

INSIGHT AND TREATMENT ATTITUDE IN SCHIZOPHRENIC PATIENTS—A STUDY ON INDOOR CASES FROM THREE TERTIARY LEVEL HOSPITALS OF DHAKA CITY.Kamal AHMKM¹, Rahman MS², Islam MA³, Choudhury AU⁴, Laila L⁵, Islam MM⁶, Chowdhury MSH⁷, Tariq AKMAH⁸**Abstract**

Introduction: It is frequently reported that schizophrenic patients have poor insight into their course of illness. Poor insight has considerable value in predicting the long-term course of chronic mental disorders and it has impact on patients' compliance with treatment plans. Lack of insight is a common symptom of the acute phase of schizophrenia, being described in 97% of acute cases in the World Health Organization International Pilot Study of Schizophrenia. It will enhance awareness among all level of medical professionals for prompt diagnosis or at least early referral to psychiatrist and that will be helpful to reduce the sufferings and treatment cost of the schizophrenic patients.

Objectives: It was a descriptive cross sectional study and was carried out to find out the relationship of levels of compliance and drug attitudes with insight of people with schizophrenia as lack of insight often results in non-adherence and so treatment failure.

Materials & Methods: This study was carried out on 100 admitted schizophrenic patients from nominated hospitals. Among them 50 patients were acute (first episode) and 50 patients were relapsed (subsequent episode) schizophrenic patients. Purposive sampling technique was used. Purpose of the study & procedure were explained to all

diagnosed schizophrenic patients (diagnosed by psychiatrist) & only those who gave consent were finally selected for the study. Insight and attitude to treatment was assessed by using the Insight and Treatment Attitude Questionnaire (ITAQ)

Results: It is frequently reported that schizophrenic patients have poor insight into their illness. In this study total number of cases was 100; among them 50 were having first episode schizophrenia and 50 subsequent episodes of schizophrenia. Regarding age, 33% were below 20 years of age, 33% between 20 to 30 years of age, 19% between 30 to 40 years, 13% between 40 to 50 years and 2% above 60 years; 61% of the subjects were male and 39% were female. Most of the cases were students (31%), house-wives (25%) and unemployed personnel (23%). Rest were service personnel, day labourers, retired persons, business men and farmers. In collected sample, 65% were educated below SSC level and 35% above SSC and 53% were from urban area and 47% were from rural area. 51% were from lower middle class family, 37% of cases had positive family history of psychiatric illness. In graduates & beyond patients mean awareness of illness was 3.00 ± 3.32 and mean attitude to treatment was 4.29 ± 3.73 . In lower income group mean awareness of illness was 1.50 ± 2.10 and attitude to treatment was 2.69 ± 2.48 .

1. Maj AHM Kazi Mostofa Kamal, MBBS, FCPS, Graded Spl in Psychiatry, CMH, Rangpur. **2. Brig Gen (Rtd) Md. Sajjadur Rahman**, MBBS, FCPS, Advisor Spl in Psychiatry, AFMC, Dhaka. **3. Col Md Azizul Islam**, MBBS, FCPS, FRCP, Classified Spl in Psychiatry, CMH, Dhaka. **4. Brig Gen Ashfaque Uzzaman Choudhury**, MBBS, MCPS, FCPS, Adviser Spl in Psychiatry, CMH, Dhaka. **5. Maj Luna Laila**, MBBS, MCPS, DGO, Graded Spl in Obst & Gynae, CMH, Rangpur. **6. Maj Mohammad Monirul Islam**, MBBS, FCPS, Graded Spl in Psychiatry, CMH, Jessore. **7. Maj Md Sohel Hasan Chowdhury**, MBBS, FCPS, Graded Spl in Psychiatry, CMH, Bogra. **8. Dr A K M Akramul Haque Tariq**, MBBS, M Phil, Asst Prof of Psychiatry, Dinajpur Medical College.

Conclusion: Insight has been associated with greater expressed willingness to take medications, better adherence to prescribed medications. It is observed here that awareness of illness was more in middle class and attitude to treatment is more in lower middle class group so service provider will give more emphasis on this two groups for better outcome.

