Comorbidity of Social Phobia in a Sample of Out-patients with Schizophrenia

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ABSTRACT

Background: Social phobia in schizophrenia has no enough clinical attention. It has been associated with risk of suicide, poor social functioning and increase risk of relapse. **Objective:** to detect and assess social phobia in a sample of out-patients with schizophrenia. **Subjects and methods:** Eighty-six patients with schizophrenia and 21 patients with social phobia disorder were diagnosed according to structured clinical interview for DSM-IV. Positive and negative psychotic symptoms in schizophrenia were assessed with scale for assessment of positive symptoms (SAPS) and scale for assessment of negative symptoms (SANS). Social anxiety symptoms were assessed with the Liebowitz Social Anxiety Scale (LSAS). Functioning and disability of the schizophrenia patients were assessed with the medical outcomes study 36-item short form health survey (MOS-36). Results: 22.1% of schizophrenia patients were diagnosed as suffering from comorbid-social phobia, 42.1% of those patients were under treatment by Clozapine. **Results:** There was no significant difference between the schizophrenia patients with comorbid social phobia and without on the SANS and SAPS sum of global scores. Social anxiety scores of schizophrenia patients with comorbid social phobia didn't differ from those with social anxiety disorder as their primary diagnosis. Schizophrenia patients without comorbid social phobia disorder had significantly lower total scores on LSAS and lower social and performance anxiety subscale scores than the other two groups. There were statistically significant differences in functioning and disability on MOS-36 item scale between the two schizophrenic groups. **Conclusion:** Functioning was impaired in patients with comorbid social phobia disorder. Social phobia disorder is not a rare comorbid condition in schizophrenia, and it should be suspected in socially impaired subjects. Its presence implies the need for both psychological and pharmacological therapeutic specificity and often a comprehensive treatment approach.

Key words: Social Phobia, Schizophrenia, Impaired functioning, Egypt.

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INTRODUCTION

Psychiatric comorbidities are common among patients with schizophrenia[1]. The presence of anxiety disorders in schizophrenia patients has been associated with a greater risk of suicide[2], poor social functioning and an increase risk of relapse[3]. Schizophrenia and social phobia each cause significant impairment. Social phobia in schizophrenia has no enough clinical attention, although it is important to diagnose and manage social phobia among patients with schizophrenia[4].

In epidemiological study the rate of social anxiety disorder in schizophrenia range from 13% to 39%[4, 6-8].

It is often remains unrecognized and untreated because of its confusion with negative symptoms in schizophrenia patients. Meehl discussed this psychological debate pointing out that anhedonia, a core negative symptom, could contribute to or be a consequence of what he described as "aversive drift in schizophrenia" i.e the tendency to take on a burdensome, threatening, gloomy negative emotional change[9]. He suggested that this aversive drift is intense and pervasive in the interpersonal domain, manifesting itself as ambivalence and interpersonal fear[10].

Social phobia disorder contributes to decreased quality of life in schizophrenia[11]. This was expected as a comorbid condition causes impairment in quality of life, lower work productivity and greater utilization of health services[12]. Those patients also suffer from impairment in occupational role, social relationships and daily life activities[13].

Social anxiety disorder symptoms are common, quite severe and not correlated with psychotic symptoms severity among schizophrenia outpatients[14].

This study was conducted to determine the prevalence of social phobia in a sample of out-patients with schizophrenia and its effects on functioning of those patients.

SUBJECTS AND METHODS

This study was conducted in Psychiatry Department of Zagazig University Hospitals between June 2008 and February 2009. Patients were selected by using a randomized controlled trial. 86 out-patients diagnosed schizophrenia and 21 out-patients with social phobia disorder according to structured clinical interview for DSM-IV[15] participated in the study. Informed consents were obtained from the patients. Patients with substance misuse, schizo-affective disorders, neurological disorders and cardiac problems were excluded. All patients were evaluated for clinical symptoms and demographics. The schizophrenia patients were under medical treatment (32: Resperidone; 14: clozapine and 40: typical antipsychotics). 49 schizophrenia patients were males (56.9%), and 37 patients were females (43.1%). Their age range was from 19 to 51 years (mean 28.7±6.3). Schizophrenia patients with comorbid social phobia were 19 patients and without cormobid social phobia were 67 patients. Schizophrenia group with comorbid social phobia included 57.9% males and 42.1 females. Social phobia disorder group included 10 females and 11 males; their age range was from 19 to 45 years.

