ORIGINAL ARTICLE

Assessing the Positive and Negative Syndrome Scale and Analyzing the Prescribing Patterns among Patients with Schizophrenia at the Department of Psychiatry Constitutes a Prospective Observational Study

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Abstract

Aim: The study aims to assess Positive and Negative Syndrome Scale and analyzing the prescribing patterns among patients with schizophrenia at the Department of Psychiatry constitutes a prospective observational study. **Materials and Methods:** The study was conducted at the outpatient wards of the Psychiatry Departments at Government General Hospital, Guntur, Andhra Pradesh. It was designed as a prospective and observational study involving the collection of case sheets and medication records of patients, without the use of invasive techniques such as blood sample collection. The study spanned a 35-month period. **Results and Discussion:** The present study's sociodemographic analysis such as revealed significant gender-based disparities in marital status, education, religion, occupation, and monthly income among the study participants was done. These findings align with previous studies that have highlighted the influence of sociodemographic factors on the well-being and functioning of individuals with schizophrenia status, education, and income have been recognized as determinants of quality of life and functioning in this population. These sociodemographic factors played a crucial role in shaping the unique challenges and needs of patients with schizophrenia. **Conclusion:** Our research study revealed that a comprehensive understanding of the subjects has the potential to enhance pharmacotherapy and contribute to a deeper comprehension of the pathogenesis of schizophrenia. In addition, we identified that managing negative symptoms in schizophrenia poses a significant challenge for psychiatric services. Expanding on the existing knowledge of schizophrenia provided valuable insights into sociodemographic factors, the positive, negative, and general psychopathology domains, as well as prescribing patterns affecting individuals with the disorder.

Key words: Medication usage, negative symptoms and medication records of patients, pharmacotherapy, positive symptoms, psychiatry disease, schizophrenia

INTRODUCTION

Schizophrenia, a complex and severe mental disorder, presents a substantial challenge for individuals and health-care professionals alike. Marked by symptoms such as delusions, hallucinations, disorganized thinking, and impaired cognitive functions; this condition significantly disrupts daily life and profoundly influences overall quality of life. Recognizing the cognitive impairments and their impact on the quality of life in individuals with schizophrenia is crucial for delivering effective care and support. Cognitive deficits, which encompass attention,

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memory, and executive functions, are a distinctive feature of schizophrenia.[1]

The prodromal phase marks the initial stage of schizophrenia, commencing with the earliest behavioral alterations and extending until the onset of psychosis. This phase is characterized by a gradual emergence of signs and symptoms, spanning weeks to years, with a typical duration of at least 1 year. The trajectory of the illness varies significantly, ranging from complete remission-where individuals return to their full premorbid functioning after a single psychotic episode-to persistent and uninterrupted psychopathology accompanied by cognitive, social, and occupational impairment. Individuals with schizophrenia face an elevated risk of developing various medical conditions, experiencing homelessness, encountering unemployment, and facing premature mortality.[1-5]

MATERIALS AND METHODS

The study was conducted at the outpatient wards of the Psychiatry departments at Government General Hospital, Guntur, Andhra Pradesh-522001. It was designed as a prospective and observational study involving the collection of case sheets and medication records of patients, without the use of invasive techniques such as blood sample collection. The study spanned a 35-month period. Before enrolling subjects into the study, ethical approval was granted by the institution under reference number GMC/IEC/179/2021. A total of 831 participants were included in this study. The sample size, determined by Statistical Package for the Social Sciences (SPSS) software, was set at 831, with a 5% margin of error and a 95% confidence interval, considering an expected response rate of 90%. Study participants were selected through direct patient counseling and a convenient random sampling method.

Inclusion criteria

Encompassed patients aged between 18 and 50 years, diagnosed with Schizophrenia according to the ICD-10 criteria, and receiving stable antipsychotic therapy for at least 3 months. Patients willing to participate in the study were also considered eligible.

Exclusion criteria

Excluded patients below 18 and above 50 years, those diagnosed with schizophrenia within the past year, individuals with comorbid conditions, patients using psychoactive substances (excluding nicotine), and those unwilling to participate.

The study data were sourced from the enrolled participant's case report forms and through a self-structured questionnaire, the Positive and Negative Syndrome Scale (PANSS). This comprehensive methodology allowed for the collection of data to assess Symptoms and prescribing pattern in the selected patient cohort, ensuring a robust foundation for the study's objectives and outcomes.

