

## 정신분열증 환자에서 주관적 음성증상경험의 임상적 의의\*

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### A Clinical Significance of the Subjective Experiences of Negative Symptoms in the Patients with Schizophrenia\*

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#### 국문초록

연구목적 :

가 가 ,  
가 .

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 , 가

방 법 :

DSM -

Scale for the Subjective Experience of Negative Symptoms; Korean version(K - SENS) 가

, 가 Positive and Negative Syndrome Scale(PANSS)

. , 가 Hamilton Rating Scale for Depression(HAM -

: 1998 2 4

: 1998 11 13

1997 10

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D), Hamilton Rating Scale for Anxiety(HAM - A), Extrapramidal Symptom Rating Scale(ESRS)

Spearman

결 과 :

K - SENS 24 가 PANSS  
 ( = - 0.40, p<0.05), ( = - 0.46, p<0.05),  
 / ( = - 0.34, p<0.05), ( = - 0.52, p<0.05) . K -  
 SENS 24 가 PANSS ( = - 0.25,  
 p>0.05), PANSS ( = - 0.20, p>0.05), PANSS ( = - 0.08, p>0.05)  
 . K - SENS 24 가  
 HAM - D ( = - 0.01, p>0.05), HAM - A ( = - 0.11, p>0.05), ESRS ( = 0.34, p>0.05)

결 론 :

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중심 단어 :

## 서 론

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 가 . Jaspers<sup>2)</sup>  
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 , Bleuler , Bleuler  
 , Bleuler (acce -  
 (basic core symptoms) ssory symptoms) , Schneider 1  
 .<sup>1)</sup> 2  
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 , Schneider 1 2  
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 Andreason Bleuler  
 Scale for the Assessment of Negat -  
 ive Symptoms(SANS)<sup>3)</sup>가  
 , Crow<sup>4)</sup>가  
 가

가  
 Jaspers<sup>2)</sup>  
 가  
 , 500

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### 대상 및 방법

#### 1. 연구대상

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 (pure defect syndrome)  
 가<sup>7)</sup>  
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 Subclinical Symptoms Scale,<sup>8)</sup> Bonn Scale  
 for the Assessment of Basic Symptoms<sup>9)</sup>  
 , Scale for the assessment of Subj-  
 ective Experience of Deficits in Schizophrenia(SE-  
 DS)  
 SANS  
<sup>10)</sup> SANS  
 Subjective Experience of Negative Sympt-  
 oms Scale(SENS)<sup>11)</sup>가  
 SENS가<sup>12)</sup>

1997 6 1 1997 7 30  
 ,  
 가 37  
 DSM - <sup>13)</sup>  
 가  
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 20 53  
 33.4(±9.0) , 18 (48.6%), 19  
 (51.4%)

#### 2. 연구방법

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 Scale for the Subj-  
 ective Experience of Negative Symptoms; Korean  
 version<sup>12)</sup>  
 . K - SENS  
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 24  
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 1 5 (1 :  
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가 Scale for the Subj-  
 ective Experience of Negative Symptoms; Korean  
 version<sup>12)</sup>  
 . K - SENS  
 SANS  
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 4 : , 5 : )  
 가 ) K - SENS  
 3( ?)

가 가  
 가 ) K - SENS  
 3( ?)



(32%), (29%), (27%), (24%), (24%), (21%), (18%), (18%), (15%), (15%)  
( 1).

2. 주관적인 음성증상 경험과 정신병리와의 상관성

K - SENS 24 가 PANSS ( = - 0.40, p< 0.05)( 2), ( = - 0.46, p<0.05), / ( = - 0.34, p=0.05), ( = - 0.52, p<0.05)  
( = - 0.33, p=0.06)( 3).

K - SENS 24 가 PANSS ( = - 0.25, p>0.05), PANSS ( = - 0.20, p>0.05), PANSS ( = - 0.08, p>0.05) ( 2). PANSS ( = - 0.42, p<0.05), ( = - 0.42, p<0.05)

, K - SENS PANSS (p<0.05), PANSS (p<0.05), PANSS (p<0.05) 가 .

