



International Journal of Information Research and Review Vol. 06, Issue, 09, pp.6459-6463, September, 2019



RESEARCH ARTICLE

A STUDY TO ASSESS THE MODIFIED BASIS-R 24 SCALE AS A PREDICTORS OF TRANSITION TO PSYCHOSIS IN AT RISK MENTAL STATE PATIENTS ADMITTED IN SMVMCH AT PUDUCHERRY

Dr. Danasu, R., Sandhiya, V. and *D. Gowthami

Sri Manakula Vinayagar Nursing College, Puducherry

ARTICLE INFO	ABSTRACT
Article History: Received 10 th June, 2019 Received in revised form 15 th July, 2019 Accepted 19 th August, 2019 Published online 30 st September, 2019 <i>Keywords:</i> ARMS(At Risk Mental States), BASIS- R-scale (Behavior and Symptoms Identification Scale), Neurotic disorders.	Background of the study: At-risk mental state (ARMS) is a condition that the people have risk to develop psychosis and schizophrenia and the conditions of ARMS includes anxiety disorder, phobia, obsessive compulsive disorder, personality disorder, post-traumatic stress disorder, alcoholic dependent syndrome (ADS), substance abuse, drug abuse, affective/mood disorder. The transition to psychosis is the period of change from healthy mental state to abnormal conditions of the mind that results in difficulty to determine the reality perceptions and judgment. Aim: The aim of the study is to
	assess the predictors of transition to psychosis among ARMS patients by using modified BASIS-24-R scale. Methods: A descriptive study consists of 41 neurotic patients. Data were collected by using
	modified BASIS-24-R scale. Results: Hence, overall 75.6% of level of predictors of transition to psychosis in at risk mental states patients majority of them had moderate risk level of predictors of transition to psychosis and 14.6% of level of predictors of transition to psychosis in at risk mental states patients had mild risk level of predictors of transition to psychosis. Conclusion: The findings of the study revealed that out of 41 neurotic disorder patients having 31 (75.6%) moderate risk level of predictors of transition to psychosis. By using self-instructional module the researcher in order to promote the awareness in order to prevent to develop the psychosis and ARMS management. The instructional module will be effective for the neurotic patients.
	an open access article distributed under the Creative Commons Attribution License, which permits unrestricte d use, um, provided the original work is properly cited.

INTRODUCTION

Psychosis is a severe mental disorder that results in strong or bizarre thinking, perceptual disturbance, alteration in behaviour and emotions of an individual person. Psychosis is a brain-based condition that is made better or worse by environmental factors like drug use and stress. And the different kinds of psychotic disorders are schizophrenia, schizoaffective disorder and the symptoms of psychotic disorders such as delusion, hallucination, disorganized or bizarre speech, change in personality, inability to sleep or concentrate, poor personal hygiene and withdrawal from social situation. A person with psychotic episode may also sleeplessness, experience depression, anxiety, social withdrawal, lack of motivation and difficulty functioning dayto-day activities.

Statement of the problem: A Study to assess the modified Basis-R 24 Scale as a Predictors of Transition to Psychosis in At Risk Mental State Patients Admitted in SMVMCH at, Puducherry.

Objectives

> To assess the predictors of transition to psychosis in

ARMS patients by using modified BASIS-R 24 scale.

- To correlate the predictors of transition to psychosis with six domains of modified BASIS-R 24 scale among ARMS patients.
- To associate the predictors of transition to psychosis in At Risk Mental States Patients by using BASIS-R 24 scale with the selected demographic variables.

Assumptions: It is assumed that,

Neurotic patients may have a risk to transition to psychosis in at risk mental state patients.

MATERIALS AND METHODS

The study involves quantitative research approach and descriptive research design was adopted. The study was conducted in SMVMCH. 41 samples of neurotics were selected for the study by using convenient sampling technique.

Description of tool: The tool used for this study is a standardized tool, and the tool consists of 2 sections namely,

Section A: Variables, it consists of 3 sub divisions such as,

Demographic Variables: Age, gender, religion, educational status, place of living, occupational status, marital status and monthly income.

Clinical Variables: Clinical diagnosis, duration of illness, duration of treatment.

Psychosocial Variables: Socio economic status, type of family, alternative therapy, family support, alcohol consumption, duration of drinking and smoking status.

Section B: The modified BASIS-24 -R Behaviour and Symptom Identification Scale: Behaviour and Symptom Identification Scale (BASIS-R) consists of 24 items, and 5 point Likert Scale and the total scoring 120 was used to collect the data.

