 19 to see the trends of the data. Unpaired Student's t test was used to compare 4 domains of quality of life including social relationship, environment, psychological and physical health. As test of significant ANOVA, unpaired test. All collected data were checked and verified thoroughly for consistency as well as for completeness. Level of significance was measured at 95% confidence interval. Frequency tables, summary tables and appropriate graphs were prepared to describe the population characteristics and study finding.

RESULTS

Out of 40 patients, male were 27 (67.5%) and female were 13 (32.5%). Age range was 18-50 years. Mean age of that study was 33.8 ± 1.47 . Majority of the participants were house wife, unemployed and businessman, and come from low and middle class families.

Table 1: Distribution of respondents by sociodemographic characteristics (n=40)

Characteristics	Respondents n (%)		
	Case (n=40)	Control (n=40)	
Age (in years)	18-25	12 (30%)	04(10%)
	26-35	10 (25%)	22 (55%)
	36-45	13 (32.5%)	10 (25%)
	>45	05 (12.5 %)	04 (10%)
Sex	Male	27 (67.5%)	26 (65%)
	Female	13 (32.5%)	14 (35%)
Religion	Muslim	32 (80%)	36 (90%)
	Hindu	06 (15%)	03 (7.5)
	Others	02 (5%)	01 (2.5)
Educational status	Illiterate	04 (10%)	01 (2.5)
	Primary	12 (30%)	04 (10%)
	Secondary	10 (25%)	04(10%)
	SSC	03 (7.5%)	03(7.5%)

	HSC	04 (10%)	05 (12.5%)
	Bachelor	06 (15%)	08 (20%)
	Masters	01 (2.5%) (37.25%)	15
Occupation	Student	06 (15%)	08 (20%)
	Service	04 (10%)	21 (52.5%)
	Farmer	02 (5%)	05 (12.5%)
	House wife	09 (22.5%)	03 (7.5%)
	Business	08 (20%)	01 (2.5%)
	Retired	01 (2.5%)	01 (2.5%)
	Unemployed	10 (25%)	01 (2.5%)
Marital status	Married	22 (55%)	27(67.5%)
	Unmarried	14 (35%)	12 (30%)
	Others	8 (10%)	1(2.5%)
Famiy pattern	Nuclear	23 (57.5%)	21 (52.5%)
	Joint	17 (42.5%)	19 (47.5%)
Habitat	Rural	25 (62.5%)	31 (77.5%)
	Urban	15 (37.5%)	09 (22.5%)
Socio economical status	Low class	18 (45%)	02 (5%)
	Middle class	14 (35%)	12 (30%)
	High class	08 (20%)	26 (65%)

Table 2: Mean ± SD of item scores of WHOQOL-BREF domains by group

Chara acteristi cs	Respo ndents n (%)			P value*			
	Case (n=40)	Case (n=40)	Case (n=40)	Mean	SD	Range	
Overall l quality of life	3.11	0.99	1.5	3.95	0.64	2.5	0.001*

Overall l health	2.94	0.93	1.5	3.88	0.58	2.5	0.001*
Social relatio nships	2.11	0.67	1.00-4. 00	3.92	0.47	2.00-5. 00	0.001*
Person al relatio nship	2.4	0.87	1.4	3.41	0.62	2.5	0.001*
Sexual activity	2.42	1.05	1.5	3.8	0.81	1.5	0.001*
Social suppor t	1.79	0.79	1.4	3.58	0.74	2.5	0.001*
Enviro nment	2.63	0.39	1.75-3. 38	3.45	0.51	1.75-4. 75	0.001*
Physica l safety	2.5	0.78	1.4	3.37	0.88	1.5	0.001*
Physica l enviro nment	2.79	0.67	1.4	3.27	0.77	1.5	0.001*
Financ ial resourc es	2.42	0.95	1.5	3.29	1.01	1.5	0.001*
Abiliti es for new skills	2.4	0.73	1.4	3.5	0.82	2.5	0.001*
Home enviro nment	2.99	0.91	1.4	3.77	0.74	2.5	0.001*
Health and social care	3.53	0.71	1.5	3.5	0.91	1.5	0.847
Psycho logical	3	0.66	1.50-4. 50	3.88	0.48	2.33-4. 83	0.001*
Appea rance	3.34	0.83	1.5	4	0.94	1.5	0.001*
Life enjoy ment	2.78	1.08	1.5	3.69	0.69	2.5	0.001*
Self esteem	2.95	1.09	1.5	3.96	0.63	2.5	0.001*

Attention & memory	2.99	0.92	1.5	3.97	0.76	2.5	0.001*
Negative feelings	3.37	0.85	1.5	3.72	0.75	2.5	0.008*
Physical health	3.18	0.66	1.43-4.86	3.96	0.41	3.14-4.71	0.001*
Pain and discomfort	4.02	1.18	1.5	4.26	1.02	1.5	0.19
Dependence on medical aids	2.83	1.08	1.5	3.64	0.97	1.5	0.001*
Sleep and rest	3.11	0.98	1.5	3.94	0.61	2.5	0.001*
Work Capacity	3.07	0.99	1.5	0.99	0.7	2.5	0.001*

Unpaired *t test was done to measure significance of difference.

