

Schizophrenia and functional status

Esquizofrenia e funcionalidade

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Dear Editor,

Bipolar disorder has been defined as a chronic, incapacitating condition that accounts for major functional impairment worldwide.¹ However, we feel that it is important to remind our readers that major functional impairment is also present in schizophrenia, although it is rarely measured in a standardized way in these patients.

Functional status is a multidimensional concept that encompasses the subject's ability to perform daily activities and to participate in everyday situations, e.g., working, studying, living independently, having leisure time and keeping relationships.²

Functional and neuropsychological deficits are found in the majority of schizophrenic patients and they have a strong relationship with low education levels, severity of extrapyramidal symptoms, and major cognitive deficits.³ Differently from the episodic course of psychotic symptoms, functional impairment tends to remain stable for a long time in virtually all patients.⁴

There is a dearth of instruments specifically designed to measure functional status in psychiatric patients. The scales most frequently used include the Global Assessment of Functioning (GAF) scale, the Functional Status Questionnaire (FSQ), and the Psychosocial Aptitude Rating Scale (PARS). The Functioning Assessment Short

Test (FAST) has been developed by the Bipolar Disorder Program at the University of Barcelona, Spain, to assess functional impairment symptoms such as autonomy, occupational functioning, cognitive functioning, financial issues, interpersonal relationships, and leisure time.² The instrument has been shown to adequately assess functional status in Brazilian patients.⁵

The Schizophrenia and Dementia Program (PRODESQ) at Hospital das Clínicas de Porto Alegre (HCPA) is currently analyzing the psychometric properties of the FAST scale, using a sample of approximately 100 patients with schizophrenia and 100 paired controls, with a focus on producing a valid and reliable instrument for the assessment of functional status in schizophrenia.

As a preliminary finding, we would like to describe the case of a patient diagnosed with schizophrenia 9 years before the beginning of the present investigation, disease onset at 16 years of age, under treatment with clozapine (300 mg/day) for 3 years. The paired control did not have a diagnosis of mental disorders, had no family history of mental disorders and was not under pharmacological treatment. The results show the applicability and usefulness of the FAST scale in patients diagnosed with schizophrenia, as well as a clear difference in the assessment of healthy controls of similar age, ethnic origin, and education level (Table 1).

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Table 1 – Characteristics of a patient with schizophrenia compared with a healthy control

	Patient	Control
Age (years)	25	25
Sex	Male	Male
Education (years of schooling)	8	10
Ethnic origin	Caucasian	Caucasian
Clinical status		
Total BPRS score	38	-
Positive symptoms	6	-
Negative symptoms	6	-
Total FAST score	68	10
FAST domains		
Autonomy	11	2
Occupational functioning	15	2
Cognitive functioning	14	3
Financial issues	6	2
Interpersonal relationships	16	1
Leisure time	6	0

BPRS = Brief Psychiatric Rating Scale; FAST = Functioning Assessment Short Test.

Psychotic symptoms, comorbidities, as well as functional and cognitive impairment significantly and independently affect the quality of life of patients with schizophrenia. In this sense, obtaining valid and reliable instruments, capable of adequately assessing the functional domains in schizophrenia, is extremely important.

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