Key-Words: Schizophrenic patients, chronic mental disorders, Insight and Treatment Attitude Questionnaire (ITAQ)

Introduction

It is frequently reported that schizophrenic patients have poor insight into their course of illness. Poor insight has considerable value in predicting the long-term course of chronic mental disorders and it has impact on patients' compliance with treatment plans. The concept of insight as it applies to psychiatry is a complex phenomenon. David proposed that insight consists of three overlapping dimensions: the recognition that one has a mental illness, adherence with treatment and the ability to re-label unusual mental events (delusions and hallucinations) as pathological¹.

Lack of insight is a common symptom of the acute phase of schizophrenia, being described in 97% of acute cases in the World Health Organization International Pilot Study of Schizophrenia². Lack of insight often responds to treatment, but it also persists in a substantial proportion of people with schizophrenia and tends to be associated with non-adherence¹. Linear relationship exists between levels of compliance and drug attitudes and insight. Poor compliers have significantly lower level of insight than regular compliers. Insight into illness and attitude towards medication, along with the better recognized domains of symptoms and severity of illness are now known to be important in determining the compliance outcome in schizophrenic patients.

This study will be helpful to assess insight and treatment attitude of the schizophrenic patients in an effective way. It will enhance awareness among all levels of medical professionals for prompt diagnosis or at least early-referral to psychiatrist and that will be

helpful to reduce the sufferings and treatment cost of the schizophrenic patients. This study will be a source of information regarding socio-demographic characteristics, insight & treatment attitude of schizophrenic patients which will be helpful for further study in this specific field.

Materials and methods

It was a descriptive cross sectional study. Around hundred schizophrenic patients diagnosed on the basis of DSM-IVTR criteria were selected. Study was conducted among indoor patients from Jan 2011 to June 2011 in three tertiary level hospitals of Dhaka city which are Combined Military Hospital Dhaka, Bangabandhu Sheikh Mujib Medical University & National Institute of Mental Health. Patients were interviewed within seven days of their admission or treatment started. All patients were interviewed by using the semi-structured questionnaire containing socio-demographic and other relevant information, which was developed according to study requirement. Insight and treatment attitude questionnaires were also used. Diagnosis of Schizophrenia was done according to DSM-IVTR by clinically interviewing the samples by a competent psychiatrist.

All schizophrenic patients who were admitted to nominated hospitals from 1st January 2011 to 30th June 2011 were included in this study. Study subjects were the patients who received treatment for Schizophrenia from inpatient dept of Psychiatry of CMH Dhaka, Bangabandhu Sheikh Mujib Medical University & National Institute of Mental Health. Patients were interviewed within seven days of their admission or treatment started.

As the study was carried out over a very short period of six months, a large population like 384 was difficult to collect. So 100 admitted schizophrenic patients from nominated hospitals were taken for this study. Among them 50 patients were acute (first episode) and 50 patients were relapsed (subsequent episode) schizophrenic patients. They were taken for this study to make a comparison of insight between two groups. Purposive sampling technique was used. Purpose of the study & procedure were explained to all diagnosed schizophrenic patients (diagnosed by psychiatrist) & only those who gave consent were finally selected for the study.

Schizophrenic patients admitted in inpatient departments of above mentioned study places, after being confirmed by Psychiatrist, irrespective of their sex were included in this study.

Following cases were excluded; patients who were mute, stupor and non-communicable whose near relatives were not available; those patients/relatives, who did not give consent for the participation in this study, those patients who were found to have co-morbid severe medical conditions, patients with a primary diagnosis of substance use disorder, learning disabled, personality disorder and organic mental disorder and patients who had recent bereavement.

