

IMPORTANCIA DE LAS FUNCIONES COGNITIVAS EN LA AUTONOMÍA DE UN GRUPO DE PACIENTES CON DIAGNÓSTICO DE TRASTORNOS MENTALES GRAVES INGRESADOS EN UNA UNIDAD DE MEDIA ESTANCIA.

Marta Rodríguez Jiménez
Grado en Psicología 2018/2019
Universitat Jaume I

RESUMEN

Los síntomas de los Trastornos Mental Graves incluyen déficits en el funcionamiento cognitivo, así como en la autonomía personal.

El objetivo de este estudio ha sido valorar si existe relación entre los déficits cognitivos y los déficits en la autonomía de una población muy concreta: pacientes ingresados en una Unidad de Media estancia diagnosticados de diferentes Trastornos Mentales Graves.

La muestra utilizada ha sido de 16 personas (10 hombres y 6 mujeres), todas ellas ingresadas en la Unidad de Media Estancia del Consorcio Hospitalario Provincial de Castellón y diagnosticados de Trastornos Mentales Graves (Esquizofrenia, Trastorno Límite de la Personalidad, Trastorno Esquizoafectivo, Trastorno Obsesivo Compulsivo, Trastorno Bipolar y Trastorno Psicótico sin especificar.)

Los materiales utilizados han sido la entrevista "Escala de Discapacidad de la Organización Mundial de la Salud" (WHODAS 2.0), la prueba "Screening del Deterioro Cognitivo en Psiquiatría" (SCIP-S) y la "Batería de Evaluación de Capacidad y Desempeño" (BECAD), escala de cognición y conducta. Estas pruebas se aplicaron en 2 sesiones de 1h cada una, con previa explicación y consentimiento informado. Una vez recogidos los datos se procedió al análisis estadístico (análisis descriptivo y coeficiente de correlación de Pearson).

Los resultados obtenidos fueron que existen correlaciones significativas tanto en las puntuaciones generales como en los ítems específicos en la BECAD y SCIP-S pero no con la WHODAS-II.

Las conclusiones a las que se han llegado son: que hay una relación entre la autonomía y las funciones cognitivas de los pacientes; que para conocer cuál son las funciones cognitivas que afectan a la autonomía y de qué manera lo hacen es necesario utilizar instrumentos de evaluación variados (a parte de cribado, evaluaciones ecológicas) y que la falta de correlación entre la WHODAS-II (autocuestionario) y el resto de pruebas pueden señalar la falta de conciencia de enfermedad de estos pacientes.

IMPORTANCE OF COGNITIVE FUNCTIONS IN THE AUTONOMY OF A GROUP OF PATIENTS WITH A DIAGNOSIS OF SEVERE MENTAL DISORDER ADMITTED TO A HALF-STAY UNIT.

ABSTRACT

Symptoms of Serious Mental Disorders include deficits in cognitive functioning as well as personal autonomy.

The aim of this study was to assess whether there is a relationship between cognitive deficits and deficits in the autonomy of a very specific population: patients admitted to a Half-Stay Unit diagnosed with different Serious Mental Disorders.

The sample used was 16 people (10 men and 6 women), all of them admitted to the Mid-Stay Unit of the Castellón Provincial Hospital Consortium and diagnosed with Serious Mental Disorders (Schizophrenia, Personality Limit Disorder, Schizoaffective Disorder, Obsessive Compulsive Disorder, Bipolar Disorder and Unspecified Psychotic Disorder).

The materials used were the "World Health Organization Disability Scale" interview (WHODAS 2.0), the "Screening of Cognitive Impairment in Psychiatry" test (SCIP-S) and the "Capacity and Performance Assessment Battery" (BECAD), cognitive and behavioural scale. These tests were applied in 2 sessions of 1 hour each, with prior explanation and informed consent. Once the data were collected, a statistical analysis was carried out (descriptive analysis and Pearson's correlation coefficient).

The results obtained were that there are significant correlations both in the general scores and in the specific items in the BECAD and SCIP-S but not with the WHODAS-II.

