

SUBJECTIVE EXPERIENCES AND THE PSYCHOPATHOLOGICAL DIMENSIONS IN SCHIZOPHRENIA



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✓ **OBJECTIVES:** Explore the relationships between subjective experiences and objective symptoms in schizophrenia

The concept of **subjective experiences** corresponds to the **self-perception of cognitive disorders** in schizophrenia : attention, perception, memory, thinking, language, movement and emotion. It constitutes a **neglected topic** among researches on schizophrenia. It has been proposed by Huber et al. (1980), under the label of “ **basic symptoms** ”, because they are considered as the symptoms of schizophrenia appearing before the onset of illness.

We evaluate the relationships between these basic symptoms and the symptoms objectivated with the PANSS

✓ METHODS

SUBJECTS:

Inclusion: 310 psychiatric patients with ICD 10 diagnosis of schizophrenia (149 paranoid, 63 hebephrenic, 66 residual, 31 undifferentiated - Mean dose of chlorpromazine equivalent: 407 mg

Exclusion: organic mental disorder, severe somatic disorder

RATING SCALES:

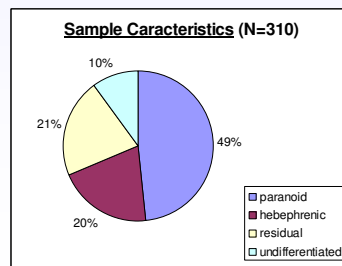
- **PANSS** : 5 factors: negative, positive, disorganisation, hostility and anxious/depressives (Kay et al., 1987)

- **Frankfort Complaint Questionnaire** : 24 items ' subscale - Yes/No questionnaire for the autoevaluation of subjective experiences about cognitive impairments (loss of control, simple perception, complex perception, language, thought, memory, motility, lack of automatism, anhedonia-anxiety and sensory over stimulation) (Loas et al., 2002)

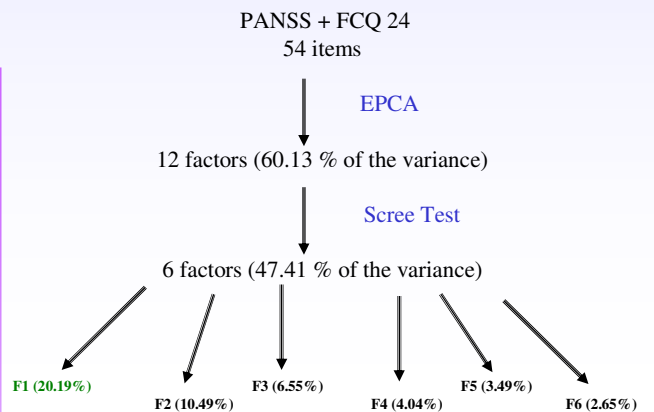
STATISTICAL ANALYSIS:

Exploratory Principal Components Analysis (ECPA)

Exploratory principal components analysis is used as a dimensional reduction technique for determining a smaller set of orthogonal (uncorrelated) variables to explain a majority of the total variance.



✓ RESULTS



✓ All the FCQ 24 's items are included in one factor, different and distinct from the 5 factors of the PANSS

F1 Subjective (from FCQ)	F2 Negative component	F3 Positive component	F4 Disorganisation component	F5 Excitement/ Hostility component	F6 Anxiety / depression component
Complex Perception (2/2)	Emotional Withdrawal	Delusions	Disorganisation	Poor impulse control	Anxiety
Thought (3/3)	Passive/ Apathetic withdrawal	Unusual Thought Content	Conceptual Disorganisation	Hostility	Depression
Lack of automatism (4/4)	Lack of spontaneity	Hallucinatory behavior	Disorientation	Tension	Somatic concern
Language (4/4)	Poor rapport		Difficulty in abstract thinking	Uncooperativeness	
Motility (1/1)	Blunted affect		Lack of judgement/Insight		
Simple Perception (1/1)	Active social avoidance				
Anhedonia-Anxiety (2/2)	Excitement				
Memory (2/2)	Motor retardation				
Sensory Oversimulation (2/2)	Preoccupation				
Loss of control (3/3)					

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✓ CONCLUSIONS

✓ **Subjective experiences** constitute a **specific dimension** that is independent of the other clinical dimensions of the schizophrenic symptomatology

✓ **PANSS** structure is represented by a **five-factor** solution

Subjective experiences should be studied **on their own**, in particular in their links with cognitive dysfunction evaluated by **neuropsychological tests** (i. e. Grober & Buschke, Stroop, Trail making Test...).

Moreover, **subjective experiences** could become an **evaluation tool of coping strategies' or therapeutical efficiency** (chimiotherapeutical and psychotherapeutical treatments).

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KEYWORDS: Schizophrenia - Cognitive Neuropsychiatry - Basic Symptoms - Frankfurt Complaint Questionnaire