Insight and attitude to treatment was assessed using the Insight and Treatment Attitude Questionnaire (ITAQ)¹. The ITAQ is a semi-structured questionnaire interview of 11 questions that measures awareness of illness (first 5 questions) and attitude to medication/hospitalization and follow-up evaluation (next 6 questions)¹. Each question scores 0 for no insight, 1 for partial insight, 2 for full insight. So when the ITAQ scores are totaled, poor insight has a score from 0-7, fair insight 8-14 and 15-22 for good insight³. Insight is patient's degree of awareness and understanding about being ill. Patients may exhibit complete denial of their illness or may show some awareness that they are ill but place the blame on others, on external factors, or even on organic factors. They may acknowledge that they have an illness but ascribe it to something unknown or mysterious within themselves⁴.

All collected data were checked and verified thoroughly to reduce inconsistency. Necessary ethical issues were taken into consideration. Chi-Square test was done to find any significant relation between categorical independent and dependent variables. Data were analyzed by SPSS version 12 (Computer software Statistical Package for Social Sciences).

Results

Results and observations

In this study total number of cases were 100, among them 50 were of acute (first episode) schizophrenia and 50 were of relapsed (subsequent episodes) cases of schizophrenia, where 33% were below 20 years of age, 33% were between 20 to 30 years of age, 19% were between 30 to 40 years, 13% were between 40 to 50 years and 2% were of above 60 years of age (Table-I).

Table-I: Age distribution of the patients (n=100)

Age (years)	Frequency	Percent
≤20	33	33.0
20 -30	33	33.0
30 -40	19	19.0
40 -50	13	13.0
>60	2	2.0
Total	100	100.0

Mean ± SD (Range) = 28.44 ± 12.08 (14-80)
Among the cases, 61% (n=61) were male and 39% (n=39) were female (Table-II).

Table-II: Distribution of sex (n=100)

Sex	Frequency	Percent
Male	61	61.0
Female	39	39.0
Total	100	100.0

Male: Female = 1.56:1

Occupational status distribution of the patients showed that 31% were students, 25% were house wives, 23% were unemployed, 9% were service personnel, 4% were day labourers, 4% were retired, 3% were businessmen and 1% were farmers (Table-III).

Table-III: Occupational status of the patients (n=100)

Profession	Frequency	Percent
Student	31	31.0
Housewife	25	25.0
Unemployed	23	23.0
Service holder	9	9.0
Day labourer	4	4.0
Retired personnel	4	4.0
Businessman	3	3.0
Farmer	1	1.0
Total	100	100.0

In this study total number of cases were 100, among them 7% were in primary level education 69% were in secondary level, 17% were in higher secondary level and 7% were graduate and above.

Among the patients, 53% were from urban area and 47% were from rural area (Table-IV).

Table-IV: Educational status of the patients (n=100)

Education level	Frequency	Percent
Primary	7	7.0
Secondary	69	69.0
Higher Secondary	17	17.0
Graduate and above	7	7.0
Total	100	100.0

Economic status of 36% patients were of lower class, 51% were lower middle class, 9% middle class and 4% were of upper middle class (Table-V).

Table-V: Distribution of socio economic status of the patients (n=100)

Socio economic status	Frequency	Percent
Lower class	36	36.0
Lower middle class	51	51.0
Middle class	9	9.0
Upper middle class	4	4.0
Total	100	100.0

This study showed that among 100 cases, 37% had positive family history of psychiatric illness (Table-VI).

Table-VI: Distribution of family history of psychiatric illness

Family history of psychiatric illness	Frequency	Percent
Present	37	37.0
Absent	63	63.0
Total	100	100.0

In this study total number of cases were 100. Among the patients, 50 were of first episode and 50 were of relapsed (subsequent) episodes of schizophrenia, Mean awareness of illness among primary level was 2.14 ± 2.27 , secondary level 1.51 ± 2.08 , higher secondary level 1.76 ± 2.66 and graduate and above 3.00 ± 3.32 . Mean attitude to treatment among primary level was 4.29 ± 4.07 , secondary level 3.03 ± 3.45 , higher secondary level 2.65 ± 3.00 and graduate and above 4.29 ± 3.73 (Table-VII).

