# Prevalence of Depression and Suicidal Attempts in a Sample of Never Medicated First Episode Egyptian Schizophrenics

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***Abstract***

***Background***:depression in schizophrenia recently has enjoyed a revival in research settings due to its role in increasing suicidal attempts. ***Aim of the work***:To assess the prevalence of depression and suicidal attempts in a sample of never medicated first episode Egyptian schizophrenics. ***Methods:***A total of 50 never medicated first episode Egyptian schizophrenics with predominant positive symptoms (31 male, 19 female-age ranged 15-35). They were diagnosed using ICD-10 criteria and assessed by SAPS scale and differentiated into two groups (depressed and non-depressed according to Beck depresion inventory scoring) and we assessed the prevalence of depression in depressed group according to BDI scoring and we also compared between the two groups as regards the prevalence ofsuicidal attempts. ***Results:***There was a significant increase in the prevalence of depression and suicidal attempts in our sample (36% & 27.8% respectively).There was insignificant difference between depressed and non-depressed schizophrenics as regards age, sex, occupation, marital status, residence, past history of depression and family history of schizophrenia. There was a significant increase in the prevalence of living alone and early parental loss in depressed schizophrenics compared with non-depressed schizophrenics. ***Conclusion:***The prevalence of depression and suicdal attempts were high in depressed 1st episode schizophrenics and the psychosis itslef is a precipitating factor for this depression(secondry depression). Some stressfull factors may facilitate the occurrence of depression (as living alone and early parental loss)so good control of psychosis may lead to cure of psychosis as well as depression,also patient's losses and way of living should evaluated and included in the therapy.

## Introduction

Depression in schizophrenia recently has enjoyed a revival in research settings (Zaffer et al,2000). Depression like pathology has been aknowledged in the literature since the earliest observations (Bleuler,1950). Depressive symptoms are most frequently associated with the acute phase of the illness (Knights & Hirsch,1981). The great majority of depressive symptoms that occurred in patients experiencing their 1st episode of schizophrenia occurred when the patient was psychotic, resolved as the psychosis remitted,was not revealed as the psychosis decreased, was not correlated with extrapyramidal symptoms but correlated with both positive and negative symptoms of schizophrenia, these findings suggest that depressive symptoms in patients experiencing their 1st episode of schizophrenia may be a core part of their pathology as are positive and negative symptoms(Koreen et al, 1993). Several theories attempting to account for the onset of secondary depression has been postulated, the intrinsic theory suggests that depression is an essential aspect of the schizophrenic process and as such should be discernible at one or more stages during the course of an acute psychotic episode (Hirsch & jolly, 1989). Pharmacogenic theories have suggested that the depression observed in psychosis may be simply a drug- induced akinetic dysphoria (van putten & may,1978). Results from Rooke& Birchwood (1998) show that depression following acute psychosis may be a psychological response (demoralisation) to an apparently uncontrollable life event (the psychosis) and its attendant disabilities. Leff (1990) proposes three types of clinical course for secondary depression in schizophrenia: depressive symptoms at the acute stage that are ameliorated as psychotic pathology recedes and don't reemerge after recovery; depressive symptoms that emerge at the point of remission of the acute psychosis and depressive symptoms that emergee independently of the acute psychosis at a point several months after