Table 3: Mean ± SD of item scores quality of life by age in patients group

Characteristics	P value*								
	≤25		26-35		36-45		>45		
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	
Overall quality of life	3	1.06	2.95	1.15	3.12	0.82	3.7	0.82	0.2
Overall health	3.04	0.86	2.9	1.02	2.81	0.94	3.1	0.99	0.77
Social relationships	1.99	0.6	2.47	0.66	2.33	0.72	2.7	0.4	0.1

Environment	2.57	0.32	2.81	0.43	2.75	0.39	2.91	0.34	0.6
Psychological	2.97	0.67	2.98	0.86	2.95	0.48	3.35	0.61	0.4
Physical health	3.16	0.66	3.06	0.76	3.08	0.59	3.43	0.64	0.5

*ANOVA test was done to measure the level of significance.

Characteristics	P value*				
	Male		Female		
	Mean	SD	Mean	SD	
Overall quality of life	3.12	0.98	3.04	1.04	0.501
Overall health	2.9	0.86	2.99	1.09	0.898
Social relationships	2.31	0.65	2.45	0.65	0.018*
Environment	2.76	0.38	2.79	0.36	0.018*
Psychological	3.03	0.62	2.98	0.78	0.771
Physical health	3.18	0.64	3.09	0.73	0.782

Table 4: Mean ± SD of item scores quality of life by sex in patients group

Characteristics	P value*				
	Male		Female		
	Mean	SD	Mean	SD	
Overall quality of life	3.12	0.98	3.04	1.04	0.501

Overall health	2.9	0.86	2.99	1.09	0.898
Social relationships	2.31	0.65	2.45	0.65	0.018*
Environment	2.76	0.38	2.79	0.36	0.018*
Psychological	3.03	0.62	2.98	0.78	0.771
Physical health	3.18	0.64	3.09	0.73	0.782

Unpaired *t test was done to measure the level of significance.

Table 5: Mean ± SD of item scores quality of life by residence in patients group

Characteristics	Urban		Rural		P value*
	Mean	SD	Mean	SD	
Overall quality of life	3.03	0.98	3.16	1.01	0.6
Overall health	2.93	0.88	2.94	0.97	0.963
Social relationships	2.14	0.58	2.41	0.7	0.087
Environment	2.68	0.38	2.76	0.39	0.346
Psychological	3	0.53	3.02	0.73	0.9
Physical health	3.07	0.53	3.19	0.72	0.442

*t test was done to measure the level of significance.

Table 6: Mean ± SD of item scores quality of life by family type in patients group

Characteristics	Single		Joint		P value*
	Mean	SD	Mean	SD	
Overall quality of life	3.2	0.96	3	1.04	0.387

Overall health	2.96	0.94	2.91	0.93	0.833
Social relationships	2.36	0.61	2.25	0.75	0.472
Environment	2.79	0.38	2.65	0.39	0.111
Psychological	2.99	0.56	3.04	0.79	0.771
Physical health	3.11	0.58	3.18	0.76	0.642

*t test was done to measure the level of significance.

Table 7: Mean±SD of item scores quality of life by monthly family income in patient

Characteristics	<10000		10000-20000		>20000		P value*
	Mean	SD	Mean	SD	Mean	SD	
Overall quality of life	2.86	1	3.32	0.94	3.33	0.98	0.117
Overall health	2.92	0.86	2.75	1	3.33	0.9	0.146
Social relationships	1.94	0.53	2.5	0.56	2.87	0.68	0.001*
Environment	2.55	0.33	2.82	0.32	3.01	0.43	0.001*
Psychological	2.98	0.58	2.89	0.71	3.31	0.71	0.133
Physical health	3.16	0.65	2.89	0.64	3.48	0.61	0.034

*ANOVA test was done to measure the level of significance.

DISCUSSION

Delusional disorder can arise as a normal response to abnormal experiences in the environment The disorder was slightly more common in women than in men, and the mean age of onset of symptoms was 42 years.. WHO quality of life scale brief version was used for assessment of patient’s satisfaction with variety of life domains along with the importance the individual attaches

