

Expressed emotion among schizophrenic patients in Lagos, Nigeria: a pilot study

Follow-up treatment for patients with schizophrenia is to prevent relapse of their illness using not only pharmacological methods but also non-pharmacological approaches targeting such issues as expressed emotion. Expressed emotion (EE) can be described as an attitude displayed by family members or people in direct relationships with a patient that may have harmful effects and predict relapse. Of the five attributes of expressed emotion, critical comments, hostility and emotional over involvement have been shown to be most predictive of relapse.¹ Expressed emotion can be rated as 'high' or 'low'.

Most studies support the hypothesis that high expressed emotion predicts relapse of schizophrenia.² Brown and colleagues studied relapse rates of people in differing living arrangements after an episode of mental disorder, and found that relapse rates were 17% for patients living by themselves or with siblings, 32% for those living with parents and 50% for those living with spouses.³ Vaughn and Leff studied 43 patients with schizophrenia and 32 patients with depressive neurosis, and were able to follow up 37 and 30 patients respectively in the two groups. The relapse rate for the patients from homes that showed high expressed emotions was 50%, compared with 12% for those from homes with low expressed emotion.⁴

Most studies on expressed emotion have used ratings derived from assessing or interviewing relatives, however expressed emotion can also be studied from the patient's perspective.⁵ Reicher and colleagues studied family members of 19 Nigerian schizophrenics using the Camberwell Family Interview and found that the proportion of high expressed emotion families increased progressively with the number of previous hospitalizations.^{6,7}

Studies on expressed emotion amongst Africans deserve attention, especially so when one considers the findings of the International Pilot study of Schizophrenia which found that outcome was more favourable in the developing countries involved in the study, of which Nigeria was one.⁸ Whether difference in the trend of expressed emotion is partly responsible for this more favourable outcome can only be deduced through more research in this area.

The current study investigated expressed emotion among fifty schizophrenic patients and their relatives with the objective of determining how EE relates to socio demographic attributes of the subjects and the clinical course of the illness. The sample population was drawn from patients attending the Lagos University Teaching Hospital and the Neuropsychiatric

Hospital, Yaba, Lagos, Nigeria. The consent of the institutions was sought and ethical approval granted from the health research and ethics committee of the Lagos University Teaching Hospital, and the Ethical committee of the Federal Neuropsychiatric Hospital, Yaba, Lagos before commencement.

Consenting and stable schizophrenic patients, who could understand English, and their non-patient significant relatives were serially recruited from the out-patient clinics of either hospital. The patients were assessed using the Structured Clinical Interview for DSM-IV disorders (SCID) - to verify the diagnosis of schizophrenia. The patient version of the Level of Expressed Emotion (LEE) Scale was administered. Participants also completed a socio demographic data questionnaire.^{9,10} The relatives were assessed using the 30-item General Health Questionnaire (GHQ)¹¹, the relative version of the Level of Expressed Emotion Scale¹⁰ as well as a biographical data questionnaire.

The patients were predominantly young (mean age 39 years; SD=11.6), single (70.0%), unemployed (68%), and male (56.0%), while the relatives were older (46.5 years; SD 14.1), predominantly female (54%), married (52%) and employed (62%). The majority of subjects were of the Yoruba tribe. All the patients were on medication and clinically stable. The mean duration since their first episode was 5.62 years (SD 3.64) and 90% reported spending less than 35 hours of weekly face-to-face contact with their significant relative. The significant relatives were mostly first degree relatives (68%), and most often mothers. The mean GHQ score of the relatives was 1.8 (SD 2.8). The prevalence of 'high' expressed emotion was 46.0% and 50.0% for the patient and relative versions of the Level of Expressed Emotion Scale respectively. Criticism and emotional over-involvement appeared to be stronger determinants and predictors of high expressed emotion. Relapse rates were higher among the high expressed emotion groups. Female gender and higher number of previous episodes were characteristics found to be associated with high expressed emotion. The suggestion is that these factors should be given more attention when designing intervention strategies. However it will be beneficial to study a larger population of subjects to make for more robust interpretations and conclusions.

RE Ogbolu¹, JD Adeyemi^{1,2}, AR Erinfolami^{1,2}

¹Department of Psychiatry, Lagos University Teaching Hospital, Idi-araba, Lagos, Nigeria

² Department of Psychiatry, College of Medicine, University of Lagos, Idi-araba, Lagos, Nigeria

Correspondence

Dr RE Ogbolu
email: emexxy@yahoo.com

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