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Original Article

Socio-demographic and Clinical profile of Patients with Schizophrenia in an Egyptian Sample

[1]Samar Abdo Dahab, [2]Mona Ahmed Elbilsha
1 Assistant lecturer of Psychiatric and Mental Health Nursing, Egypt. e-mail:drsamarabdo@yahoo.com
2 Professor of Psychiatric and Mental Health Nursing, Faculty of Nursing-Mansoura University, Egypt. e-mail:elbilsha@yahoo.com

ABSTRACT

Background: Schizophrenia is a severe psychiatric disorder with patients experiencing disability throughout their illness, The illness may have consequences on social interaction and functioning which can affect day-to-day activities such as gaining or maintaining employment and relationships with family and friends. **Aim:** This study's aimed to evaluate the clinical and sociodemographic characteristics of schizophrenia patients in an Egyptian sample. **Method:** This research had A descriptive cross sectional study design was utilized with a sample of 60 patients diagnosed with schizophrenia admitted psychiatry Inpatient Department at Mansoura University Hospital. Data was collected using one tool: socio-demographic characteristics and clinical data sheet. **Results:** The study's findings showed that almost half (48%) of the patients were in the 30- to 45-year-old age range. Males made up two thirds of the patients in the study, and 65% and 70% of them resided in rural areas. Thirty-five percent of the patients in the study were either illiterate or literate. Over three-quarters (76.6%) of the patients in the study were either divorced or unmarried. The majority of patients in the study were unemployed and had low incomes (88.3% and 56.7%, respectively). **Conclusion:** Age, gender, marital status, education, family income, place of residence, and other sociodemographic and clinical characteristics are linked to schizophrenia, according to the results of the current study.

Keywords: *Schizophrenia, socio-demographic, clinical profile.*

Introduction:

The severe psychological condition known as schizophrenia is characterized by disorganization in cognition, perception, and behavior is a hallmark of schizophrenia, a severe psychological disease. About 1% of people worldwide are impacted by it **(Marder & Cannon, 2019).**Schizophrenia is linked to serious health, social, and financial issues despite its very low prevalence **(Wambua et al., 2020).** According to WHO**, s**chizophrenia accounts for 1.1% of all disability adjusted life years (DALYs) and 1.5–3.0% of all healthcare spending in developed nations, making it a severe public health issue **(WHO, 2013).**

Schizophrenia is considered one of the most serious of all psychiatric diseases due to its life-altering effects, such as social isolation, stigma, and decreased chances of finding a spouse, schizophrenia is considered one of the most serious mental illnesses **(Jauhar, Laws, Fusar-Poli, & McKenna, 2022).** Cognitive impairment, negative symptoms, and positive symptoms are the primary clinical manifestations of schizophrenia. More focus has recently been placed on the detrimental effects and cognitive decline of schizophrenia as the aim of psychological therapy. According to **Austin et al., (2015)**, nearly 60% of outpatients exhibited current unpleasant symptoms that tended to intensify with time and last for a long period. Poor social and occupational functioning outcomes are frequently linked to negative symptoms in schizophrenia **(Cai et al., 2023).**

Most in-patients in our mental hospitals suffer from schizophrenia, which is the most prevalent chronic psychosis in Egypt. The patients' unique traits in respect to Egyptian culture are reflected in the type of their delusions. The belief in the involvement of magic, occult forces, or supernatural creatures is the primary factor that causes schizophrenia in rural residents. Religious, political, scientific, and sexual delusions are common; Delusions of grandeur are rare, as are delusions relating to finances, society, health, emotions, and autism. Because Egyptian society is very devout, religious delusions are common **(Okasha, 2019).**

The two main elements thought to be responsible for the development of schizophrenia are genetic and environmental. Even though schizophrenia is thought to be a highly heritable condition, it's possible that different genetic differences contribute to the onset of symptoms. Genetic factors include modifications of the genetic material at different levels starting with gene sequence and finishing with genomic abnormalities **(Farah, 2018).**