Table-VII: Correlation of awareness about illness and attitude towards illness with educational status

Education level	Total score	Awareness of illness (1-5)	Attitude to treatment (6-11)
Primary	6.43 ± 6.21	2.14 ± 2.27	4.29 ± 4.07
Secondary	4.54 ± 5.11	1.51 ± 2.08	3.03 ± 3.45
Higher Secondary	4.41 ± 5.32	1.76 ± 2.66	2.65 ± 3.00
Graduate and above	7.29 ± 6.78	3.00 ± 3.32	4.29 ± 3.73
p value*	0.492	0.395	0.580

ANOVA test was done to measure the level of significance.

Data were expressed as Mean \pm SD.

This study showed that percentage of poor insight (0-7) in primary level is 57.1% (n=4), in secondary level 75.4% (n=52), in higher secondary level 76.5% (n=13), graduate and above 57.1% (n=4); fair insight (8-14) in primary level is 42.9% (n=3), secondary level 18.8% (n=13), higher secondary level 11.8% (n=2), graduate and above level 28.6% (n=2) and good insight (15-22) in primary level is 0% (n=0), secondary level 5.8% (n=4), higher Secondary level 11.8% (n=2), graduate and above level 14.3% (Table-VIII).

Table-VIII: Degree of Insight and educational status

ITAQ Total score	Education level				Total
	Primary	Secondary	Higher Secondary	Graduate and a b o ve	
Poor insight (0-7)	4 (57.1)	52 (75.4)	13 (76.5)	4 (57.1)	73 (73.0)
Fair insight (8-14) 14)	3 (42.9)	13 (18.8)	2 (11.8)	2 (28.6)	20 (20.0)
Good insight (15 -22)	0 (.0)	4 (5.8)	2 (11.8)	1 (14.3)	7 (7.0)
Total	7 (100.0)	69 (100.0)	17 (100.0)	7 (100.0)	100 (100.0)

Figure within parentheses indicates in percentage.

Total number of case was 100. Among them in lower class mean awareness of illness was 1.50 ± 2.10 and mean attitude to treatment was 2.69 ± 2.48 , in lower middle class mean awareness of illness was 1.78 ± 2.40 and mean attitude to treatment 3.67 ± 3.94 , in middle class mean awareness of illness was 2.56 ± 2.74 and mean attitude to treatment 3.00 ± 3.81 , in upper middle class mean awareness of illness was 0.50 ± 1.00 and mean attitude to treatment 0.75 ± 1.50 . So the study suggested that in middle class awareness of illness was high and attitude to treatment was more in lower middle class group (Table-IX).

Table-IX: Insight and social class {lower class (n=36), lower middle class (n=51), middle class (n=9) and upper middle class group (n=4)}.

Socio-economic condition	Total score	Awareness of illness (1-5)	Attitude to treatment (6-11)
Lower class	4.19 ± 4.22	1.50 ± 2.10	2.69 ± 2.48
Lower middle class	5.45 ± 5.92	1.78 ± 2.40	3.67 ± 3.94
Middle class	5.56 ± 6.31	2.56 ± 2.74	3.00 ± 3.81
Upper middle class	1.25 ± 2.50	0.50 ± 1.00	0.75 ± 1.50
p value*	0.368	0.448	0.289

*ANOVA test was done to measure the level of significance.

Data were expressed as Mean ± SD.

In this study among 100 cases, 36 were from lower class, 51 from lower middle class, 9 from middle class and 4 cases from upper middle class. Here number of patients with good insight (15-22) in lower class was 0, lower middle class was 5, middle class 2, upper middle class 0. So it was found that insight was better among lower middle class group (Table-X).

Table-X: Correlation between degree of Insight and socio-economic status.

ITAQ	Socio economic status				Total score
	Lower class	Lower middle class	Middle class	Upper middle class	
-07 (poor insight)	28 (77.8)	34 (66.7)	7 (77.8)	4 (100.0)	73 (73.0)
8-14 (fair insight)	8 (22.2)	12 (23.5)	0 (0)	0 (0)	20 (20.0)
15 -22 (good insight)	0 (0)	5 (9.8)	2 (22.2)	0 (.0)	7 (7.0)
Total	36 (100.0)	51 (100.0)	9 (100.0)	4 (100.0)	100 (100.0)

Figure within parentheses indicates percentage.

