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EXPERIENCED STRESS, SELF-EFFICACY, SELF-ESTEEM AND STRATEGIES OF COPING WITH STRESS AND THEIR ASSOCIATION WITH CLINICAL SYMPTOMS IN SCHIZOPHRENIA

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Introduction: Stress affects the development/course of schizophrenia. Inefficient coping may influence functioning.

Objective: Assessment of experienced stress, self-efficacy, self-esteem and coping strategies in schizophrenia.

Methods: Study group: 33 schizophrenic in-patients and 27 healthy subjects. Scales: clinical symptoms - PANSS, HDRS; stress-related - experienced stress (SES), self-efficacy (GSES), self-esteem (RSES), coping strategies (COPE).

Results: PANSS, HDRS scores (mean±SD): 49.2±16.2, 10.1±7.6. Table 1 shows SES, GSES, RSES scores, Table 2 - coping strategies (only significant differences). Inter-variable correlations were found: SES-PANSS ($r=0.56, p<0.001$), SES-HDRS ($r=0.69, p=0.01$), RSES-HDRS ($r=-0.39, p=0.02$), COPE14-PANSS ($r=0.38, p=0.03$), COPE14-PANSS-P ($r=0.45, p=0.008$).

Scale	Schizophrenia (n=33, W/M 10/23, age 35.7±13.4)	Control (n=27, W/M 17/10, age 36.1±9.4)	p
SES	22.6±7.2	16.5±5.1	<0.001
GSES	25.2±5.5	28.6±4.8	0.02
RSES	25.4±4.0	30.3±3.8	<0.001

[Stress, self-efficacy, self-esteem (mean score±SD)]

Strategy (COPE subscale)	Schizophrenia	Control	p
Active coping (1)	11.0±1.5	11.8±1.4	0.047
Planning (2)	11.0±2.6	12.7±1.6	0.003
Religious coping (6)	11.4±3.3	7.2±3.0	<0.001
Restraint (8)	11.1±1.8	10.0±2.2	0.044
Denial (11)	7.5±2.1	6.1±1.6	0.005
Mental disengagement (12)	9.8±2.4	7.4±1.1	<0.001
Behavioral disengagement (13)	8.7±2.1	6.2±1.6	<0.001
Substance use (14)	5.8±3.0	4.5±1.4	0.03

[Coping strategies (mean score±SD)]

Conclusions: Higher experienced stress, lower self-efficacy and self-esteem were found in schizophrenic patients. Stress and coping strategies may affect/result from clinical symptoms. "Passive/avoiding" coping strategies were more frequent in schizophrenic patients.