

Epidemiological, Clinical and Therapeutic Aspects of Schizoaffective Disorder at the CHU-Campus of Lomé (Togo)

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Abstract

Introduction: Schizoaffective disorder is a chronic psychotic disorder. It is characterized by the simultaneous presence of symptoms of a characterized mood disorder and symptoms of schizophrenia. Data on this disorder are almost non-existent in West Africa. The objective was to describe the epidemiological, clinical and therapeutic aspects of schizoaffective disorder at the Campus University Hospital Centre (CHU-Campus) of Lomé in Togo. **Framework and Method:** This was a retrospective study with a descriptive aim on patients hospitalized at the Clinic of Psychiatry and Medical Psychology (CPPM) of CHU-Campus from January 1st, 2013 to December 31, 2018. **Results:** A total of 46 patients were included in this study. Their mean age was 39.5 years with extremes ranging from 14 to 65 years. Females had predominated at 52.18% or a sex ratio of 0.91. Married people represented 47.83%. Primary education represented 34.80%. The unemployed were in the majority at 32.92%. Sixty-five point twenty two percent (65.22%) of the patients had a personal psychiatric history. All patients had presented with delusions plus other psychotic and mood symptoms. Almost all patients (97.82%) had received a thymoregulator associated with a first generation antipsychotic (95.65%). **Conclusion:** More studies should be done in our countries to describe the cultural aspects of this disease.

Keywords

Schizoaffective Disorder, Epidemiology, Antipsychotics,

Thymoregulators, Togo

1. Introduction

Schizoaffective disorder is a chronic, potentially disabling psychotic disorder that is common in clinical settings. It is characterized by the simultaneous presence of symptoms of a characterized mood disorder (a depressive episode or a manic episode) and symptoms characteristic of schizophrenia, such as delusions, hallucinations or disorganized speech [1]. In general, schizoaffective disorder has a less unfavorable clinical course than schizophrenia and is halfway between schizophrenia and bipolar disorder but with less social adjustment than bipolar patients. The incidence and prevalence of schizoaffective disorder is difficult to determine because of limited research in this area [2]. In France, the prevalence of schizoaffective disorder is estimated at 0.3% with a female predominance [3]. The study by Perälä *et al.* [4] in Finland considers schizoaffective disorder to be three times less common than schizophrenia, with an estimated lifetime prevalence of 1 in 300 people. In West Africa, data in terms of frequency are lacking in the literature. There is almost no study on schizoaffective disorder in Togo, hence the interest of our study whose objective was to describe the epidemiological, clinical and therapeutic aspects of schizoaffective disorder at the CHU-Campus of Lomé in Togo.

2. Framework and Method

2.1. Framework

The Clinic of Psychiatry and Medical Psychology (CPPM) of the CHU-Campus of Lomé served as a study setting. The CPPM was opened in 1990 by a ministerial order. It consisted of two hospitalization rooms (male and female) with a capacity of 6 beds each, a nurse's on-call room, a surveillance office, a store, a staff checkroom and four consultation offices. In addition, there is a room for assistance to drug addicts. The nursing staff of the CPPM was composed of:

- Two psychiatrists, one of whom is a professor and head of the department;
- A clinical psychologist;
- A medical assistant;
- Two Master's Degrees in Mental Health;
- Five state-qualified nurses;
- Five sick guards.

2.2. Method

Type and period of study

This was a retrospective study with a descriptive focus on patients hospitalized at the CPPM of CHU-Campus from January 1st, 2013 to December 31, 2018.

Study population

The study population consisted of patients hospitalized at the CPPM of CHU-Campus during the above-mentioned period. Patients with a medical record of schizoaffective disorder were included in this study.

Inclusion criteria

Patients who were hospitalized at the CPPM of the CHU-Campus during the study period and whose medical file included symptoms and diagnosis of schizoaffective disorder at admission or during the course of the illness were included in this study.

Exclusion criteria

The following were excluded from this study:

- Patients with schizoaffective disorder whose medical records were incomplete and inoperable.
- Patients with schizoaffective disorder followed on an outpatient basis.