Statistical analysis

The study data analysis was carried out utilizing the SPSS, specifically version 24.0 by IBM. Descriptive analysis was conducted to calculate both percentages and frequencies. An alpha value of 0.05 or less was considered statistically significant.

This prospective observational study conducted at the Department of Psychiatry aims to evaluate the PANSS and analyze prescribing patterns among schizophrenia patients. The primary objectives include comparing the PANSS scores at various time points between male and female subjects, assessing prescribing patterns of psychotropic medications in schizophrenia, and evaluating the effectiveness of psychotropic medication usage in these patients. The study also seeks to investigate the impact of drug therapy within the community of schizophrenia patients.

RESULTS

A total of 831 participants were recruited in the study, out of which 458 (55.11%) were females and 373 were males (44.88%), with a mean age of 38.68 ± 9.813 (years). Table 1 presents a comprehensive analysis of the sociodemographic characteristics of the study participants, segmented by various variables. There were some demographic similarities between females and males. However, the occupation category exhibited a substantial gender disparity ($P < 0.001$), with a greater number of females being unemployed. In terms of monthly income, the data showed a significant difference ($P < 0.001$), with a higher percentage of males having a monthly income exceeding 10,000, while more females fell into the >5000 category. Table 1 underscores significant gender-based disparities in marital status, education, religion, occupation, and monthly income, which are essential findings to consider when analyzing the research outcomes.

Table 2 presents the results of an analysis comparing the "Positive Scale" at different time points (T0, T1, and T2) for the "Overall" group, as well as for the "Female" and "Male" subgroups.

Positive scale

For the "female group", at Time 0 (T0), the mean Positive Scale score was 34.65, with a standard deviation of 8.709. At Time 1 (T1), the mean score increased slightly to 37.58, with a standard deviation of 12.487. At Time 2 (T2), the mean

Table 1: Sociodemographic details of participants

Demographic parameters	Overall		Female (*n*=458)		Male (*n*=373)		*P*-value
	n	%	*n*	%	*n*	%	
Gender	831	100	458	55.1	373	44.9	-
Age Mean (SD)	38.38±9.6		38.14±9.4		38.68±9.8		
Residence							0.82
Rural	498	59.93	269	58.7	229	61.4	
Urban	333	40.07	189	41.3	144	38.6	
Family type							
Joint	212	25.51	104	22.70	108	28.95	0.37
Nuclear	487	58.60	274	59.82	213	57.10	
Living alone	132	15.88	80	17.46	52	13.94	
Marital status							
Married	676	81.35	368	80.3	308	82.6	0.043
Unmarried	87	10.47	48	10.5	39	10.5	
Divorced	38	4.57	24	5.2	14	3.8	
Widowed	30	3.61	18	3.9	12	3.2	

Table 2: Comparing the positive and negative symptoms scale at different time points between male and female

PANSS parameters	Overall		Female		Male		*P*-value
	Mean	SD	Mean	SD	Mean	SD	
Positive Scale							
T0	34.71	8.789	34.65	8.709	34.78	8.897	0.833
T1	37.66	12.904	37.58	12.487	37.76	13.416	0.839
T2	35.49	8.816	35.2	8.726	35.85	8.925	0.291
Negative scale							
T0	43.24	12.026	42.74	12.147	43.85	11.864	0.187
T1	39.89	13.858	37.71	11.969	42.56	15.474	<0.001
T2	34.7	8.694	35.12	9.062	34.17	8.203	0.119
General psychopathology scale							
T0	79.95	17.692	80	17.541	79.9	17.899	0.936
T1	56.76	17.716	58.44	17.16	54.69	18.187	0.002
T2	43.1	13.87	42.88	14.114	43.38	13.578	0.6
Total PANSS scale							
T0	157.9	15.93	157.39	16.013	158.53	15.826	0.306
T1	134.3	13.124	133.73	11.251	135.01	15.096	0.16
T2	113.29	10.818	113.2	11.154	113.41	10.404	0.78