to each of these circumstances.⁶ In this study, the social domain mean scores were 2.11 in patients and 3.92 in healthy controls, and mean scores of social support facet were 1.79. It was the lowest score among all facets within 4 domains. In social relationship domain assesses personal relationship, social support and sexual activity. The scores of social relationship domain of patients with delusional disorder were significantly lower than healthy control.⁷ The result of this study was similar with other study. In this study, the environment domain mean scores were 2.63 in patients and 3.45 in healthy controls. This finding was similar with the result of previous study.⁷ That is scores of environment domain were lower in patients than healthy controls. In this study, psychological domain scores were significantly lower patients with delusional disorder than healthy controls. The result of present study is similar the finding of a study.⁷ where mean scores were 3.00 in patients and 3.88 in healthy controls that scores of psychological domain in patients were lower than healthy controls. In this study, physical domain was significantly lower than healthy controls. It is not surprising that physical wellbeing of mentally ill patients was lower than healthy controls since this domain includes questions related to daily activities, discomfort, sleep, energy and this area fully affected by their mental illness. Similar result was found in the study.⁷ Physical domain scores of that study; mean score were 3.18 in patients and 3.96 in healthy controls that scores were significantly lower in patients with delusional disorder than healthy controls. It is interesting to note that the physical domain scores of patients with mental illness like schizophrenia and delusional disorder were lower than patients with physical illness like diabetes.⁷ From the result of the present study individual domains status revealed that highest scores of quality of life of patients were found in domains of physical health, followed by psychological domain, followed by environment domain and lowest scores were found social relationship domain. Probable cause may be poor treatment facilities due to poverty, stigma about mental disorder and its treatment. Some time they showed aggressive behavior with member of society. For this reason family and society showed less supportive behavior with patients.⁸ The lowest score was found in environment domain. In this domain group, financial resources (mean score 2.42) and safety security (mean score 2.5) were found comparatively poor than other facets. This may be due to poverty and our law and enforcements system are not so strong.⁹

This study showed the gender based difference in quality of life among patients with delusional disorder. The mean scores of overall quality of life, physical health and psychological domain were better in male patients than female patients. Overall quality of life, social relationship and environment domain were better in female patients than male patients. But it was significant only social relationships and environment domains ($p=0.018$). This may be due to female patients stay in home and less interaction with other person in society but male patients are more interactive with other person of society. The result of this study differs study.¹² where quality of life of male patients was better than female.

In habitant, the scores of all domains were found better in group rural than urban group though not statistically significant. This may be due to good inter personal and social relationship. In family type, score of all domains were found better in patients live in joint family than nuclear family. In income group, high family income group were found better quality of life than low family income group.¹³ Social relationship and environment domains scores were statistically significant with family income.

CONCLUSION

The results of the study concluded that the social relationship domain is most impaired among other three domains. In additions quality of life significantly impaired in low socio-economic condition, nuclear family and less education level. Awareness program needed for society about the disease and psycho-education need to patients and family members. Result of this study may help to encourage further research.

REFERENCES

1. Kaplan HI & Sadock BJ. Synopsis of psychiatry- behavioral science and clinical
2. Psychiatry.11th edition, Philadelphia: Lippincott Williams & Wilkins. (2015); 7: 330-31.
3. Philip Cowen, Paul Harrison, Tom Burns. Shorter Oxford Textbook of Psychiatry. 7th edition, (2016); 12: 302-303.
4. Mendlowicz M V, Stein M B. Quality of life in individuals with anxiety disorder. American Journal of Psychiatry. 2000; 157: 669-82.
5. Atkinson M, Zibin S et al. Characterizing Quality of Life Among Patients With Chronic Mental Illness: American Journal of Psychiatry. 1997; 154(1): 99-105.
6. Guyatt, G. H., Feemy, D. H., Patrick, D. L. Measuring Health-related Quality of life. Annual Internal Medicine.1993; 118(8): 622-29.
7. Cowen, P., Harrison, P., Burn, T. Shorter Oxford Text Book of Psychiatry (6th edn) United Kingdom: Oxford university press. 2012; 225
8. Akvaradar Y, Akdede B B, Assesment of quality of life with WHOQOL-BREF in a group of Turkish Psychiatric patients compared with diabetic and healthy subjects. Turkey Journal of Psychiatry and Clinical Neuroscience.2006; 60:693-99.
9. Bashar M K, Alam F M et al. Assessment of Quality of life of patients with Schizophrenia. Bangaldesh Journal of Psychiatry. 2009; 23(2): 09-18.
10. Talukder U S, Alam M S et al . Quality of life among depressed patients. Bangladesh Journal of Psychiatry.2013; 27(1): 46-52.
11. Imam M A, Ali M et al. Quality of life in patient with Major Depressive Disorder. Mymensingh Medical journal. 2013; 22(2): 222-228.
12. Orley J, Kuyken W et al. Quality of life assessment across cultures. International Journal of Mental Health. 1991; 23(2):5-27
13. Shabani A, Ahmadzad M et al. Quality of life in patients with Bipolar I Disorder: Is It Related to Disorder Outcome? Acta Medica Iranica. 2013; 51(6): 386-393.
14. Abola O, Fatoye O et al. A review of quality of life in Nigerian patients with psychiatric disorder. African Journal of Psychiatry, 2013; 16:333-337.