The conclusions reached are: that there is a relationship between autonomy and patients' cognitive functions; that in order to know which cognitive functions affect autonomy and how they do it is necessary to use varied evaluation instruments (apart from screening, ecological evaluations) and that the lack of correlation between WHODAS-II (self-questionnaire) and the rest of the tests may indicate the lack of disease awareness of these patients.

IMPORTANCE OF COGNITIVE FUNCTIONS IN THE AUTONOMY OF A GROUP OF PATIENTS WITH A DIAGNOSIS OF SEVERE MENTAL DISORDER ADMITTED TO A HALF-STAY UNIT.

Student: Rodríguez Jiménez, Marta
 Supervisor: Moro Ipola, Micaela
 PSYCHOLOGY 2018/2019



INTRODUCTION

Serious Mental Disorder (TMG) refers to a group of patients who have a severe, long-term mental illness. This includes diagnoses of psychotic disorders and some personality disorders.

Serious Mental Disorders have historically been related to the presence of impairments in cognitive functions. (Paredes et al. 2002).

In addition to cognitive impairment, patients with TMG also experience severe impairments in their daily functioning that are manifested in various areas. (Bellack et al., 2007).

Since numerous studies have shown that cognitive impairments in patients with psychotic disorders better predict psychosocial functioning in various areas than symptomatology itself, one might think that these impairments or alterations in functioning or functional autonomy will be related to the cognitive functions of people diagnosed with TMG.

In recent years, a new approach to the psychometric study of TMG has been developed, including the use of quantitative measurements and neuropsychological test batteries.

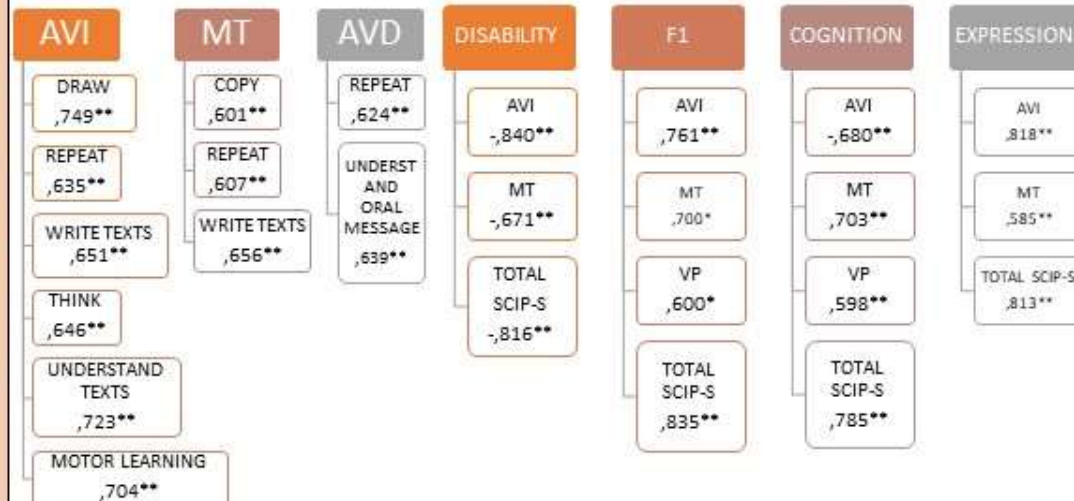
For a correct evaluation of autonomy and cognitive functions, this report uses:

- A Disability Assessment Questionnaire (WHODAS II) assessing activity limitations and participation restrictions.
- A Cognitive screening test (SCIP-S) specifically developed to detect major cognitive deficits.
- A set of questionnaires (BECAD): to measure human functioning, autonomy and disability, based on QF. This study focuses on the area of cognition and behaviour.

METHOD

- **OBJECTIVE:** To establish the possible relationship between cognitive functions and the autonomy of a group of adult patients diagnosed with TMG and admitted to the UME of the Castellón Provincial Hospital Consortium.
- **PARTICIPANTS:** 16 people (6 women and 10 men), ages between 23 and 61, admitted to the UME and with different diagnoses (PT, Schizophrenia, Bipolar Disorder, OCD and Psychotic D.).
- **PROCEDURE:** The functionality and cognitive deficits were evaluated in two sessions of 1h by means of:
 - WHODAS-II: Perceived difficulties (S) and Effect of difficulties (H)
 - SCIP-S: Immediate Verbal Learning (AVI), Working Memory (MT), Delayed Verbal Learning (AVD), Processing Speed (VP) and Verbal Fluency (FV)
 - BECAD: Disability, Learning and application of knowledge (F1), Cognition and Expression

RESULTS



Significant correlations (PEARSON) were obtained both in general BECAD and SCIP-S scores and in specific BECAD items with SCIP-S. WHODAS-II scores do not correlate significantly with any other test scores.

