

Quality of Life across Mental Disorders in Psychiatric Outpatients

Vathsala Sagayadevan,¹*BPsych (Hons)*, Siau Pheng Lee,^{1,2}*BA*, Clarissa Ong,^{1,3}*BA*, Edimansyah Abdin,¹*PhD*, Siow Ann Chong,¹*MBBS, MMed, MD*, Mythily Subramaniam,¹*MBBS, PhD*

Abstract

Introduction: Literature has shown that individuals with various psychiatric disorders experience a lower quality of life (QoL). However, few have examined QoL across disorders. The current study explored differences in QoL and symptom severity across 4 psychiatric diagnostic groups: anxiety disorders (including obsessive compulsive disorder [OCD]), depressive disorders, schizophrenia, and pathological gambling. **Materials and Methods:** Data analysed was from a previous study that examined the prevalence of hoarding symptoms among outpatients (n = 500) in a tertiary psychiatric hospital in Singapore. Measures utilised included the Beck Anxiety Inventory (BAI), Beck Depression Inventory-II (BDI-II) and Quality of Life Enjoyment and Satisfaction Questionnaire-Short Form (Q-LES-Q-SF). Sociodemographic information and details on type and number of comorbidities were also collected. **Results:** The depressive disorder group had the highest level of depressive and anxiety symptoms and the lowest QoL whereas; the schizophrenia group had the lowest level of depressive symptoms and the highest QoL. Age and employment status were the only sociodemographic correlates which were significantly associated with QoL. After controlling for sociodemographic factors, only the type of mental disorder was found to have a significant effect in explaining BAI, BDI-II and Q-LES-Q-SF. **Conclusion:** Findings offer insight in terms of the burden associated with the various disorders.

Ann Acad Med Singapore 2018;47:243-52

Key words: Anxiety, Comorbid, Depression, Symptom severity

Introduction

Quality of life (QoL) can be defined as an “individual’s perception of their position in life...in relation to their goals, expectations, standards and concerns”.¹ Assessing the QoL of an individual is invaluable as it looks beyond the “direct manifestations of an illness” to examine its effects on the individual’s daily life and life satisfaction.²⁻³ Furthermore, it also acts as a useful measure in assessing the efficacy of mental health interventions.³⁻⁸

QoL has been shown to be considerably impaired among individuals with various mental illnesses⁹⁻¹¹ including schizophrenia spectrum disorders,^{2,6,12} depressive

disorders,¹³⁻¹⁶ anxiety disorders,¹⁷⁻¹⁸ and pathological gambling.¹⁹⁻²⁰ with a large majority of these studies conducted in clinical populations. Mastoff et al¹¹ for instance, found Dutch outpatients diagnosed with an Axis I or Axis II disorder to score worse on all domains of the World Health Organization Quality of Life-Bref (WHOQOL-Bref) compared to the general population whereas, a recent meta-analysis found patients with anxiety disorders to have lower QoL than non-clinical controls.¹⁸

While the aforementioned studies have shown QoL to be compromised among individuals with specific mental illnesses (e.g., anxiety disorders only),¹⁸ few have

¹Research Division, Institute of Mental Health, Singapore

²Department of Psychology, The Chinese University of Hong Kong, Hong Kong SAR, People's Republic of China

³Department of Psychology, Utah State University, United States of America

Address for Correspondence: Dr Mythily Subramaniam, Research Division, Institute of Mental Health, 10 Buangkok View, Singapore 539747.

Email: Mythily@imh.com.sg