Individuals with schizophrenia are cognitively impaired, and their attention, memory, and executive function deficits are more severe than those of the general population. Although the severity of deterioration varies widely across people, a deficit is always present. The quality of life of individuals with schizophrenia is adversely affected by negative symptoms, psychiatric comorbidity, adverse drug treatment side effects, and other factors that appear to be unrelated to the disease itself, such as medication or institutionalization **(Avila, Villacrés, Rosado & Loor, 2020).**

1. Significance of the Study

To the best of my knowledge, there are few epidemiological and prevalence data on schizophrenia patients in Egypt, and nothing is known about the contribution of sociodemographic factors to schizophrenia. Thus, the purpose of this study was to investigate the sociodemographic characteristics of individuals suffering from schizophrenia.

2. Aim of the Study

This study aimed to evaluate the clinical and sociodemographic characteristics of schizophrenic patients in an Egyptian sample.

3. Method

3.1 Design

This study was carried out using a descriptive cross-sectional research approach.

3.2 Setting

The investigation was carried out at Mansoura University Hospital's inpatient psychiatric department.

3.3Subjects

Sixty patients with a diagnosis of schizophrenia who met the following requirements made up the study's subject: all patients with a diagnosis of schizophrenia based on their medical records, both genders, aged between 18 and under 60, able to communicate, and willing to take part.

3.4 Data Collection Tool

The data for the current investigation was gathered using a single tool.

Socio-demographic Characteristics and Clinical Data Sheet:

The researcher created this questionnaire after analyzing current, relevant literature. It contained details regarding:

- Information about the patient's name, age, sex, education, marital status, place of residence, etc.
- Clinical information included diagnosis, illness start and duration, history of psychiatric hospitalizations, family history, etc.

3.5 Ethical Considerations

The Research Ethical Committee of Mansoura University's Faculty of Nursing provided ethical approval. An official permission for carrying out the study was gained from the Head of Psychiatric Department of Mansoura University Hospital. Patients were notified about the aim, risks, benefits and procedure of the research. They were also informed that participation in the study is voluntary. An informed consent was received from those who agreed to take part in the study. Participants were assured that their personal data will be kept confidential. They were also informed that they can leave the study whenever they want without penalty.

3.6 Data Analysis

The analysis was conducted using SPSS version 22. Qualitative data was described using numbers and percentages. "Mean ± SD (standard deviation)' was used to characterize continuous variables for parametric data.

4. Results

Table 1 shows that the mean ± SD of the patients under study was 32.20 ± 11.40, with ages ranging from 18 to under 60. 48.3% of the patients in the study were between the ages of 30 and 45. Males made up 65.0% of the patients in the study. About half of the patients in the study had a diploma, according to their educational background. In terms of marital status, 50.0% of the patients in the study were unmarried. In terms of occupation, 88.3% of the patients in the study were unemployed. Over two-thirds (70.0%) of the patients in the study dwell in rural areas, according to the residency. In terms of income satisfaction, almost half of the patients in the study (56.7%) did not have enough money.

According to Table 2 nearly two thirds (63.3%) of the patients in the study had a family history of mental illness. In terms of the length of their illness, almost one-third (26.7%) of the patients in the study stated that their illness had been present for five to more than 10 years. Over half of the cohort under study (58.3%) had an involuntary hospital admission. The majority of the cohort under study (91.7%) had previously taken psychiatric drugs. Medication adherence showed that 28.3% of the participants in the study did not take their medications as prescribed. Suicidal thoughts were reported by 11.7% of the participants in the study.

According to Table 3, one-fifth (20%) of the group under study is physically unwell. Two-thirds (65%) of the patients in the study neglected their personal hygiene, and needed assistance to do so. In terms of eating patterns, anorexia affected over half (46.7%) of the participants in the study. 16.7% of the participants in the study slept for fewer than six hours every day. Additionally, the majority experienced sleep disruption, early insomnia (20%), disrupted sleep (35%), and late insomnia (33.3%).