Data collection technique

The data were collected using a pre-established survey form containing the following parameters: socio-demographic data (age, sex, profession, level of education, marital status), clinical data (history, life events, use of psychoactive substances, symptoms) and treatment methods.

Data analysis technique

These data were entered and processed using Epi Info 7.1.0.6 software. Tables were created using EXCEL 2016 software.

Ethical aspects

The confidentiality of the information's contained in the patients' files had been respected.

3. Results

3.1. Socio-Demographic Data

During our study period, 986 patients were admitted to the CPPM of CHU-Campus. Among them, 46 had a diagnosis of schizoaffective disorder; this represents a hospital prevalence of 4.66%. The average age of the patients was 39.5 years with extremes of 14 and 65 years. The age range of 31 to 40 years was the most represented (32.60%). Females predominated at 52.17%, a sex ratio of 0.92. Married people represented 47.83%. The primary education level represented 34.80%. The unemployed were in the majority at 32.92%. **Table 1** summarizes the sociodemographic data.

3.2. Clinical Aspects

Sixty-five point twenty two percent (65.22%) of the patients in our study had a personal psychiatric history, either psychotic (58.70%) or mood disorder (6.52%). Family psychiatric history was found in 23.91% of cases. Thirteen point zero four percent (13.04%) of patients had experienced an emotional shock in childhood. The emotional shock was represented by the death of one or both parents in 66.67% of cases. The use of psychoactive substances was found in

Table 1. Distribution of patients by socio-demographic data.

	Workforce	Percentage (%)
Gender		
Male	22	47.83
Female	24	52.17
Age		
[11 - 20]	07	15.22
[21 - 30]	13	28.25
[31 - 40]	15	32.60
[41 - 50]	08	17.39
[51 - 60]	02	04.37
60 and over	01	02.17
Marital status		
Married	22	47.83
Singles	21	45.65
Divorced	03	06.52
Level of education		
Primary	16	34.78
Superior	15	32.60
Secondary	13	28.26
Not in school	02	04.34
Profession		
No job	15	32.92
Student	11	23.92
Artisans	10	21.74
Public servant	10	21.74
Total	46	100

23.91% of patients. Alcohol represented 36.37% of the psychoactive substances consumed. All patients had presented delusions. Disorganized speeches, dissociative elements and euphoria each accounted for 95.65% of patients. Hallucination and sadness each accounted for 93.48%. **Table 2** summarizes the clinical aspects.

3.3. Therapeutic Aspects

Almost all patients (97.82%) had received a thymoregulator combined with a 1st

generation antipsychotic (95.65%). Adverse events were dominated by dyskinesias at 17.40%. The average length of hospital stay was 12 days with extremes of 6 and 60 days. Ninety-three point forty-eight percent (93.48%) of patients had continued medical follow-up after hospitalization and had clinical stabilization. The remaining patients (6.52%) were lost to follow-up. They did not come to the medical check-up anymore. The therapeutic aspects are presented in **Table 3**.

Table 2. Distribution of patients according to clinical aspects.

	Workforce	Percentage (%)
Personal psychiatric history		
Psychotic	27	58.70
No previous history	16	34.78
Mood disorders	03	06.52
Use of psychoactive substances		
Alcohol	04	36.37
Tobacco	03	27.27
Cannabis	02	18.18
Tramadol	02	18.18
Symptoms*		
Delusional ideas	46	100
Disorganized speeches	44	95.65
Dissociative elements	44	95.65
Euphoria	44	95.65
Hallucination	43	93.48
Sadness	43	93.48
Behavioral disorder	42	91.30
Irritability	39	84.78
Insomnia	38	82.60
Aggression	36	78.26
Logorrhea	28	60.90
Inconsistent statements	26	56.52
Bradyphaemia	18	39.10
Mutism	08	17.39
Withdrawal	07	15.21

*Combination of several symptoms possible.

Table 3. Distribution of patients according to therapeutic aspects.