The basis-24-r 5- point likert scale	Score	Percentage
No risk	0-24	20
Mild risk	25-48	40
Moderate risk	49-72	60
Severe risk	73-96	80
Extremely severe risk	97-120	100

Table 1. Correlation of predictors of transition to psychosis in at risk mental states patients by using Modified BASIS-R-24 scale – domain wise

S.No	Correlation	Mean	Standard deviaton	ʻr' Value	ʻp' VALUE
	DOMAIN 2	16.365	2.374		
1)	DOMAIN 3	8.122	1.846	.360	.021* S
	DOMAIN 3	8.122	1.846		
2)		11.682	3.757	.492	.001**
	DOMAIN 4	11.682	3.757		S
3)	DOMAIN 4	7.463	1.963	.552	001** S
	DOMAIN 5				

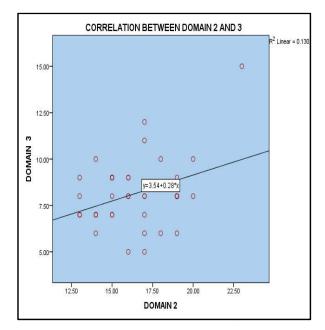


Fig. 1. Shows correlation between domain 2 and 3 (Positive correlation)

Figure 1.1. Depicts that the correlation between the domain 2 and 3 have been show the positive correlation.

Fig. 1. 2. Shows correlation between domain 3 and 4 (positive correlation)

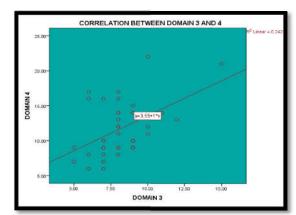


Figure 2. Depicts that the correlation between the domain 3 and 4 have been show the positive correlation

Fig: 1.3. Shows correlation between domain 4 and 5 (positive correlation)

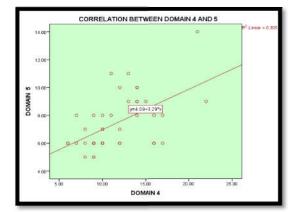


Figure 3. depicts that the correlation between the domain 4 and 5 have been show the positive correlation

Table 2. Association between the levels of predictors of transition
to psychosis with their Selected Demographic Variable

DemographiC Variable	Mil Ris		Moderate Risk		Seve Risk		X2	P- VALUE
	Ν	%	Ν	%	Ν	%	-	
1.Age (in years):								
18-29 years	1	20	4	80	0	0		0.001**
30-44 years	2	1.1	15	83.3	1	5.6	13.26	S
45-59 years	3	17.6	11	64.7	3	17.6	df=1	
Above60Year	0	0	1	100	0	0		
2.Gender:								0.003*
Male	4	12.1	25	75.8	4	12.1	11.20	S
Female	2	25	6	75	0	0	df=2	

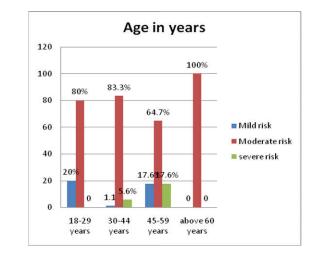


Figure 2.1. Association between ages in year's level of predictors of transition to psychosis

Table 2 & Fig. 2.1: shows that the level of predictors of transition to psychosis by means of proportion of moderate risk was high around 100% among above 60 years, 83.3% among 30-44 years, 80% among 18-29 years and 64.7% among 45-59 years; mild risk around 20% among 18-29 years, 17.6% among 45-59 years; severe risk around 17.6% among 45-59 years, 5.6% among 30-44 years and 0% among above 60 years. The association between the age under demographical variable was found significant chi-square value 13.26 and p value = 0.001.

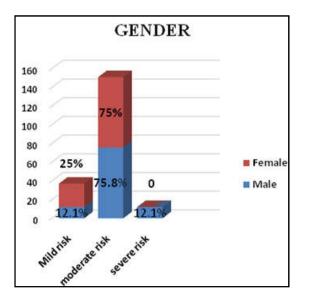


Figure 2.2. Association between level of predictors of transition to psychosis with their gender

Table 2 & fig 2.2: shows that level of predictors of transition to psychosis by means of proportion of moderate risk was high around 75.8% among male and 75% among female; mild risk around 12.1% among male and 25% among female; severe risk around 12.1% among male and 0% among female. The association between the gender under demographical variable was found significant chi-square value 11.20 and p value = 3.