As shown in Table 4, 38.3% of the participants in the study stated that their family consisted of four to six persons. Over half (56.7%) of the patients were in the middle birth order. Of the patients, the majority (76.6.6%) lived with their parents and siblings, while 3.3% lived alone. More than two thirds of the subjects (71.7%) did not sustain relationships with others, and the majority of the subjects (71.7%) did not initiate social connection

Table (1): *Distribution of Patients Studied Based on Sociodemographic Traits:*

Socio-demographic Characteristic	**No(60)**	**%(100)**
Age (years)		
18 < 30 years	16	26.7
30 < 45 years	29	48.3
45 < to less than 60 years	15	25.0
Mean ± SD = 32.20 ± 11.40 years		
Sex		
1.Males	39	65.0
2.Females	21	35.0
Level of Education		
1.Illiterate	6	10.0
2.Read & write	15	25.0
3.Diploma or secondary school	30	50.0
4.University	9	15.0
Marital status		
1.Married	8	13.3
2.Single	30	50.0
3.Divorced	16	26.7
4.Widow	6	10
Occupation		
1.Not working	42	70.0
2.Housewife	11	18.3
3.Manual work	5	7.14
4.Professional work	2	4.3
Residence		
1.Urban	18	30.0
2.Rural	42	70.0
Income		
1.Insufficient	34	56.7
2.Sufficient	26	43.3
Total	**60**	**100%**

Table (2): *Distribution of the Research Sample Based on Clinical Information:*

clinical data	No(60)	%(100)
Psychiatric illness in the family		
1.No	38	63.3
2.Yes	22	36.7
Duration of disease		
1. Less than 1 years < 2 year	21	35.0
2. 2< 5 years	18	30.0
3. 4< 10 years	12	20.0
4. 10 +	9	6.7
Mode of hospital admission		
1. Involuntary	35	58.3
2.Voluntary	25	41.7
Number of hospitalization		
1.Once	28	46.6
2.Twice	23	38.3
3.Three times	5	8.3
4.Four times	1	1.7
5.Five times	3	5.0
Previous psychiatric treatment		
1.No	5	8.3
2.Yes	55	91.7
Drug adherence		
No	17	28.3
If Yes (N=43)	43	71.6
Yes regularly	14	23.3
Yes interrupted	29	48.3
Suicidal thoughts		
1.No	53	88.3
2.Yes	7	11.7
Total	**60**	**100%**

Table (3): *Study Sample Distribution Based on Physical Condition:*

Physical Condition	No(60)	%(100)
Physical illness		
1.No	48	80.0
2.Yes	12	20.0
Personal hygiene		
1.Neglect	10	16.7
2.Done with assistance	29	48.3
3.Done alone	21	35.0
Eating		
1.Refuse eating	30	50.0
2.Anorexia	28	46.7
3.Overeating	2	3.3
Sleep hours		
1.Less than 4 hours	10	16.7
2. 6 hours	19	31.7

3.More than 6	31	51.7
Sleep problems		
Insomnia	7	11.7
1.No	53	88.3
2.Yes		
If yes:	12	20.0
1.Early Insomnia	21	35.0
2.Interrupted Sleep	20	33.3
3.Late Insomnia		
Total	**60**	**100%**

Table (4): *The Social status of the 60 Patients Under Study*

Social condition	N (60)	100 %
Numbers of Family members		
1. Less than 4 members	16	26.7%
2. 4-6 members	23	38.3%
3.More than 6 members	21	35 %
Birth order		
1.The Younger	19	31.7 %
2.The Middle	34	56.7 %
3.The Older	7	11.7%
Living with whom (Cohabitation)		
1.Alone	2	3.3 %
2. Parents	46	76.6 %
3. Wife/ Husband and Children	6	10 %
4. Brothers/sisters	6	10 %
Social Interaction		
Social Initiation interaction		
1.No	43	71.7%
2.Yes	17	28.3%
Maintenance interaction		
1.No	45	75 %
2.Yes	15	25 %
Total	60	100%