DISCUSSION & CONCLUSIONS

- There is a relationship between autonomy and cognitive functions, which highlights the importance of cognitive assessment of institutionalized patients to ensure improvement in autonomy and thus in quality of life.
 - The many correlations of Immediate Verbal Learning are highlighted
 - The correlations of Working Memory with BECAD items (since in principle the BECAD does not measure MT) are notable.
 - The non correlations WHODAS-II and BECAD are related to the lack of disease awareness of TMG patients.
- Immediate Verbal Learning and Working Memory (SCIP-S) are fundamental for treatments for people with TMG, so it is important to know the degree of affectation.
- In order to study the levels of functioning and the effects of rehabilitation on it, screening measures alone are not sufficient. It is necessary to complement tests with ecological aspects such as the symbols of the BECAD.

- Moro Ipola, M., et al. (2013). Desarrollo y validación de la BECAD: un instrumento de evaluación basado en la Clasificación Internacional del - Funcionamiento, de la Discapacidad y de la Salud. *Revista Española de Salud Pública*, 87(1), 11-24
- Penadés, R et al. (2003). Cognitive mechanisms, psychosocial functioning, and neurocognitive rehabilitation in schizophrenia. *Schizophrenia Research*, 63(3), 219-227.
- Siever, L. J. et al. (2002). Cognitive and brain function in schizotypal personality disorder. *Schizophrenia Research*, 54(1-2), 157-167.

BIBLIOGRAFÍA

- Álvarez Hernández, J., & Sicilia Molina, M. (1). COGNITIVE IMPAIRMENT AND BASIC PERSONAL AUTONOMY IN OLD AGE ADULTS. *Anales De Psicología / Annals of Psychology*, 23(2), 272-281. Retrieved from <https://revistas.um.es/analesps/article/view/22281>
- Beck, A. T., Davis, D. D., & Freeman, A. (Eds.). (2015). *Cognitive therapy of personality disorders*. Guilford Publications.
- Beck, C. K., & Vogelpohl, T. S. (1995). Cognitive impairment and autonomy. In L. M. Gamroth, J. Semradek, & E. M. Tornquist (Eds.), *Enhancing autonomy in long-term care: Concepts and strategies* (pp. 44-57). New York, NY, US: Springer Publishing Co.
- Bellack AS, Green MF, Cook JA, Fenton W, Harvey PD, Heaton RK, et al. Assessment of Community Functioning in People with Schizophrenia and other Severe Mental Illnesses: A White Paper Based on an NIMH-Sponsored Workshop. *Schizophr Bull.* 2007;33(3):805–822.
- Cotanda Canelles, S., Navidad Bernat, Y., Olivas del Olmo, S., Mezquita Guillamón, L., & Moro Ipola, M. (2015). Discapacidad en no discapacitados. Relación entre funciones cognitivas y autonomía.
- Fernández-López, J. A., Fernández-Fidalgo, M., & Cieza, A. (2010). Los conceptos de calidad de vida, salud y bienestar analizados desde la perspectiva de la Clasificación Internacional del Funcionamiento (CIF). *Revista española de salud pública*, 84, 169-184.
- Fernández-López, J. A., Fernández-Fidalgo, M., Geoffrey, R., Stucki, G., & Cieza, A. (2009). Funcionamiento y discapacidad: la clasificación internacional del funcionamiento (CIF). *Revista española de salud pública*, 83, 775-783.
- Fett, A. K. J., Viechtbauer, W., Penn, D. L., van Os, J., & Krabbendam, L. (2011). The relationship between neurocognition and social cognition with functional outcomes in schizophrenia: a meta-analysis. *Neuroscience & Biobehavioral Reviews*, 35(3), 573-588.
- Jiménez Buñuales, M., González Diego, P., & Martín Moreno, J. M. (2002). La clasificación internacional del funcionamiento de la discapacidad y de la salud (CIF) 2001. *Revista española de salud pública*, 76, 271-279.
- L.A. Flashman, M.F. Green: *Review of cognition and brain structure in schizophrenia: profiles, longitudinal course, and effects of treatment*. *Psychiatr. Clin. N. Am.*, 27 (2004), pp. 1-18
- M.F. Green, D.L. Penn, R. Bentall, W.T. Carpenter, W. Gaebel, G.C. Ruben, A.M. Kring, S. Park, M. Silverstein, R. Heinssen *Social cognition in schizophrenia: an NIMH workshop on definitions, assessment, and research opportunities* *Schizophr. Bull.*, 34 (2008), pp. 1211-1220
- Moro Ipola, M., & Mezquita Guillamón, L. (2013). Desarrollo y validación de la BECAD: un instrumento de evaluación basado en la Clasificación Internacional del - Funcionamiento, de la Discapacidad y de la Salud. *Revista Española de Salud Pública*, 87(1), 11-24.
- Organización Mundial de la Salud. (2002). Organización Panamericana de la Salud. Clasificación Internacional del Funcionamiento, de la Discapacidad y de la Salud. Madrid: Ministerio de Trabajo y Asuntos Sociales
- Paredes, Angélica, Silva, Hernán, Jerez, Sonia, Montes, Cristián, Montenegro, Angélica, Alvarado, Luis, Contador, Renato, & Calabrese, María. (2002). Estudio exploratorio de funciones cognitivas en trastornos de personalidad. *Revista chilena de neuro-psiquiatría*, 40(4), 341-346. <https://dx.doi.org/10.4067/S0717-92272002000400006>
- Penadés, R., Boget, T., Catalán, R., Bernardo, M., Gastó, C., & Salamero, M. (2003). Cognitive mechanisms, psychosocial functioning, and neurocognitive rehabilitation in schizophrenia. *Schizophrenia Research*, 63(3), 219-227.

