Evolution of depressive status in patients with schizophrenia: an analysis of patient trajectories

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BACKGROUND
• Depression and schizophrenia have historically been regarded as separate disorders, it is now recognized that depressive symptoms are frequent clinical features in patients with schizophrenia.
• The majority of studies on depression among patients with depression reports means or percentages which obscure the longitudinal aspect of patients’ depressive status.
• Trajectory description analysis may provide a more nuanced picture of depressive status of patients.

OBJECTIVE
• The objective of this study was to identify, in a large sample of patients with schizophrenia, distinct groups of patients with different trajectories of depressive symptoms.

METHODS
• We used data from EuroSC, a European 2-year cohort study conducted in France, England and Germany, included 1208 patients, who answered the Calgary Depression Scale for Schizophrenia (CDSS) questionnaire every 6 months for up to 2 [1].
• The Calgary Depression Scale for Schizophrenia (CDSS), developed to assess the level of depressive symptoms in schizophrenia, was completed every 6 months, as well as other clinical outcomes (severity of symptoms, functioning, etc.) and quality of life.
• The CDSS is a 9-items questionnaire (depression, hopelessness, self-depreciation, guilty ideas of reference, pathological guilt, morning depression, early wakening, suicide, observed depression) with a global score range of 0-27.
• To identify patients suffering from depressive symptoms, widely accepted cut-off score of the CDSS were applied:
  • cut-off score of >3 points and >6 points have been proposed to separate depressed and non-depressed patients. [2,8]
• Depression rates were calculated at each visit, independently, and depending on the patient’s previous status.

RESULTS
• Our sample consisted of 1208 patients with schizophrenia at the baseline visit.
• The mean CDSS score at baseline was 2.88 (SD 3.57); (Table 1)
• The prevalence of depressive symptoms were 20% to 40% depending on CDSS cut-off used.
• Among the 477 and 243 patients considered as depressive at baseline, 42% and 60% changed status after 6 months when considering cut-points of 3 and 6, respectively. (Figure 1)
• Similarly, among the 724 and 958 patients considered as non-depressive at baseline, 18% and 10% changed status after 6 months. (Figure 1)
• These results were relatively stable over time, when considering the subsequent visits. (Figure 1)

Table 1. CDSS characteristics at baseline and pooled visits

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>All visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missing</td>
<td>7 (0.6%)</td>
<td>45 (0.9%)</td>
</tr>
<tr>
<td>Valid values</td>
<td>1201</td>
<td>4819</td>
</tr>
<tr>
<td>Mean (SD;SE)</td>
<td>2.88 (3.57 ; 0.10)</td>
<td>2.44 (3.40 ; 0.05)</td>
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<tr>
<td>Min-Max</td>
<td>[0.00 ; 22.0]</td>
<td>[0.00 ; 22.0]</td>
</tr>
</tbody>
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REFERENCES
2. Claasen et al., World Psychiatry 2006, 5:172-176

CONCLUSIONS
• Using different cut-offs for CDSS lead to different results in depression prevalence, although patients trajectories over time were similar.
• This study highlights the need of cut-off to be used in CDSS, to define patients with depressive symptoms.