	Workforce	Percentage (%)
Types of drugs*		
Thymoregulators	45	97.82
1st generation antipsychotics	44	95.65
2nd Generation antipsychotics	28	60.87
Anticholinergics	20	43.48
Antidepressants	15	32.60
Side effects		
Dyskinesias	08	17.40
Nausea/vomiting	02	04.35
No side effects	36	78.25

*Combination of several drugs possible.

4. Discussion

4.1. Of Socio-Demographic Aspects

We recorded 46 patients with schizoaffective disorder, representing a hospital prevalence of 4.66%. The average age of the patients was 39.5 years, with a predominance of the 31 to 40 age group. Thus, this was a young adult population. This involvement of young adults in mental health studies has been demonstrated in the African literature [5] [6] [7] [8]. This result is also similar to that of Mancuso *et al.* [9] in Australia who found a mean age of 38.32 years. Olfson *et al.* [10] also found in the USA in a study of the treatment of schizoaffective disorder and schizophrenia, a mean age of 42.5 years.

The female sex was predominant in our study with a frequency of 52.18%. This result is similar to that of Olfson *et al.* in the USA [10] who found a female predominance of 53.30%. This female predominance has already been described in the south of the Sahara's literature [5] [6] [11].

4.2. Of Clinical Aspects

In our study, cannabis use in patients with schizoaffective disorder accounted for 18.18%. Bassir Nia *et al.* in Israel [12], found that schizoaffective disorder was associated with cannabis use in 20.60% of patients in their study of psychiatric comorbidities between the use of synthetic cannabinoids and cannabis.

All patients had presented delusions. The other symptoms found in order of frequency were speech disorganization (95.56%), dissociative elements (95.56%), euphoria (95.56%), hallucinations (93.48%), sadness (93.48%) behaviours disorders (91.30%), irritability (84.79%), insomnia (82.60%), aggressiveness (78.26%), logorrhea (60.90%), incoherent speech (56.52%), bradyphaemia (39.10%), mutism (17.39%) and withdrawal (15.21%). We explain the polymorphism of symp-

toms by the fact that schizoaffective disorder is an intermediate pathology between schizophrenia and mood disorders.

4.3. Of Therapeutic Aspects

Almost all patients (97.82%) had received a thymoregulator associated with a 1st generation antipsychotic (95.65%). Hattab *et al.* in Palestine [13] found that 1st generation of antipsychotics were used in 71.6% of cases, 2nd generation antipsychotics in 44.8% of cases, anticonvulsants in 31% of cases and antidepressants in 31.9% of cases. In our environment, the 1st generation of antipsychotics are the most accessible in terms of treatment cost. Lindenmayer [14] in his review of the literature, found that 2nd generation of antipsychotics had proven their effectiveness in the management of the psychotic and affective components of this disorder.

4.4. Strengths and Limit of the Study

Our study concerned only patients suffering from schizoaffective disorder and hospitalized in a single psychiatric care facility in Togo. It cannot therefore be generalized to the whole country. Nevertheless, the strengths of our study lie in the rather long study period (5 years) which allows us to have an idea of the hospital frequency of this disorder. It is the first study on this disorder in Togo. It allowed us to determine the profile of patients suffering from schizoaffective disorder in Lomé and to identify the treatment proposed by caregivers in this context.

5. Conclusion

Schizoaffective disorder is a chronic psychosis combining symptoms of schizophrenia and mood disorders. West Africa has practically no data on this condition, hence the interest of our study which enabled us to draw up an epidemiological, clinical and therapeutic profile of patients suffering from this disorder and hospitalized at the CAMPUS University Hospital in Lomé (Togo). The hospital prevalence was 4.66% with patients of average age of 39.5 years. The female sex was predominant at 52.18%. Sixty-five point twenty two (65.22%) of the patients had a personal psychiatric history. All patients had presented delusions plus other psychotic and thymic symptoms. Almost all patients (97.82%) had received a thymoregulator associated with a 1st generation of antipsychotic (95.65%). Further studies on this pathology should be conducted in our environment to describe the cultural aspects of this disease.

Conflicts of Interest

The authors declare no conflicts of interest.

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