In this study total number of cases were 100; among them 50 cases were of first episode schizophrenia and 50 sample were of subsequent episode schizophrenia. It was observed that among first episode schizophrenics, mean awareness of illness was 0.10 ± 0.71 , mean attitude to treatment was 1.16 ± 2.10 , $P=0.001$ and among subsequent episode schizophrenics mean awareness of illness was 3.30 ± 2.22 , mean attitude to treatment was 5.12 ± 3.35 , $P=0.001$ and total score mean in 1st episode was 1.26 ± 2.43 , in relapsed case (subsequent attack) was 8.42 ± 5.01 where $P=0.001$ (Table-XI).

Table-XI: ITAQ scores in the first episode (n= 50) and subsequent relapse group (n= 50).

ITAQ	Schizophrenic patients		p value*
	First episode	Subsequent relapsed	
Total score	1.26 ± 2.43	8.42 ± 5.01	0.001
Awareness of illness (15)	0.10 ± 0.71	3.30 ± 2.22	0.001
Attitude to treatment (6-11)	1.16 ± 2.10	5.12 ± 3.35	0.001

*Mann-Whitney U test was done to measure the level of significance.

Data were expressed as Mean \pm SD.

Among 100 cases 50 were of first episode schizophrenia and 50 of subsequent episode schizophrenia. In first episode schizophrenics ITAQ score were between 0-7 in 48 (96%), 8-14 in 2 (4.0%), 15-22 in 0 (0%) and in subsequent relapsed schizophrenics, ITAQ score were between 0-7 in 25 (50.0%), 8-14 in 18 (36.0%), 15-22 in 7 (14.0%) cases. So it was clear that subsequent relapsed schizophrenia patients were having better insight than the patients of first episode (Table-XII).

Table-XII: Correlation between the ITAQ score and number of patients of Acute (first episode) group (n= 50) and Relapsed (subsequent episode) group (n= 50).

ITAQ	Schizophrenic patients		Total
	First episode	Subsequent relapsed	
Total score			
0-7 (Poor insight)	48 (96.0)	25 (50.0)	73 (73.0)
8-14 (Fair insight)	2 (4.0)	18 (36.0)	20 (20.0)
15-22(Good insight)	0 (.0)	7 (14.0)	7 (7.0)
Total	50 (100.0)	50 (100.0)	100 (100.0)

Figure within parentheses indicates in percentage

Discussion

It was observed that among first episode schizophrenics, mean awareness of illness was 0.10 ± 0.71 , mean attitude to treatment was 1.16 ± 2.10 , ($P=0.001$) and among relapsed (subsequent) episode schizophrenic patients, mean awareness of illness was 3.30 ± 2.22 , mean attitude to treatment was 5.12 ± 3.35 , ($P=0.001$) and mean total score in 1st episode was 1.26 ± 2.43 , in relapsed (subsequent) case was 8.42 ± 5.01 where $P=0.001$. Among 100 cases, 50 were of first episode and 50 were of relapsed (subsequent) episode of schizophrenia. In first episode schizophrenic patients ITAQ score should poor insight (0-7) in 48 (96%), fair insight (8-14) among 2 (4.0%), good insight (15-22) in 0 (0%) and in relapsed (subsequent) schizophrenic patients,

ITAQ score should poor insight (0-7) in 25 (50.0%), fair insight (8-14) among 18 (36.0%), good insight (15-22) in 7 (14.0%) cases. So it was clear that relapsed (subsequent) schizophrenic patients were having better insight than the patients of first episode.