Positive and negative psychotic schizophrenia symptoms were assessed using the scale for assessment of positive symptoms (SAPS)[16] and the scale for assessment of negative symptoms (SANS)[17].

LSAS[18] was used for schizophrenia patients with comorbid social phobia and patients with social phobia disorder to assess the range of social interaction and performance situations which patients with social anxiety disorder may fear.

Functioning and disability of the schizophrenia patients were evaluated with the medical outcomes study 36-item short-form health survey[19]. It includes eight domains (physical function, role-function physical, role-function emotional, social function, mental health, general health, vitality and pain). The domain scores are rated so that higher values indicate better health (range 0-100).

Social anxiety disorder patients were evaluated before the beginning of treatment. Regarding the statistical analysis,

data were collected and analyzed by SPSS statistical software package. ANOVA and post hoc test, T test and chi-square test were used when appropriate. P<0.05 was considered statistically significant.

RESULTS

Table (1) shows that social phobia disorder was diagnosed in 19 (22.1%) schizophrenia patients. No significant difference was found between the two groups of schizophrenia patients with and without social phobia in age, sex and age at start of illness. 42.1% of schizophrenia patients with social phobia disorder were under treatment with Clozapine.

No significant difference was found between the two subgroups on the SANS and SAPS sum of global scores.

Table (2) shows that schizophrenia patients with comorbid social phobia disorder had a significantly higher total score on LSAS (65.7±29.3 vs 48.6±18.8) and a significantly higher scores for total anxiety as well as none significantly higher scores for total avoidance.

Both the performance anxiety and social anxiety scores appeared significantly higher in patients with schizophrenia with cormobid social phobia disorder than in those without social phobia disorder, whereas no statistically significant differences emerged for performance avoidance and social avoidance scores.

No significant differences were found between schizophrenia patients with social phobia disorder and patients with social phobia disorder as their primary diagnosis in total score on the LSAS (65±29.3 vs 66.6±24.5) or the performance and anxiety scores.

Schizophrenia patients with social phobia disorder and patients with social phobia disorder as their primary diagnosis had significantly higher total scores on the Liebowitz scale than the schizophrenia patients without comorbid social phobia disorder (65.7±29.3, 66.6±24.5 and 48.6±18.8 respectively).

As seen from table (3) there were significant differences in functioning between schizophrenia patients with and without comorbid social phobia disorder. The affected areas were mentally healthy, role-emotional, social functioning, vitality and general health, whereas no significant differences in physical function and role physical, bodily pain components between the two schizophrenia groups.

Table (1): Demographic and clinical features of the schizophrenia patients.

Variables	Schizophrenia patients group (N=86)			
	Patients with comorbid social phobia (N=19) 22.1%		Patients without comorbid social phobia (N=67) 77.9%	
	N	%	N	%
Sex				
Male	11	57.9	38	56.7
Female	8	42.1	29	43.3
Current treatment				
Clozapine	8	42.1*	6	8.95
Resperidone	6	31.6	26	38.82
Typical antipsychotics	5	26.3	35	52.23
	Mean	S.D	Mean	S.D
Age (years)	28.7	7.3	29.4	6.2
Age at start of illness	19.2	9.3	21.1	6.1
SAPS (sum of global scores)	13.2	3.6	12.9	4.1
SANS (sum of global scores)	15.3	4.8	13.1	4.0

*P<0.05 significant.

Table (2): Liebowitz Social Anxiety Scale scores in schizophrenia patients and in patients with social phobia disorder.

Item	Schizophrenia patients with comorbid social phobia disorder (N=19)		Schizophrenia patients without comorbid without social phobia disorder (N=67)		Social phobia disorder (N=21)	
	Mean	S.D	Mean	S.D	Mean	S.D
Social anxiety	16.1	8.1	10.9	7.1*	16.9	6.8
Performance anxiety	18.1	7.9	11.1	6.8*	19.1	6.2
Social avoidance	16.1	8.1	14.3	7.1	15.8	6.9
Performance avoidance	16.3	9.1	14.6	7.4	17.5	7.1
Total score	65.7	29.3	48.6	18.8*	66.6	24.5

ANOVA for the three groups. *P<0.05 significant when compare with other group.
Higher scores indicate more severe of anxiety symptoms, 55-65 moderate, 65-80 marked, 80-95 severe, >95 very severe

Table (3): Functioning and disability in schizophrenia patients with and without comorbid social phobia disorder on MOS[a].