SD: Standard deviation

score decreased slightly to 35.2, with a standard deviation of 8.726. Similar to the overall group, p-values for the female group suggest that there were no statistically significant differences in Positive Scale scores between time points. In the "male group", at Time 0 (T0), the mean Positive Scale score was 34.78, with a standard deviation of 8.897. At Time 1 (T1), the mean score increased to 37.76, with a standard deviation of 13.416. At Time 2 (T2), the mean score decreased slightly to 35.85, with a standard deviation of 8.925. Similar to the other groups, *P*-values for the male group suggest that there were no statistically significant differences in Positive Scale scores between time points. For both the overall group and the female and male groups, there were no statistically significant differences in Positive Scale scores between time points (T0, T1, and T2). The Positive Scale scores remained relatively stable over time, with minor fluctuations that were not statistically significant. The high p-values indicate that the observed changes in mean scores were not statistically significant, and the standard deviations provide information about the variability within each group. The results suggest

that Positive Scale scores did not significantly change over time for any of the groups in this study.

Negative scale

Table 2 presents the results of an analysis comparing the "Negative Scale" at different time points (T0, T1, and T2) for the "Overall" group, as well as for the "Female" and "Male" subgroups. For the "female group", at Time 0 (T0), the mean Negative Scale score was 42.74, with a standard deviation of 12.147. At Time 1 (T1), the mean score decreased to 37.71, with a standard deviation of 11.969. At Time 2 (T2), the mean score decreased further to 35.12, with a standard deviation of 9.062. The p-values for the female group suggest that there were statistically significant differences in Negative Scale scores between time points. The p-value is less than 0.001 for T1, indicating a significant decrease in scores from T0 to T1, but not for T2. In the "male group", at Time 0 (T0), the mean Negative Scale score was 43.85, with a standard deviation of 11.864. At Time 1 (T1), the mean score slight decreased to 42.56, with a standard deviation of 15.474. At Time 2 (T2), the mean score further decreased to 34.17, with a standard deviation of 8.203. The p-values for the male group also suggest that there were statistically significant differences in Negative Scale scores between time points. The $P < 0.001$ for T1, indicating a significant decrease in scores from T0 to T1, but not for T2. For the overall group, there were no statistically significant differences in Negative Scale scores between time points (T0, T1, and T2). The Negative Scale scores remained relatively stable over time, with minor fluctuations that were not statistically significant. However, when looking at the female and male groups separately, there were significant differences in Negative Scale scores between time points. Specifically, there was a significant decrease in scores from T0 to T1 for both groups. For the female group, the scores increased slightly from T1 to T2, while for the male group, the scores decreased from T1 to T2. These findings suggest that the changes in Negative Scale scores over time differed between the female and male groups, with a significant decrease observed from T0 to T1.

Table 1 presents the results of an analysis comparing the "General Psychopathology Scale" at different time points (T0, T1, and T2) for the "Overall" group, as well as for the "Female" and "Male" subgroups.

For the female group, at Time 0 (T0), the mean General Psychopathology Scale score was 80, with a standard deviation of 17.541. At Time 1 (T1), the mean score decreased to 58.44, with a standard deviation of 17.16. At Time 2 (T2), the mean score decreased to 42.88, with a standard deviation of 14.114. The p-values for the female group also suggest that there were statistically significant differences in General Psychopathology Scale scores between time points. The p-value is less than 0.05, indicating significant changes. In the male group, at Time 0 (T0), the mean General Psychopathology Scale score was 79.9, with a standard deviation of 17.899. At Time 1 (T1), the mean score decreased to 54.69, with a standard deviation of 18.187. At Time 2 (T2), the mean score decreased slightly to 43.38, with a standard deviation of 13.578. The p-values for the male group, however, suggest that there were no statistically significant differences in General Psychopathology Scale scores between time points. For the overall group and the female group, there were statistically significant differences in General Psychopathology Scale scores between time points. Specifically, there was a significant decrease from T0 to T1 and a further decrease from T1 to T2. In contrast, for the male group, there were no statistically significant differences in General Psychopathology Scale scores between time points. The scores remained relatively stable. These findings suggest that the changes in General Psychopathology Scale scores over time were more pronounced for the overall and female groups, with significant Improvement observed.