Table 3 & fig 3.1: shows that level of predictors of transition to psychosis by means of proportion of moderate risk was high around 82.4% among alcoholic dependent syndrome, 72.2% among generalized anxiety disorder, 66.7% among OCD and 0% among drug abuse; mild risk was high around 33.3% among OCD, 22.2% among generalized anxiety disorder, 0% among alcoholic dependent syndrome and drug abuse; severe risk was high around 17.6% among alcoholic dependent syndrome, 5.6% among generalized anxiety disorder, 0% among OCD and drug abuse.

Table 3 & figure 3.2: Shows that level of predictors of transition to psychosis by means of proportion of moderate risk was high around 83.3% among more than 5 years, 16.7% among below 5 years; mild risk high around 72.4% among below 5 years, 20.7% among below 5 years and 6.9 among below 5 years.

Fig 4.1: shows that level of predictors of transition to psychosis by means of proportion of moderate risk was high around 83.9% among mixed, 66.7% among non-vegetarian and 42.9% among vegetarian; mild risk high around 42.9% among vegetarian, 33.3% among non-vegetarian and 6.5% among mixed; severe risk high around 14.2% among vegetarian, 9.7% among mixed and 0% among non-vegetarian.

Table 3. Association between levels of predictors of transition to psychosis with their selected clinical Variable

Clinical variables	Mild risk				Mi risl		X2	p-value
	n	%	n	%	n	%	_	
Clinical diagnosis:								_
Generalized anxiety disorder	4	22.2	13	72.2	1	5.6	12.81	0.001*
OCD	2	33.3	4	66.7	0	0	(df=1)	S
Alcoholic dependent syndrome	0	0	14	82.4	3	17.6		
Drug abuse	0	0	0	0	0	0		
2.Duration of illness:								
Below 5 years	6	20.7	21	72.4	2	6.9	9.447	0.007*
More than 5 years	0	0	10	83.3	2	16.7	(df=2)	S

Table 4. Association between levels of predictors of transition to psychosis with their selected psychosocial Variable
--

Psychosocial variables		Mild risk		Moderate risk		ere	X2	
	n	%	n	%	n	%		p-value
1.Type of diet :								
Vegetarian		42.9	3	42.9	1	14.2		
Non -vegetarian	3							
Mixed							7.690	
	1	33.3	2	66.7	0	0	(df=1)	0.003**
	_				_			S
	2	6.5	26	83.9	3	9.7		
2.Type of family:								
Nuclear	3	8.8	27	79.4	4	11.8	5.799	0.005*
Joint						0	(df=2)	S*
Broken family	3	42.9	4	57.1	0			
						0		
	0	0	0	0	0			
3. Family support:								
Adequate	2	6.5	25	80.6	4	12.9	7.532	0.023*
Inadequate	4	40	6	60	0	0	(df=2)	S*
4. Duration of drinking:								
<1 year	0	0	5	100	0	0		
1-5 years	1	50	1	50	0	0	8.234	0.001**
6-10 years	0	0	2	100	0	0	(df=1)	S*
>10 years	0	0	9	81.8	2	18.2		
none	5	23.8	14	66.7	2	9.5		

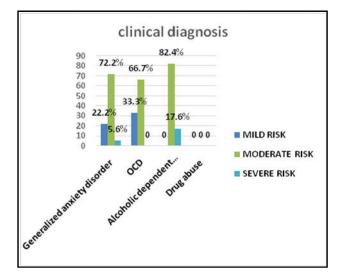


Fig. 3.1. Association between level of predictors of transition to psychosis with their clinical diagnosis

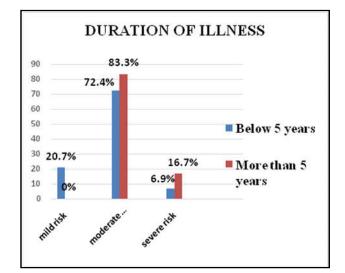


Figure 3.2. Association between level of predictors of transition to psychosis with their duration of illness

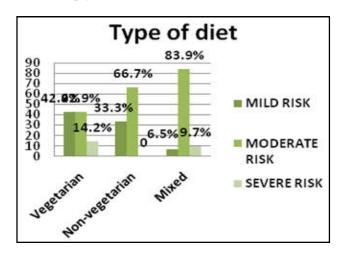


Fig 4.1. Association between level of predictors of transition to psychosis with their type of diet

Table 4 & figure 4.2: Shows that level of predictors of transition to psychosis by means of proportion of moderate risk was high around 79.4% among nuclear, 57.1% among joint mild risk high around 42.9% among joint, 8.8% among nuclear; severe risk high around 11.8% among nuclear and 0% among joint.