Item	**Schizophrenia patients group (N=86)**			
	Schizophrenia patients with comorbid social phobia disorder (N=19)		**Schizophrenia patients without comorbid social phobia disorder (N=67)**	
	Mean	S.D	Mean	S.D
Physical function	62.2	20	65.3	16.5
Role-physical	58.8	18.2	62.3	24.8
Bodily pain	68.0	24.9	71.6	17.1
General health	59.0	16.1	70.2	19.4*
Vitality	42.3	22.0	53.6	21.6*
Social function	26.5	18.9	57.8	20.3*
Role-emotional	36.7	19.8	54.4	30.6*
Mental health	48.8	19.6	63.2	17.1*

[a]MOS: Medical outcomes study 36-item short form health survey: Higher scores indicate better health status (Possible range from 0-100).
*P<0.05 significant.

DISCUSSION

Social phobia disorder constitutes a significant problem for people with psychosis. Schizophrenia and social phobia each cause significant impairment. So this study was conducted to estimate the prevalence of social phobia in a sample of out-patients with schizophrenia and its effects on functioning of those patients.

The study revealed that 22.1% of the schizophrenia outpatients included in this study has a comorbid social phobia disorder. This result is in accordance with Cosoff and Hafner results as they reported that social phobia disorder is the most prevalent anxiety disorder in schizophrenia patients (17%)7. Michail and Birchwood examined the rate of social anxiety disorder in first-episode psychosis and reported that 25% of a group of 80 patients fulfilled ICD-10 diagnostic criteria for social anxiety disorder, with a further 11% reported difficultly in social interaction[20]. Another study revealed that 11% of those patients were diagnosed as suffering from social phobia[4]. In another study thesocial anxiety disorder was present in 36.3% of their out-schizophrenic patients[21].

There is difference between our study result and other results, this may be due to different sample size, different methodology and the collected sample may be from outpatients or inpatients. Low positive and negative symptoms scores on SANS and SAPS were detected in our sample. This is may be due to that our samples are from out-patients, who were already in remission.

Social phobia symptoms become evident when patients start to interact with others and adapt socially and be accepted. There is a similar rate of positive and negative symptoms in both groups of schizophrenia

patients, those with and without comorbid social anxiety disorder. The experience of paranoia and the social withdrawal found in schizophrenia can mimic social anxiety disorder symptoms. Clinical attention to focus on the presence of anxiety symptoms associated with avoidance behavior and on the level of insight, both of which are reduced when negative symptoms are predominant in the clinical picture[22]. In schizophrenia, withdrawal behavior linked to negative symptoms is phenomenologically sustained by detachment, while social anxiety is related to interpersonal sensitivity.

The social phobia disorder, studied by LSAS[18], was due to stressful situations which need performance for some actions in front of others and not due to paranoia experience. The liebowitz scale for assessment of social anxiety seems adequate and reliable; it was used in similar studies[4, 21]. This result is accordance with Stern et al. who found that social anxiety disorder symptoms are common severe and not correlated with psychotic symptoms[14]. The studied schizophrenia patients with comorbid social phobia disorder, 42.1% of them were under treatment by Clozapine (dose 1000mg in chlorpromazine equivalent).

This is in agreement with studies which found that social anxiety disorder induced by Clozapine treatment and they found that Fluoxetine augmentation improved social anxiety symptoms[23-24].

Schizophrenia patients with comorbid social phobia disorder showed low scores of functioning on SF-36 scale items. Affected areas were mental health, emotional-role, social functioning, vitality and general health. All these areas affect quality of life of those patients and leads to impaired functioning, lower productivity and greater utilization of health services. These results are in agreement with results of previous studies[3-4, 12, 20-21].

Psychological intervention has been indicated as a possible effective strategy. Group-based cognitive behavior therapy for social phobia in schizophrenia patients improves anxiety symptoms and functioning social[11]. Particular care is therefore required, when prescribing compounds like Clozapine to schizophrenia patients.

CONCLUSION

Social phobia disorder is not a rare comorbid condition in schizophrenia, and it should be suspected in socially impaired subjects. Its presence implies the need for both psychological and pharmacological therapeutic specificity and often a comprehensive treatment approach.

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