Relationship Between Insight, Adherence and Disability in the Diagnose of Paranoid Schizophrenia

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Abstract

The authors review the complex relationship between insight, adherence and symptoms with the functioning of the patient with diagnose of psychosis, either directly or as intermediary factors of each other.

Insight has been proposed to act through symptoms or psychodynamic factors. But in turn, adherence and insight are related in a bidirectional way and the first is one of the best predictors of outcomes in psychosis. Similarly symptoms, especially negative ones, are associated with a worse evolution of the disease.

The authors suggest that insight plays a role in the functioning of the patient, producing both a direct effect and also as a mediator by the improvement of adherence.

It is proposed that insight becomes a key therapeutic target in combined programs in order to favor better outcomes in the evolution of psychosis.

The concept of insight has evolved over the years from psychodynamic positions, related to defense mechanisms (denial or repression), or as well as to the inability to recognize a morbid process by oneself to a multidimensional model of clinical insight in the 90s, which implied the ability of the patients to recognize their own symptoms, their attribution, its impact on their life and the need for treatment.

Beyond the conscience of illness or clinical insight, in the last few years the concept of cognitive insight (understood as the ability to re-evaluate thoughts and beliefs in order to make thoughtful conclusions, focused on more general metacognitive processes) is gaining strength.

Lack of insight is frequently found among patients with schizophrenia, affecting between 50-80% of this population. Poor insight has been linked to the clinical course and severity of the illness, greater psychosocial dysfunction, a worsened quality of life, an increased need for involuntary treatments, and greater aggressiveness. On the other hand, good insight has been found to be associated with better global functioning and an improved
personal development in some specific areas, such as social adjustment15-17 or working performance18,19.

This effect might be due to a mediating role of symptoms5,12, but it is equally possible that psychodynamic aspects of insight can also be related to its direct effect on disability.

The finding of a lack of insight could be the result of the use of avoidant coping mechanisms20, which the patients with psychosis may also not be able to use in their daily functioning, leading to an ultimate result of greater social and occupational disability. In other words, taking into account more current models, recovery occurs when people with mental illness faced to it feeling empowered, hopeful and in charge of their own recovery21, attitudes hindered by the lack of awareness of illness and that would result in an increased disability4.

However, it cannot be ignored that good insight has also been related to greater depressive symptoms, suicide, self-stigma, and worse quality of life6,22-24. This apparent paradox might be secondary to the mediation of other factors such as hopelessness, perceived discrimination, the decrease of self-esteem, and internalized stigma6. Therefore greater insight in the context of low stigma might be associated with better prognosis25,26, while poorer outcomes may occur when insight increases depressive symptoms27.

Nonadherence to pharmacological treatment is another common concern in schizophrenia and one of the best predictors of functional outcomes in these patients with this diagnose28. It has been possible to objectify the findings of a lack of insight could be the result of the use of avoidant coping mechanisms20, which the patients with psychosis may also not be able to use in their daily functioning, leading to an ultimate result of greater social and occupational disability. In other words, taking into account more current models, recovery occurs when people with mental illness faced to it feeling empowered, hopeful and in charge of their own recovery21, attitudes hindered by the lack of awareness of illness and that would result in an increased disability4.

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schizophrenia diagnosis. We found that poor insight plays a major role in the disability in patients with paranoid schizophrenia and that this response is in part mediated by the effect of this poor insight on poor treatment adherence. It should be added that negative symptoms are associated with greater disability in this clinical population too (figure 1)41.

In our study, we use a multidimensional concept of insight, as described above, and the Scale of Unawareness of Mental Disorder (SUMD) to be assessed1. We also chose the disability scale of the World Health Organization (DAS-WHO) as the main outcome measure instead of Global Assessment Functioning (GAF), the one used by Novick et al (2015)40. It should be noted, the GAF also assess symptoms and the collective weight of this measure can distort the interpretation of results on functioning. The decision to use the DAS-WHO scale provided us with an objective and clinically relevant measure of a patient’s deficit, and its direct impact on the capacity to perform basic daily activities in the terms self-care, family relationships, occupational and social role; rather than with indirect measures, such as relapses, rehospitalizations, quality of life or even the GAF41.

Along the lines of these findings, a broad and exhaustive theoretical review has been carried out recently by Lysaker et al (2018a). They have studied how insight influences the illness outcome and concluded, with a relatively solid conviction, that poorer insight can lead to a greater likelihood of rejecting antipsychotic medication and greater difficulties in forming a therapeutic alliance5.

This paper intends to assess the clinically relevant question of the association between insight, adherence and functional outcome in schizophrenia. However, all the work done through the years would not make any sense unless we correlate it with its importance in clinical care. These findings lead us to believe that insight should become a key therapeutic target in the treatment of patients with schizophrenia, given its proven, direct influence on patient functioning, as well as its effect on adherence to pharmacological treatment.

Most of the once existing therapies oriented to insight in its classical conception - based on psychodynamic positions-, have been condemned to oblivion for their lack of efficacy and efficiency42. We could assume that is the reason why current theories are focusing their efforts on the present time, combining strategies of both support and introspection43, trying to take some advantage of the positive effect that self-knowledge produces on clinical insight. These current theories are also striving to understand the patient in his biographical context by integrating the psychotic experiences, affirming the limits of the ego and helping the process of individuation5; then showing some degree of efficacy even in patients with psychosis44.

Our work is focused on clinical insight, but we cannot ignore other aspects of it, not reviewed in this paper, such as cognitive insight, and its importance in the evolution of the illness45,46. Similarly other models of therapeutic interventions, the cognitive and metacognitive ones, could favor improving both clinical and cognitive insight by promoting adherence to the pharmacological treatment, insofar as they increase awareness of the usefulness of treatment and one’s own difficulties, favoring cognitive flexibility and diminishing hopelessness45-49.

Therefore, including components aimed at enhancing metacognition, self-esteem, and reducing self-stigma may be useful in therapeutic programs for psychosis. In this sense, there is growing evidence that improving the metacognitive capacity in these patients promotes recovery by enhancing their ability to cope with the difficulties of daily life and better understand themselves and others50.

The greatest scientific evidence in relation to the effectiveness of interventions on insight finds that the implementation of comprehensive psychotherapeutic programs, including at least psychoeducation, social skills training and cognitive-behavioral therapy is much more effective than any other intervention by itself. These interventions have not been shown to increase depressive symptoms, one of the already mentioned risks of improving insight51.

As a way of conclusion, we want to point out that insight is a key element in schizophrenia outcomes through its direct effect on disability and adherence. It is absolutely necessary to assess it in any patient with psychosis as well as to involve those patients with poorer insight in comprehensive treatment programs to increase insight and improve outcomes.

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References


35. Boban J, Janardhanan C, Narayanaswamy JC, et al. Insight in...