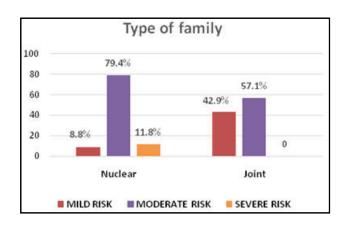


Fig. 4.2. Association between level of predictors of transition to psychosis with their Type of family

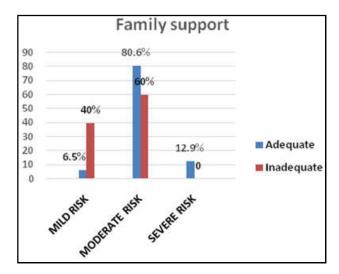


Fig. 4.3. Association between level of predictors of transition to psychosis with theirFamily support

Table 4 & Fig. 4.3: Shows that level of predictors of transition to psychosis by means of proportion of moderate risk was high around 80.6% among adequate, 60% among inadequate; mild risk high around 40% among inadequate, 6.5% among adequate; severe risk high around 12.9% among adequate and 0% among inadequate.

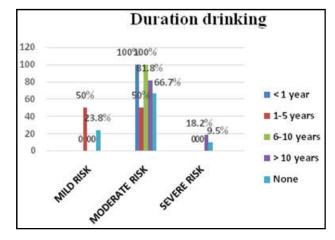


Fig. 4.4. Association between level of predictors of transition to psychosis with their duration of drinking

Fig. 4.4: Shows that level of predictors of transition to psychosis by means of proportion of moderate risk was high around 100% among < 1 year, 100% among 6-10 years, 81.8% among > 10 years, 66.7% among none, 50% among 1-5 years;

mild risk high around 50% among 1-5 years, 23.8% among none, 0% among 6-10 years, 0% among > 10 years, 0% among < 1 year; severe risk high around 18.2% among > 10 years, 9.5% among none, 0% among 6-10 years, 0% among 1-5 years, 0% among < 1 year.

Recommendations

Based on findings of the present study, the following recommendations have been made

- Similar study can be conducted in other setting with a large sample.
- The same study can be conducted with true experimental research design.
- The study can be replicated with larger study participants for better generalization.
- The study can be done as a longitudinal study.

Conclusion

Thus the study finding clearly reveals that the level of predictors of transition to psychosis in at risk mental state patient 75% of them having moderate difficulty level for transition to psychosis. Need to provide intervention and psychotherapeutic management for at risk mental state patient. And more focus should be given for the patient with 30-40 years of age group, female gender, alcoholic dependent syndrome patient, inadequate family support type of patient and patient those having drinking habit more than 5 years. The findings of the study revealed that out of 41 neurotic disorder patients having 31 (75.6%) moderate difficulty level of

predictors of transition to psychosis.By using self-instructional module the researcher in order to promote the awareness in order to prevent to develop the psychosis and ARMS management. The instructional module will be effective for the neurotic patients.

REFERENCES

- Abdellah, Faye, Eugene levene. Better care through nursing research London: the mac million publishing company.
- Basvanthapa, BT. "A textbook of nursing research", published by newdelhi,jaypee brothers medical publishers(P) Ltd.
- Carson, V. 2002. Mental Health Nursing. Philadelphia: W. B. Saunders Company;.
- Dr. Lalitha, k. "Textbook of mental health nursing"1st edition published by medical publishers.
- Kaplan, HI, and Sedock, BJ. 2000. "comprehensive text book of psychiatry nursing", 7th edition, published by lipnincottwillians and willians, Philadelphia.
- Kothari CR. Research methodology methods and techniques, 2^{nd} edition new.
- Richard P Halgin, 2007. Abnormal psychology: clinical perspective on psychological Disorders MC Graw Hill higher education 5th edition.
- Stauart, G. and Laraia, M. 2005. "Textbook of Principles and practice of psychiatric nursing" New Delhi: Elsevier, adivison of Reed Elsevier India Pvt.Ltd.
- Townsend, M. "Psychiatric Mental Health Nursing" published by Philadelphia F.A.Davis Company;
- Vyas, JN. and Ahuja, N. 1999. "Textbook of postgraduate psychiatry" published by New Delhi Jaypee Brothers Medical Publishers (p) Ltd;