Table 2 presents the results of an analysis comparing the "Total PANSS scores" at different time points (T0, T1, and T2) for the "Overall" group, as well as for the "Female" and "Male" subgroups. For the female group, at Time 0 (T0), the mean Total PANSS score was 157.39, with a standard deviation of 16.013. At Time 1 (T1), the mean score decreased slightly to 133.73, with a standard deviation of 11.251. At Time 2 (T2), the mean score decreased and remained relatively stable at 113.2, with a standard deviation of 11.154. The p-values for the female group suggest that there were no statistically significant differences in Total PANSS scores between time points. Male Group: In the male group, at Time 0 (T0), the mean Total PANSS score was 158.53, with a standard deviation of 15.826. At Time 1 (T1), the mean score decreased slightly to 135.01, with a standard deviation of 15.096. At Time 2 (T2), the mean score decreased and remained stable at 113.41, with a standard deviation of 10.404. The p-values for the male group also suggest no statistically significant differences in Total PANSS scores between time points. For both the overall group and the female and male groups, there were no statistically significant differences in Total PANSS scores between time points (T0, T1, and T2). The Total PANSS scores remained relatively stable over time, with some minor fluctuations that were not statistically significant. The high p-values indicate that the observed changes in mean scores were not statistically significant, and the standard deviations provide information about the variability within each group. These results suggest that Total PANSS scores significantly change over time for any of the groups in this study.

Paired sample t-test

Table 3 provides the results of a paired samples test, which compares the differences between various pairs of variables (T0 vs. T1 and T0 vs. T2) for different scales, including the Positive Scale, Negative Scale, General Psychopathology Scale, and Total PANSS scores.

Table 3: Comparison of the differences between various pairs of for PANSS scale variables

PANSS parameters	Paired Differences					% Change	t	*P*-value
	Mean	SD	SE	95% CI of the difference				
				Lower	Upper			
Positive scale								
T0-T1	−2.95	15.72	0.54	−4.02	−1.88	−8.51	−5.416	<0.001
T0–T2	−0.78	12.25	0.42	−1.6	0.04	−2.26	−1.849	0.065
Negative scale								
T0-T1	3.35	18.41	0.63	2.1	4.68	7.76	5.249	<0.001
T0-T2	8.54	14.87	0.51	7.51	9.55	19.76	16.558	<0.001
General psychopathology scale								
T0-T1	23.19	25.19	0.87	21.48	24.91	29.01	26.541	<0.001
T0-T2	36.85	23.28	0.80	35.26	38.43	46.09	45.67	<0.001
Total PANSS score								
T0-T1	23.59	20.18	0.7	22.22	24.96	14.94	33.701	<0.001
T0-T2	44.60	19.91	0.69	43.25	45.96	28.25	64.579	<0.001

SD: Standard deviation, SE: Standard error, CI: Confidence interval

Positive scale

The mean difference between T0 and T1 Positive Scale scores is −2.954, indicating an increase. The t-value is −5.416 and *P*-value is 0. This means that the increase is statistically significant, with a high level of confidence. The mean difference between T0 and T2 Positive Scale scores is −0.786, indicating a smaller increase. The t-value is −1.849, and the *P*-value is 0.065, which suggests a borderline significance but not statistically significant at a conventional alpha level of 0.05.

Negative scale

The mean difference between T0 and T2 Negative Scale scores is 8.544, indicating a larger decrease. The t-value is 16.558, and the *P*-value is 0, indicating that the Improvement highly statistically significant. The mean difference between T0 and T1 General Psychopathology Scale scores is 23.195, indicating a substantial decrease. The t-value is 26.541, and the *P*-value is 0, indicating a highly statistically significant decrease.

General psychopathology scale

The mean difference between T0 and T2 General Psychopathology Scale scores is 36.85, indicating a larger decrease. The t-value is 45.67, and the *P*-value is 0, indicating a highly statistically significant decrease. The mean difference between T0 and T1 Total PANSS scores is 23.594, indicating a substantial decrease. The t-value is 33.701, and the *P*-value is 0, indicating a highly statistically significant decrease.

Total PANSS score

Total PANSS Scale" at different time points between male and female is shown is the Figure 1, and the mean difference between T0 and T2 Total PANSS scores is 44.608, indicating a larger decrease. The t-value is 64.579, and the *P*-value is 0, indicating a highly statistically significant decrease.