In this study, mean \pm SD (range) of age was 28.44 ± 12.08 (14-80) years. A randomized control trial was conducted at 57 US centers between 2001-2004 that found mean \pm SD (range) age of the patients was 40.52 ± 11.09 (18.00-67.00) and according to ITAQ⁵ mean \pm SD was -0.04 ± 0.81 . A comparative study of insight scales and their relationship to psychopathological and clinical variables was done where mean \pm SD (range) of age was 32 ± 8.3 (19-56). In the same study ITAQ⁶ was used where mean was 10.5 and SD was 7.1. An article published in Canadian Journal⁷ where mean age of schizophrenia was 37.39. One study⁸ showed mean (\pm) age was 29.50 ± 7.20 .

This study showed male female ratio was 1.56:1, male was 61% and female was 39%.

A study in USA showed that among the participants, male was 74% and 26% was female⁵. Another study⁶ showed that total male was 24 (72%) in number and 9 (28%) was female. A prospective longitudinal study on effects of insight and psychopathology on schizophrenia conducted in Christian Medical College vellore, India found number of male cases was 55%, whereas 45% was female^{8,9}. An article published in Canadian Journal showed⁷ that male female ratio was 1.62:1. One study conducted on naturalistic evaluation of psychiatric symptoms, severity of illness, insight into illness.

In the present study it was found that 53% were from urban area and 47% were from rural area. One study showed patients from rural area constituted 80% & from urban constituted 20% of cases⁹. Article on prospective longitudinal study of effect of insight and psychopathology conducted in Christian Medical College Vellore, India found 80.2% of the cases were from rural and 19.8% were from urban areas⁸. Among the schizophrenic

patients who reported at Ankara Numune Research and Training Hospital II Psychiatric Outpatient Clinic, 87.9% had a history of living in the city¹⁰.

In this study it was observed that among the participants, 36% were from lower class, 51% were from lower middle class, 9% from middle class and 4% from upper middle class. Here number of cases with good insight (15-22) in lower class was 0, lower middle class 5, middle class 2 and upper class 0. So it was found that insight was better among lower middle class group. In a Chinese study published in medical journal where middle class was constituted 8.6% of them, lower middle class 48.6% & lower class 42.9% of them¹³. One Turkish study showed that the majority of the patients (87.9%) were part of a nuclear family and monthly income of 45.5% of the patients was below the minimum wage¹⁰.

In this study total number of cases were 100, among them 7% were in primary level, 69% were in secondary level, 17% were in higher secondary level and 7% were graduate and above. One study showed that number of patients who were able to read and write 76% constituted of the cases⁹. A prospective longitudinal study on effects of insight and psychopathology conducted in Christian Medical College Vellore showed that 16.8% of them were illiterate, 6.9% could read only and 76.8% could read and write⁸. An article published in Chinese medical journal revealed that education level was up to upper secondary school in 48.9%, college in 28.6% & university level in 18.5% of the cases¹¹. Study conducted at San Raffaele Hospital in Milano, showed that mean \pm sd education year was 11.6 ± 3.6 of the patients¹². Study of São Paulo Medical University¹³ mentioned years of education as 9.2 yrs (8.3-10.1).

Mean awareness of illness among primary level was 2.14 ± 2.27 , secondary level 1.51 ± 2.08 , higher secondary level 1.76 ± 2.66 and graduate and above 3.00 ± 3.32 . Mean attitude to treatment among primary level was 4.29 ± 4.07 , secondary

level 3.03 ± 3.45 , higher secondary level 2.65 ± 3.00 and graduate and above 4.29 ± 3.73 . This study showed that poor insight (0-7) in primary level is 57.1% (n=4), secondary level 75.4% (n=52), higher secondary level 76.5% (n=13), graduate and above level 57.1% (n=4); Fair insight (8-14) in primary level is 42.9% (n=3), secondary level 18.8% (n=13), higher secondary level 11.8% (n=2), graduate and above level 28.6% (n=2) and good insight (15-22) in primary level is 0% (n=0), secondary level 5.8% (n=4), higher secondary level 11.8% (n=2), graduate and above level 14.3% (n=1). It is observed that those who have higher education level have better insight. There are very limited studies regarding the relationship between education and awareness about illness and attitude towards treatment but in one study it was found that educational program has no effect on patients' attitude toward medications¹⁴.

