

# PREDOMINANT NEGATIVE SYMPTOMS:

## Views of patients vs. doctors in a 1-year observational study

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### OBJECTIVE

The objective of the poster is to compare the views of patients vs. doctors regarding predominant negative symptoms during a 1-year observational study.



### KEY TAKE-AWAYS

Both patients and doctors reported **significant improvement** in **predominant negative symptoms**. Nonetheless, there were some differences how they perceived severity and change in the specific domains.



Patients reported the greatest improvement in **asociality** and **alogia** with an LS mean change from baseline of 2.7 points.



Doctors found **apathy** and **anhedonia** to improve the most with 1.9- and 1.8-point LS mean change from baseline.



## INTRODUCTION

- Negative symptoms** are a key aspect of schizophrenia, significantly impacting a patient's functioning and quality of life. As articulated in the most recent guidance by the European Psychiatric Association (EPA), **including self-report measures is encouraged** in negative symptom studies as they can further complement the observer-rated scales when assessing negative symptoms of schizophrenia.

## METHODS

- The study was a **1-year-long, prospective, multicentric cohort study** with three visits after baseline at 3, 6 and 12 months. Adult outpatients with a schizophrenia diagnosis according to the International Classification of Diseases 10th edition (ICD-10) who exhibited predominant negative symptoms according to clinical judgement were included.
- The primary outcome measure was the **modified Short Assessment of Negative Domains (m-SAND)**. The m-SAND is an anamnesis-based scale that is composed of 7 items: two positive items (delusions and hallucinations) which make the m-SAND Positive sub-scale (m-SAND-P) and five negative items (anhedonia, alogia, avolition, asociality and affective flattening) which make the m-SAND Negative sub-scale (m-SAND-N). Each item is rated from 0 to 5 (not observed; mild; moderate; moderately severe; severe; and extreme). Other measurements included the **Self-evaluation of Negative Symptoms (SNS)**, a validated scale that was found to be an easily understandable instrument for patients with schizophrenia.
- Least squares (LS) means were calculated for the change from baseline to final visit using a mixed model for repeated measures (MMRM).

## RESULTS

- 188 patients** were included in the study. The mean age was **39.8 years** and 65% of patients were men. The mean duration of illness was 12 years. Most patients had paranoid schizophrenia (52%) followed by residual schizophrenia (19%) and undifferentiated schizophrenia (13%). At baseline, patients rated **alogia** and **apathy** (mean SNS score: 5.7) to be the most severe and then asociality (mean SNS: 5.5). In contrast, doctors found **affective blunting** (mean m-SAND total score: 4.3), **apathy** (mean SAND score: 4.2) and **anhedonia** (mean SAND score: 4.0) to be the most severe.
- After the end of the observational period all negative symptom sub-domains improved significantly according to both the patients' and doctors' views.

Figure 1.

Mean negative symptom scores at baseline and final visit rated by doctors (m-SAND) and patients (SNS) with LS mean changes

