

Relationship between Insight and Cognitive Dysfunction among Patients with Schizophrenia

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Introduction: Mental illness, also known as mental health disorders, refers to a wide range of mental health conditions and disorders that affect your mood, mind, and behavior. Examples of mental illness include depression, anxiety disorders, schizophrenia, eating disorders and behavioral addictions.. Schizophrenia is a severe psychiatric illness in which individuals have an incorrect perception of reality. Schizophrenia may lead to a combination of hallucinations, delusions, and highly disordered thought and actions that affect and disable everyday functioning. Schizophrenia patients need lifetime care. According to the National Institute of Mental Health (NIMH), schizophrenia is a fairly rare condition affecting around 0.25 percent to 0.64 percent of people in the United States. It can have a profound effect on the life of a individual, and on the lives of those around them. The symptoms usually arise when a person is between late adolescence and early 30s. In males they appear to evolve faster than in females. In certain cases, a person may start exhibiting odd childhood habits, but these only become important when they get older. The symptoms can all of a sudden appear in others.

Schizophrenia involves a range of thinking (cognition), behavior and emotional problems. Signs and symptoms varies but includes delusions (false beliefs that is not exist in real), hallucinations (hearing or seeing things that don't exist), Disorganized Speech, extremely disorganized or abnormal motor behavior, negative symptoms. It is unknown what exactly causes schizophrenia. Research indicates a combination of physical, genetic, psychological, and environmental factors can increase the likelihood of a individual developing the condition. Many people may be susceptible to schizophrenia, and an incident of a stressful or emotional life can trigger a psychotic episode.

Cognitive dysfunction (brain fog) applies to attention deficits, verbal and nonverbal comprehension, short-term and working memory, visual and auditory perception, problem solving, pace perception and motor control. A primary mediator of functional disability in MDD can be cognitive dysfunction. Most schizophrenic individuals- at least 85 per cent- would experience memory problems. Such issues can be apparent even before the onset of psychotic symptoms, which can lead to a decrease in academic performance or employment. One of the earliest cognitive signs of schizophrenia is impaired concentration, but memory and visual motor disturbances can also

be apparent before psychotic symptoms begin Neurocognitive dysfunction is a central component of schizophrenia that affects daily functioning; it is uncertain to what extent schizophrenic individuals are conscious of neurocognitive impairment (neurocognitive insight).

Cognitive dysfunctions may be encountered in different ways includes attention deficits, affects memory, the ability to process and understand information, and affects thinking skills The degree of cognitive dysfunction in schizophrenia is typically more severe than in bipolar disorder and includes more cognitive areas. For schizophrenia, cognitive dysfunction is less closely associated with the degree of clinical symptoms and therefore becomes more "trait-like" and less "state-like."

Statement of the Problem: Unawareness of mental illness has been commonly observed in schizophrenia and has been recognized as a potential barrier to treatment adherence and a risk factor for a range of poorer outcomes. There are some of the potential causes behind poor insight, including deficits in neuro cognition, social cognition, metacognition and heightened self-stigma.

The purpose of the study: Study was conducted to look at the relationship of neuro cognition, social cognition with insight in schizophrenia, as there is paucity of research in Indian literature.

Methodology and theoretical orientation: A cross-sectional, single assessment design was used to study 60 participants with a diagnosis of schizophrenia as per International Classification of Diseases (ICD) – 10 fulfilling inclusion and exclusion criteria at Government Medical College and Hospital (GMCH), Sector -32b, Chandigarh (INDIA).

Findings: Only one – sixth of the patient had complete insight. Significant cognitive dysfunctions were present in majority of patients in the domain of attention, working memory, mental speed, and verbal fluency, category fluency, set shifting, abstraction and intelligence as well as Social Cognition. No association was seen between levels of insight and neurocognitive functions and social cognition.

Conclusion and Significance: In this study, we have found that insight was not associated with any of the cognitive functions.