Medication use

The Table 4 and Figure 2 present a comparison of the number of prescribed drugs between males and females, showcasing the frequencies and corresponding percentages in each category:

One drug: In this category, a total of 109 individuals received a single drug. Among them, 59 females (12.9%) were prescribed one drug, while 50 males (13.4%) received a single medication. Two drugs: The group prescribed two drugs comprises 182 individuals. Within this category, 113 females (24.7%) and 69 males (18.5%) were given two medications. Three drugs: A total of 252 individuals received three drugs. Of these, 133 females (29%) and 119 males (31.9%) had three prescriptions. Four drugs: Four drugs were prescribed to 128 individuals. In this category, 72 females (15.7%) and 56 males (15%) were prescribed four medications. Five drugs: A total of 123 individuals were prescribed five drugs. Among them, 70 females (15.3%) and 53 males (14.2%) were given five different medications. Six drugs: Six drugs were prescribed to 16 individuals. Of these, 11 females (2.4%), and 5 males (1.3%) received six different medications.

Table 4: Distribution of number of drugs by gender

Number of drugs	Female		Male	
	Frequency	%	Frequency	%
1	59	12.9	50	13.4
2	113	24.7	69	18.5
3	133	29	119	31.9
4	72	15.7	56	15
5	70	15.3	53	14.2
6	11	2.4	6	1.8
Total	458	100	353	100

Table 5: Comparison of medication use between genders

Drugs	Gender		Total
	Female	Male	
Trihexyphenidyl	277	219	496
Risperidone	254	188	442
Haloperidol	236	196	432
Olanzapine	162	136	298
Quetiapine	97	74	171
Flupentixol	77	46	123
Sodium Valporate	54	36	90
Promethazine	34	28	62
Amitriptyline	14	21	35
Diazepam	12	8	20
Pregabalin	10	10	20
Lorazepam	7	5	12
Lithium	6	5	11
Clonazepam	6	4	10
Alprazolam	1	3	4
Nitrozepum	1	2	3
Total	1248	981	

Table 5 compares the distribution of certain drugs between male and female patients with schizophrenia.

Trihexyphenidyl: Of the 496 individuals taking Trihexyphenidyl, 277 are female, and 219 are male, with a slightly higher female count. Risperidone: Of the 442 individuals taking Risperidone, 254 are female, and 188 are male, with a slightly higher female count. Haloperidol: Of the 432 individuals taking Haloperidol, 236 are female, and 196 are male, with a slightly higher female count. Olanzapine: Of the 298 individuals taking Olanzapine, 162 are female, and 136 are female, suggesting a male predominance.

Quetiapine: Among the 171 individuals taking Quetiapine, 97 are female, and 74 are male, indicating a female predominance. Flupentixol: Of the 123 individuals taking Flupentixol, 77 are female, and 46 are female, suggesting a female predominance. Sodium Valproate: Of the 90 individuals taking Sodium Valproate, 54 are female, and 36 are male, indicating a female predominance. Promethazine: The majority of individuals (62) taking Promethazine are female (34), with 28 males, indicating a female predominance. Amitriptyline: Among the 35 individuals taking Amitriptyline, 14 are female and 21 are male, indicating a female predominance. Diazepam: Of the 20 individuals taking Diazepam, 12 are female and eight are male, suggesting a slightly higher female count. Pregabalin: Of the 20 individuals taking Pregabalin, 10 are male, and 10 are female, with a balanced distribution. Lorazepam: Of the 12 individuals taking Lorazepam, seven are female, and five are male, indicating a slightly higher female count. Lithium: Among those taking Lithium, six are female and five are male, with a balanced distribution. Clonazepam: Among those taking Clonazepam, six are female, and four are male, with a relatively balanced distribution. Alprazolam: Of the four individuals taking Alprazolam, one is female, and three are male, indicating a slightly higher male count. Nitrozepum: There is only one female and two male taking Nitrozepum,

From Table 5 and Figure 3, the prescription counts are higher for males. However, there are some drugs where the prescription counts are slightly higher for females or approximately equal between males and females. The drugs with the highest prescription counts are Haloperidol (prescribed more to males) and Olanzapine (prescribed more to males).

The overall results summarized and stating that the study's sociodemographic analysis in Table 1 reveals significant gender-based differences in marital status, residence, family type, which are critical factors for interpreting research outcomes. Moreover, there is a significant difference in the PANSS; there is a no gender related variation in all domains (Positive, negative, and General Psychopathology, and there is a significant decrease was observed (T0 and T2), this significant decreased will indicated that the symptoms ware decrease and in the use of medications, there is significant gender difference was observe in the number of medication used in the all individuals and Trihexyphenidyl is the highest used 96 drug among the all the individuals followed by Risperidone and haloperidol followed by others in all individual drugs.