- Penades R, Catalan R, Salamero M, Boget T, Puig O, Guarch J, et al. Cognitive remediation therapy for outpatients with chronic schizophrenia: a controlled and randomized study. *Schizophr Res*. 2006;87:323–331
- Pino, O., Guilera, G., Rojo, J. E., Gómez-Benito, J. y Purdon, S. E. (2014). *SCIP-S, Screening del Deterioro Cognitivo en Psiquiatría*. Madrid: TEA Ediciones.
- Pradhan, B. K., Chakrabarti, S., Nehra, R., & Mankotia, A. (2008). Cognitive functions in bipolar affective disorder and schizophrenia: comparison. *Psychiatry and Clinical Neurosciences*, 62(5), 515-525.
- Reed, G. M., Spaulding, W. D. & Bufka, L. F. (2009). The relevance of the International Classification of Functioning, Disability and Health (icf) to mental disorders and their treatment. *European Journal of Disability Research*. 3: 340-359.
- S.M. Couture, D.L. Penn, D.L. Roberts *The functional significance of social cognition in schizophrenia: a review*. *Schizophr. Bull.*, 32 (Suppl. 1) (2006), pp. S44-63
- Siever, L. J., Koenigsberg, H. W., Harvey, P., Mitropoulou, V., Laruelle, M., Abi-Dargham, A., ... & Buchsbaum, M. (2002). Cognitive and brain function in schizotypal personality disorder. *Schizophrenia Research*, 54(1-2), 157-167.
- Üstün TB, Kostanjsek N, Chatterji S, et al. *Measuring Health and Disability Manual for WHO Disability Assessment Schedule WHO-DAS 2.0*. Geneva; WHO; 2010.
- Vázquez-Barquero JL, Vázquez Bourgon E, Herrera Castanedo S, Saiz J, Uriarte M, Morales F et al. Versión en lengua española de un nuevo cuestionario de evaluación de discapacidades de la OMS (WHO-DAS-II): fase inicial de desarrollo y estudio piloto. *Actas Esp Psiquiatr*. 2000;2:77-88.
- World Health Organization. *International classification of diseases and related health problems, 10th revision*. Ginebra: VHO; 1992.