

Symptoms (SAPS), Scale of Assessment for the Negative Symptoms (SANS) and Calgary Depression Scale were used to evaluate symptomatology. Chi-square and t-tests are used for statistical analysis.

Results: 59.6% (93) of patients were male and 40.4% (63) patients were female. Mean age was calculated as 34.96 ± 11.95 . 53.8% (84) of patients had nicotine use. Nicotine use prevalence among male patients was 73.1% (68) while it was 25.4% (16) in female patients. Clinical features, SANS, SAPS, BPRS and Calgary Depression Scale rates were similar in nicotine user and non-user groups. Mean equivalent antipsychotic dosage for nicotine user group was 697.61 while it is calculated as 520.55 for the non-user group. The difference was statistically significant ($t=3.288$, $df=154$, $p=0.001$). Correlations of daily smoke amount, pack-years of cigarette smoking and symptomatology were evaluated. Pack-years of cigarette smoking were found negatively correlated with total SANS score, SANS affective flattening, SANS anhedonia subscale and SAPS inappropriate affect subscale.

Conclusion: Results of our study are similar to other studies' in terms of nicotine use and showed higher nicotine use rates than in the general population. Correlations of nicotine use and clinical scales were supporting results of previous studies. Although clinical rating scale scores are similar, the difference in equivalent doses of antipsychotics is statistically significant. This may be related with nicotine's effect on the metabolism of antipsychotics, but the issue needs further assessment.

Keywords: schizophrenia, nicotine use, clinical features

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[Abstract:0571] Schizophrenia and other psychotic disorders

Relationship between dissociative symptoms with insight in patients with schizophrenia

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Objective: Dissociation is frequently associated with psychiatric illness, with a prevalence of up to 25% among patients with a psychiatric disorder and a prevalence of up to 60% in cases of schizophrenia.

There is a growing awareness of the relationship between psychotic symptoms and dissociation. Studies have found associations between severity of psychotic symptoms and dissociation. Dissociation is often related to psychological stress. These findings call into question the hypothesized direct effects of psychotic symptoms on dissociation. We hypothesized that psychotic symptoms (e.g., hallucination) would cause psychological stress on patients with schizophrenia. We also hypothesized that if patients with schizophrenia show good insight, the psychological stress on schizophrenic patients caused by the psychotic symptoms would be reduced. Reduced psychological stress also decreases the level of dissociation. The aim of this study was to investigate the relationship between psychotic symptoms, dissociation and insight in patients with schizophrenia.

Methods: Forty-six patients with a schizophrenia diagnosis according to DSM-IV TR criteria were recruited into the study. Each subject completed a semi-structured face-to-face interview that included the Scale for Assessment of Positive Symptoms (SAPS), the Scale for Assessment of Negative Symptoms (SANS), Clinical Global Impressions Severity Scale (CGI-S), and Brown Assessment of Beliefs Scale (BABS). Patients with posttraumatic stress disorder were excluded.

Results: Dissociation was associated with more severe symptoms of schizophrenia. Significant correlation was found between SDQ scores and CGI-S scores ($r=0.37$, $p<0.01$). Schizophrenic patients with high scores in SAPS had higher scores in SDQ ($r=0.34$, $p<0.05$). While positive symptoms of schizophrenia were correlated with SDQ scores, there was no correlation between negative symptoms of schizophrenia and SDQ scores ($p>0.05$). There was a significantly positive correlation between BABS and SANS scores ($r=0.56$, $p<0.01$) and there was also some correlation between BABS and SAPS scores ($r=0.33$, $p<0.05$). We found no significant impact of insight on the level of dissociation measured by SDQ ($p>0.05$).

Conclusion: In the present study, those with more severe schizophrenic symptoms were also characterized by high dissociation. We also indicated that dissociation is associated with positive schizophrenic features. These findings are similar to previously published studies. The previous studies used the Dissociative Experience Scale (DES) which is an instrument unsuitable for dissociative disorders in patients with schizophrenia. In addition, the previous studies have not examined the somatoform manifestation of dissociative processes. In the present study we use the Somatoform Dissociation Questionnaire (SDQ) which includes appropriate measures to cover also somatoform type of dissociative symptoms. Results of the present study are in agreement with previous studies which used DES as an instrument for measuring dissociative symptoms.

Keywords: dissociation, schizophrenia, insight

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