DISCUSSION

Schizophrenia is a complex mental disorder known for its diverse array of symptoms, including cognitive deficits that significantly impact the lives of affected individuals. Furthermore, schizophrenia is associated with a substantial effect on the quality of life experienced by those diagnosed with the disorder. In this prospective observational study, our primary objective was to evaluate cognitive deficits and assess the quality of life in individuals with schizophrenia who have been consistently receiving stable antipsychotic therapy. Our aim was to gain insights into the enduring

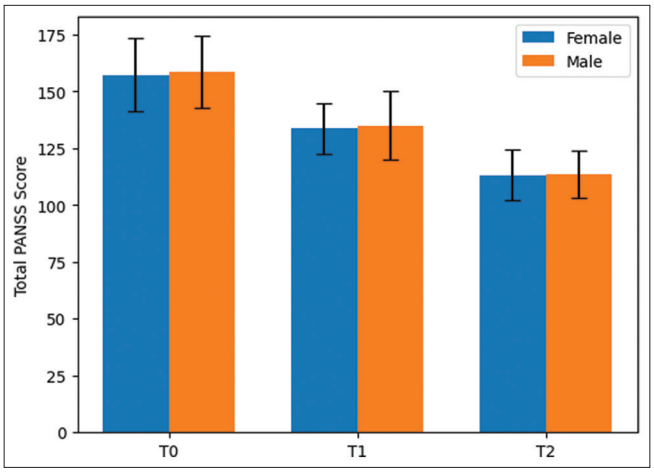

Figure 1: Comparing the "Total PANSS Scale" at different time points between male and female

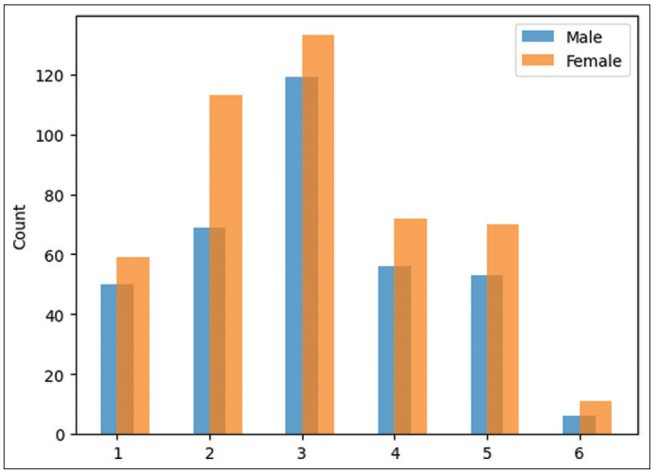

Figure 2: Distribution of number of drugs by gender

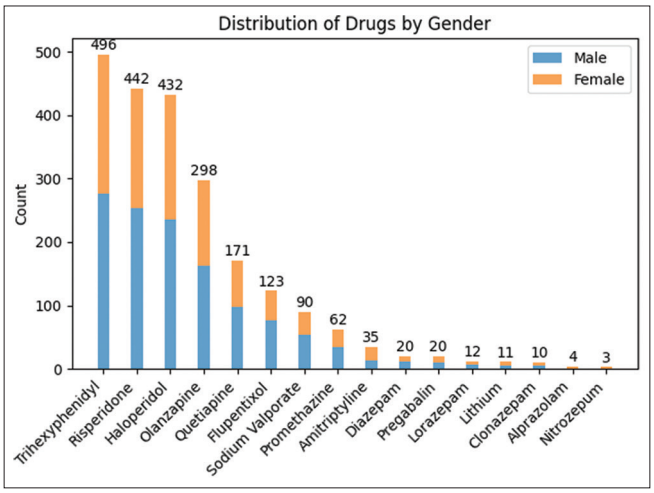

Figure 3: Comparison of number of drug prescriptions between male and female

effects of this treatment on their overall well-being. Established guidelines for antipsychotic use in first-episode psychosis emphasize the selection of medication based on its side effect profile, recommending initial doses at the lower end of the spectrum. The thoughtful consideration of the initial antipsychotic involves a delicate balance between side effects and anticipated benefits, incorporating the patient's perspective through a shared decision-making approach. Effectively managing the side effects poses a substantial challenge, given the potential drawbacks such as metabolic abnormalities, sexual problems, and movement disorders associated with these medications.[18-24]

In this prospective observational study, we sought to assess cognitive deficits and the quality of life in patients with schizophrenia who have been on stable antipsychotic therapy, with the aim of understanding the long-term impact of treatment on their well-being.