Discussion

The present study's findings regarding the sociodemographic features of the patients under investigation showed that, with a mean and standard deviation of 32.20 ± 11.40, over half of the patients were in the 30- to 45-year-old age range. According to **El-Bilsha, Saber, and Abd-Eraof (2023),** over half of the patients were in the 30- to 50-year-old age range. This is also in line with **Forma, Green, Kim, and Teigland (2020).**

Male patients made up the majority of the study's subjects. This outcome could be because relatives of female patients frequently refrain from seeking assistance owing to stigmatization, and it could also be because male patients may require hospitalization due to the fact that their symptoms of schizophrenia are more severe than those of

female patients. This outcome was consistent with research conducted in Egypt by **Mahmoud and Zaki (2015).** Additionally, this outcome aligned with a study conducted by **Altun, Karakaş, Olçun, and Polat (2018).** However, this outcome did not align with a study conducted in Egypt by **Ghanem, Gadallah, Meky, Mourad, and Kholy (2009).** Additionally, **Osuji & Onu (2019)** found that women outnumbered men.

In terms of educational attainment, 10% of the sample under study lacked literacy, while nearly half had a secondary education and diploma. This could be because over two-thirds of the sample came from rural locations, and over half of the sample had poor socioeconomic status. The earlier onset of the illness was also thought to be a barrier to continuing schooling. This finding is consistent with a study conducted in Egypt by **Dewedar, Harfush, and Gemeay (2018),** which found that 9.2% of patients were illiterate and 44.2% of patients had completed secondary school.

The current study found that roughly three quarters of participants were not currently married in terms of marital status, with 50% of them being single and 26.7% being divorced. Due to the fact that the sample's most prevalent age group was between 30 and 45 years old, and the earlier age of onset was a barrier to marriage, the lower marital rates may be explained by symptomatology and socio-occupational handicap. Additionally, the fact that over half of the sample under study did not have a job and reported having insufficient income may be the cause of this. This result was consistent with a study by **Favord et al.,(2019),** It revealed that 90% of people with schizophrenia were single. In contrast**, Shin, Fei, Yi, Ruslan, and Sharkawi (2020)** in Malaysia discovered that most patients with schizophrenia were married, in addition to another study by **Aggarwal, Grover, and Chakrabarti (2020).**

According to the current study's findings, 88.3% of the examined samples were non-functional. This discovery might be the consequence of patients' poor interpersonal skills and inability to focus, which could impair their productivity and capacity to work in addition to taking care of their families. This finding was consistent with a study conducted in Egypt by **Soliman, Mahdy, and Fouad (2018),** which found that half of patients with schizophrenia did not have a job. Furthermore, a study conducted in Tanta, Egypt, by **Harfush & Gemeay (2018)** found that over 50% of individuals with schizophrenia were unemployed. Over two-thirds (70%) of the participants in this study came from rural regions. This result could be interpreted as showing that traditional therapy is often sought after by elderly in rural areas.

postpone getting mental health therapy, which can negatively affect mental health. As a result, the delay in receiving psychiatric treatment led to chronic disease and the necessity for hospitalization. This outcome was consistent with a study conducted in Egypt by **El-Monshed & Amr (2020),** which discovered that over 50% of individuals with schizophrenia were from rural areas. Furthermore, this finding was consistent with **Dutesco et al.,(2018),** who noted that the majority of schizophrenia patients came from rural areas. In contrast, **Desalegn, Girma, and Abdeta (2020)** found that over half of schizophrenia patients in Southwest Ethiopia were from metropolitan areas.

