SUMMARY

Introduction

Schizophrenia is a common and serious neurobiologic illness that affects 1% of people globally. Experts currently view it as a syndrome, rather than a single disease, given its many risk factors and genetic implications, as well as its heterogeneous client presentations, treatment responses, and clinical courses.

Long term psychiatric disorders are more vulnerable to stress, are more dependent, have greater deficits in living skills and have greater problems in employment and in relationship to their social environment. They also reported that QOL of chronic psychiatric patients is impoverished especially in the domains of housing conditions, family environment, social network, financial circumstances, safety and practical skills. Quality of life (QOL) is considered an important outcome in the treatment of schizophrenia, but the determinants of QOL are poorly understood in this population.

Significance of the study

Schizophrenia is a severe and debilitating disorder, which affects general health, functioning, autonomy, subjective well being, and life satisfaction of those who suffer from it. Despite 50 years of pharmacological and psychosocial intervention, schizophrenia remains one of the top causes of disability in the world.

Aim of the study:-

The aim of the present study was to identify the quality of life among long stay hospitalized schizophrenic patients.

Research question

Have the schizophrenic patient's quality of life?

Subject and Methods:-

The study was conducted at the Psychiatric and Mental Health Hospital in Benha City, which is affiliated to the Ministry of Health. It has 6 departments (5 male and 1 female), with a capacity of 277 beds and the total numbers of the patient are 224 patients (59 female and 165 male).

The subject included 100 schizophrenic patients (50 males and 50 females) at Psychiatric and Mental Health Hospital in Benha City.

The subjects were selected according to the following criteria:-

1- The last patient's admission not less than 6 months.
2- Diagnosed with schizophrenia.
3- Able to communicate.
4- Willingness to participate in the study.

To collect data of this study, the following tools were used:-

Part one: Was concerned with socio-demographic characteristic of the studied subjects which consist of age, sex, education level ……etc.

Part two: Was concerned with clinical characteristic of the studied subjects which consist of onset of illness, recent admission, frequency of admission ……etc.

Part three: - Structured interview "Schizophrenic quality of life scale (SQOLs)": was developed by Wilkinson (2000). was designed To measure quality of life for people with schizophrenia and

consist of 30– Items questionnaire which divided into three subscales:-

1- "Psychosocial" (15 items) addresses various emotional problems, for example feeling lonely, depressed or hopeless, as well as feeling of difficulty mixing in social situations and feeling worried about the future.

2- "Motivation/energy" (7 items) addresses various problems of motivation and activity, such as lacking the energy to do things.

3- "Symptoms /side effect" (8 items) addresses issues such as sleep disturbance, blurred vision, dizziness, muscle twitches and dry mouth, which can be caused by medication. Each item or statement will rated on a5 point likert scale where zero =never and 4=always   (**Wilkinson et al., 2000**).

An interview was conducted individually by the researcher for each patient and patient's privacy and confidentiality respected through out the conduction of the study.

The findings of the study can be summarized in the following:-

According to socio- demographic characteristic of the studied subjects, the findings pointed out that highest percentage of the studied subjects between 30-<40 years old and most of them were illiterate, single, not working and economical status were not sufficient.

Regarding Clinical characteristics of the studied subjects, the findings pointed out that more than two third of the studied subjects were admitted hospital by family, most of them were no family history of psychiatric illness and the main symptoms lead to admission were agitation.

Concerning total score of quality of life. Highest percentages of the were average quality.

There was a highly statistically significant relation between total score of quality of life and socio- demographic characteristic of the studied subjects related to age, sex, marital status, occupation and economical status.

There was a highly statistically significant relation between total score of quality of life and clinical characteristic of the studied subjects related to onset of illness, recent admission, frequency of admission, method of admission, family history of psychiatric illness and side effects which appear to patients.

As results of this study the following recommendation were formulated:-

- Studied subjects require interventions that enhance QOL such as:-

   *Activities (occupational, recreational).

   *Rehabilitation programs such as (social skill training, problem solving training programs ….etc) to decrease period of stay in the hospital, rate of relapse and these programs will help patients to become more sociable in the future.

   *Support system (family, medical and financial support ...etc).

- Patient's education is a very important element in improving patient's quality of life.