This study showed that in lower class awareness of illness was 1.50 ± 2.10 and attitude to treatment was 2.69 ± 2.48 , in lower middle class awareness of illness was 1.78 ± 2.40 and attitude to treatment 3.67 ± 3.94 , in middle class awareness of illness was 2.56 ± 2.74 and attitude towards treatment was 3.00 ± 3.81 , in upper middle class awareness of illness was 0.50 ± 1.00 and attitude to treatment 0.75 ± 1.50 . It is observed here that awareness of illness is more in middle class and attitude to treatment is more positive in lower middle class group. In another study the disorder appears to be more prevalent in groups that are considered as of lower socioeconomic class within urban areas¹⁵.

Perhaps this may be due to the relationship between downward mobility and the debilitating effects of the illness¹⁶. At this time the relationship is unclear, but researchers continue to investigate the effects of stress and development of the illness. Poorer educational achievement is observed in individuals with schizophrenia¹⁵.

It was observed that mean (\pm) SD among first episode schizophrenics regarding awareness of illness was 0.10 ± 0.71 , attitude to treatment was

1.16 ± 2.10, (P=0.001) and among relapsed (subsequent) episode schizophrenics awareness of illness was 3.30 ± 2.22, attitude to treatment was 5.12 ± 3.35, (P=0.001) and total score mean in 1st episode was 1.26 ± 2.43, in relapsed (subsequent) case was 8.42 ± 5.01 where P=0.001. In first episode schizophrenics ITAQ score were between 0-7 in 48 (96%), 8-14 among 2 (4.0%), 15-22 in (0%) cases and in relapsed (subsequent) schizophrenics ITAQ score were between 0-7 (poor insight) in 25 (50.0%), 8-14 (fair insight) in 18 (36.0%), 15-22 (good insight) in 7 (14.0%) cases. So it was clear that subsequent relapsed schizophrenic patients are having better insight than the patients of first episode. One study showed that clinically mean ± SD of no insight was 72.76±16.97, mean ± SD of Insight score according to ITAQ⁵ was 0.04±0.81. In another study, mean ± SD of Insight score according to ITAQ⁶ was 10.5 ± 7.1. Lack of insight is a common symptom of the acute phase of schizophrenia, being described in 97% of acute cases in the World Health Organization International Pilot Study of Schizophrenia². In a study it was observed that 44.8% of cases had poor insight and of 55.2% had good insight¹⁶. In a study mean ± sd ITAQ total score of a study¹⁷ was 9.32±7.25. Study conducted at a State Psychiatric Hospital showed that mean ITAQ¹⁸ score was 11.1 ± 5.9. One study was conducted in in-patient clinic at Benha Governmental Hospital which observed that 60% of the patients were unaware about the illness and 40% had lack of insight into treatment¹⁵. In a German study between 50 and 80% of the patients diagnosed with schizophrenia had been shown to be partially or totally lacking insight into the presence of their mental disorder¹⁹. One Turkish study showed that 54.5% of the patients came to the treatment center on his/her own will¹⁰. In 4th Johore mental health convention a paper was submitted where it was shown that 54% schizophrenic patients had moderate to poor insight of having a mental disorder, 27% of the subjects had very poor insight and another 27% had only moderate insight.

The results indicate that poor insight is a prevalent feature of schizophrenia³.

Conclusion

Insight has been associated with greater expressed willingness to take medication and better adherence to prescribed medication. Adequate services should be provided to manage schizophrenic patients by the hospital authorities. Authority should provide adequate financial help in the form of available free bed, investigation without payment, extra food for the attendant coming from distance and coming from low income families.

It is observed in the present study that awareness of illness is more in middle class and attitude to treatment is more in lower middle class group so service provider should give more emphasis on these two groups for better outcome.