While 76.6% of the population under study lived with their parents, only 3.3% of the individuals lived alone. The fact that half of patients (50%) were unmarried and that over half of patients (56.7%) reported not having enough money may help to explain this. The fact that our parents are the ones that watch out for us and care for us the most may also help to explain it. In line with this result, **Guedes de Pinho, Pereira, and Chaves (2018)** noted that over half of patients resided with their family.

Furthermore, a study by **Mohammed & Ghaith (2019)** in Egypt corroborated this result. Furthermore, this conclusion was in line with **Jombo & Abasiubong (2015)** findings showing the majority of the sample lived with family. About 65% of the sample under examination either ignored personal hygiene or did it with assistance, according to this study. Being constantly busy and experiencing unfavorable symptoms, such as hallucinations or delusions, may lead to this consequence. This result was in line with an Egyptian study by **El-Bilsha (2019)** that found that over half of people with schizophrenia neglect their personal hygiene.

According to eating habits, the current study discovered that over half of the patients suffered from eating disorders, including anorexia, refusal eating, and eating with assistance. This result may be explained by schizophrenia patients' delusions of persecution and erroneous suspicions that food is contaminated. This result was consistent with **Al-maghraby, El-Bilsha, and El-Hadidy (2020),** who reported that more over one-third of the schizophrenia patients refused to eat.

Al-Maghraby, El-Bilsha, and El-Hadidy (2020) found that more than one-third of schizophrenia patients had insomnia, and this finding could be the result of psychotic symptoms, which can produce dread and worries that impair regular sleep patterns at night and possibly arise from hospitalization in addition to the depressive symptoms of schizophrenia. **Reeve, Sheaves, and Freeman (2019)** found that 50% of psychosis patients have insomnia, and the current study found that three-quarters of the studied sample experienced sleep disturbances, with an average of less than 6 hours of sleep.

Nearly two-thirds of individuals in the current study had a verified family history of mental illness. Hereditary and genetic variables, which are often a risk factor for mental illness, have an impact on this conclusion. This result was consistent with the findings of **Kiwan et al. (2020).** The chronic nature of schizophrenia is the reason why almost one-third of the samples under study had a diagnosis between five and ten years into the length of the illness. **El-Bilsha (2019)** supports this conclusion.

The majority of the sample had no physical ailment, which is related to nearly three quarters (73.3%) of the population under study were under 45 years. **Al-maghraby, El-Bilsha, and El-Hadidy (2020)** concur with these findings.

More than one quarter (26.7%) of the studied samples had schizophrenia from 5 to 10 years, which is related to the chronic nature of schizophrenia. Additionally, 28.3% of the studied samples did not take their medications as prescribed, nearly half (48.3%) of the studied samples had their treatment interrupted. This result supported by **El-Bilsha (2019).**

According to the results of the current study, less than two-thirds of patients were admitted to mental hospitals under duress. This result may be the consequence of stigma-related worry and a lack of knowledge about the disorder. More than two-thirds of patients with mental illness were admitted against their will, according to an Egyptian study by **Ibrahim, Callaghan, Mahgoub, El-Bilsha, and Michail (2015).**

This result showed that smokers made up 43.3% of the sample. The use of cigarettes by patients as a coping strategy for auditory hallucinations may be the cause of this result. **Abd Elhay (2017) and Kiwan et al. (2020)** found that two-thirds of people with schizophrenia smoke, which was in line with this finding. In contrast, **Eticha, Teklu, Ali, Solomon, and Alemayehu (2015)** discovered that half of patients with schizophrenia did not smoke cigarettes.

6. Conclusion and Recommendation:

According to this study, schizophrenia was linked to sex, marital status, educational attainment, monthly income, place of residence, and other sociodemographic and clinical characteristics. As anticipated, these characteristics of schizophrenia provide useful baseline information that will aid in the more accurate management and classification of schizophrenic patients according to their sociodemographic characteristics. These statistics can also be used to track future developments and make comparisons with other regions of Egypt and the world.

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8. Declaration of Conflicting Interests

Regarding the study and publishing of the article, the authors disclosed no possible conflicts of interest.

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