The guidelines for effective antipsychotic use in first-episode psychosis recommend an initial selection of medication based on the side effect profile, with doses leaning towards the lower end of the range. The thoughtful consideration of the first antipsychotic involves striking a balance between side effects and anticipated benefits, incorporating the patient's perspective through shared decision-making. Managing side effects poses a significant challenge, given the potential risks of metabolic abnormalities, sexual problems, and movement disorders associated with these medications. Despite the variety of available antipsychotic medications and the lack of evidence for relative efficacy benefits in first-episode psychosis, the guidelines advise prescribing antipsychotics at the lower half of the dose range.[10-17] Our study took a pragmatic approach, expressing doses as a percentage of the maximum level, and found that adherence to these guidelines was generally high. Approximately 78.6% of patients were prescribed lower doses initially, and the use of high-dose medication regimens was negligible at both the initial assessment and after 1 month of treatment, in contrast to findings reported by Bioque *et al*. The sociodemographic analysis in our study, as presented in Table 1, uncovered significant gender-based disparities in marital status, education, religion, occupation, and monthly income among the participants. These findings align with previous studies emphasizing the impact of sociodemographic factors on the well-being and functioning of individuals with schizophrenia. Marital status, education, and income were identified as determinants of quality of life and functioning in this population, playing a crucial role in shaping the unique challenges and needs of patients with schizophrenia.

Symptomatology, assessed using the PANSS, revealed that Trihexyphenidyl was the most commonly prescribed drug, followed by risperidone and haloperidol. In comparison to other studies, our results differed, with olanzapine being commonly prescribed over all medications, followed by risperidone and amisulpride according to Oommen S *et al*.[18-27]

The current study's sociodemographic analysis, as presented in Table 1, revealed significant gender-based disparities in marital status, education, religion, occupation, and monthly

income among the study participants. These findings align with previous studies that have highlighted the influence of sociodemographic factors on the well-being and functioning of individuals with schizophrenia.[6-10] Marital status, education, and income have been recognized as determinants of quality of life and functioning in this population.[11] These sociodemographic factors played a crucial role in shaping the unique challenges and needs of patients with schizophrenia. PANSS is assessed for symptomatology of the individuals. In our study, results shows that Trihexyphenidyl (F-277 and M-219) is repeatedly presided drug followed by respiridone (F-254, M-188) and haloperidol (F-236, M-196) comparing Our Results to Oommen *et al*., stated that Olanzapine is prescribed commonly over the all medications followed by Risperidone and amisulpride.

CONCLUSION

Our research significantly advances understanding of schizophrenia by delving into sociodemographic factors and symptomatology domains. Gender-related differences underscore the disorder's complexity. Trihexyphenidyl, respiridone, and haloperidol predominate in prescribing, emphasizing the intricate nature of schizophrenia, and highlighting the need for comprehensive care. Negative symptoms impose a substantial burden, challenging quality of life. Recognition is difficult, requiring focused research and specialized scales. Secondary negative symptoms are linked to external factors, while the pathophysiology of primary ones remains unknown, fueling intense research. A thorough understanding can enhance pharmacotherapy and deepen insights into schizophrenia's pathogenesis. Managing negative symptoms poses a major challenge, demanding clear differentiation between primary and secondary symptoms. Identifying root causes, especially comorbid depressive symptoms and extrapyramidal disorders, is crucial for secondary symptoms. Specific therapeutic options are essential for primary negative symptoms.

Study limitations

This study's limitations include a potentially limiting sample size, selection bias due to convenient sampling, reliance on retrospective data, 35-month study duration, the absence of a control group, unaccounted external factors, subjective self-reported measures, and unassessed treatment variations. These limitations should be addressed in future research for a more comprehensive understanding of schizophrenia-related cognitive deficits and quality of life.

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ETHICAL APPROVAL

Ethical Approval was obtained from the Government General Hospital, Guntur, Andhra Pradesh, India.

INFORM CONSENT

Inform consent was taken from the patient.

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