References

1. Mahadun PN and Marshall M. Insight and treatment attitude in schizophrenia: comparison of patients on depot and atypical antipsychotics. *The Psychiatrist*. February 2008; 32: 53-6.
2. World Health Organization. Report of the International Pilot Study of Schizophrenia. WHO, 1973.
3. Hang TJ, Ming BCT and Sulaiman AH. Assessment of Insight in Patients with Schizophrenia In Hospital Permai. Proceedings of the 4th Johore Mental Health Convention; 2002 Aug 23 – 24; Hayatt Regency Hotel, Johor Bahru, Malaysia.
4. Benjamin James Sadock M.D. Virginia Alcott Sadock M.D. Synopsis of Psychiatry, 10th New Delhi, Wolters Kluwer (India), 2007, page 237.
5. Mohamed S, Rosenheck R, McEvoy J, Swartz M, Stroup S and Lieberman JA. Cross-sectional and Longitudinal Relationships between Insight and Attitudes Toward Medication and Clinical Outcomes in Chronic Schizophrenia. *Schizophrenia Bulletin* March 2009; 35(2): 336-46

6. Sanz M, Constable G, Lobez-Ibor I, Kemp R And David AS. Comparative study of insight scales and their relationship to psychopathological and clinical variables. *Psychological Medicine* 1998; 28: 437-46
7. Lan CM, Shiau SJ and Lin LC. Knowledge, Beliefs, Attitude and Drug Compliance in Schizophrenic Patients. *Tzu Chinese Medical Journal* 2003; 15(6): 369-75.
8. Saravanan B, Jacob KS, Johnson S, Prince M, Bhugra D and David AS. Assessing insight in schizophrenia: East meets West. *The British Journal of Psychiatry* March 2007; 190(3): 243-47.
9. Saravanan B, Jacob KS, Johnson S, Prince M, Bhugra D and David AS. Outcome of first-episode schizophrenia in India: longitudinal study of effect of insight and psychopathology. *The British Journal of Psychiatry* June 2010(6); 196: 454-59.
10. Danki D, Dilbaz N, Okay TI, Telci Ş. Insight in Schizophrenia: Relationship to Family History, and Positive and Negative Symptoms. *Turkish Journal of Psychiatry* 2007; 18(2): 1-8.
11. Williams CC and Collins A. Factors Associated with insight among outpatients with serious mental illness. *Psychiatric services* January 2002; 53: 96-8.
12. Bechi M, Papini B, Cocchi F, Anselmetti S, Ermoli E, Smeraldi E and Cavallaro R. Attitude toward treatment in schizophrenia: Influences of cognitive dimensions. *Clinical neuropsychiatry* 2005; 2(4): 237-42.
13. Gigante AD and Castel S. Insight into schizophrenia: a comparative study between patients and family members. *Sao Paulo Med J.* 2004;122(6): 246-51.
14. Elmasri YM, Effect of Educational Program on Insight into Illness and Attitudes toward Medications among Schizophrenic Patients, *Journal of American Science* 2011; 7(3):269-77.
15. Versola-Russo JM. Cultural and Demographic Factors of Schizophrenia. *International Journal of Psychosocial Rehabilitation* 2006; 10 (2): 89-103.
16. Cooke MA, Peters ER, Greenwood KE, Fisher PL, Kumari V and Kuipers E. Insight in psychosis: influence of cognitive ability and self-esteem. *British Journal of Psychiatry* September 2007; 191(3): 234-37.
17. Surguladze S & David A. Insight and major mental illness: an update for clinicians. *Advances in Psychiatric Treatment* 1999, 5: 163-70.
18. McEvoy JP, Hartman M, Gottlieb D, Godwin S, Apperson LJ, and Wilson W. Common Sense, Insight, and Neuropsychological Test Performance in Schizophrenia Patients. *Schizophrenia Bulletin* 1996; 22(4): 635-41.
19. Lincoln TM, Lüllmann E, and Rief W, Correlates and Long-Term Consequences of Poor Insight in Patients with Schizophrenia. *Schizophrenia Bulletin* 2007; 33(6):1324-42.