3. 주관적 음성증상경험과 우울증상 및 불안증상과의 상관관계

K - SENS 24 가 HAM - D ( = - 0.01, p>0.05)( 2). , K - SENS HAM - D

**Table 2.** Correlations between the ratio of items experienced as uncomfortable symptoms among 24 items of K-SENS, and PANSS, HAM-D, HAM-A, ESRs scores

	The ratio of items experienced as uncomfortable symptoms among 24 items
PANSS score	
Total score	- 0.25 (p=0.16)
Positive subscale score	- 0.40* (p=0.02)
Negative subscale score	- 0.20 (p=0.27)
General psychopathology subscale score	- 0.08 (p=0.66)
HAM-D score	- 0.01 (p=0.94)
HAM-A score	- 0.11 (p=0.52)
ESRS score	0.34 (p=0.06)

\*p<0.05  
Data represent Spearman correlation coefficient

**Table 3.** Correlations between the ratio of items experienced as uncomfortable symptoms among 24 items of K-SENS, and the score of each items in PANSS positive subscale

	The ratio of items experienced as uncomfortable symptoms among 24 items
Delusion	- 0.06 (p=0.72)
Conceptual disorganization	- 0.19 (p=0.28)
Hallucinatory behavior	0.03 (p=0.85)
Excitement	- 0.33 (p=0.06)
Grandiosity	- 0.46* (p=0.01)
Suspiciousness/Persecution	- 0.34* (p=0.05)
Hostility	- 0.52* (p<0.01)

\*p<0.05  
Data represent Spearman correlation coefficient

K - SENS K - SENS 24 가 HAM - A ( = - 0.11, p>0.05) ( 2). , K - SENS

HAM - A K - SENS

4. 주관적 음성증상과 추체외로증상과의 상관관계

K - SENS 24 가 ESRs ( = 0.34, p=0.06)( 2). , K - SENS (p<0.05) (p<0.05)



Bleuler , 가 , / , HBS , 가 가 가 가 , 가 , 20) 가 , 30-31) K - SENS , 가 가 , 32) 33-34) , 35) 21-25) Pne - umoencephalography<sup>26)</sup> computed tomography 가 , 가 , 27) 가 3 가 가 , , congtingent negative variation latency 가 가 , 28-29) 가 가 , 가 , 가 , 가 , 가 , 36) mine , imipra- / ,



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## **A Clinical Significance of the Subjective Experiences of Negative Symptoms in the Patients with Schizophrenia**

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**Objective :** Since the evaluation of negative symptoms has depended on the clinician's objective observation, the patients' subjective experience of negative symptoms has been neglected. However, in fact, a lot of patients are aware of their negative symptoms. There are several reports suggesting that patients suffer from the subjective experiences of their deficit symptoms, even though the objective positive and negative symptoms cannot be observed. Under these circumstances, we have attempted this study with the idea that it would be helpful in understanding the psychopathology of schizophrenia. Also it would help clarifying the relationship between subjective experience of negative symptoms and objective positive and negative symptoms, depression, anxiety symptoms, and extrapyramidal symptoms.

**Method :** All the 37 patients satisfied the diagnostic criteria of DSM-IV for schizophrenia. The subjective experiences of negative symptoms were evaluated using Scale for the Subjective Experience of Negative Symptoms, Korean version (K-SENS), and for the depression, anxiety, extrapyramidal symptoms, we used Hamilton Rating Scale for Depression (HAM-D), Hamilton Rating Scale for Anxiety (HAM-A), and Extrapyramidal Symptom Rating Scale (ESRS). The correlation between each psychopathology was tested by calculating Spearman correlation coefficient.

**Results :** There was a significant correlation between the ratio of items experienced as uncomfortable symptoms among 24 items of K-SENS, and the score of PANSS positive subscale (  $r = -0.40$ ,  $p < 0.05$ ). Among the positive symptoms, grandiosity (  $r = -0.46$ ,  $p < 0.05$ ), suspiciousness/persecution (  $r = -0.34$ ,  $p < 0.05$ ), and hostility (  $r = -0.52$ ,  $p < 0.05$ ) showed a significant correlation with the ratio of items experienced as uncomfortable symptoms among 24 items of K-SENS. There was no significant correlation between the ratio of items experienced as uncomfortable symptoms among 24 items of K-SENS, and PANSS total score (  $r = -0.25$ ,  $p > 0.05$ ), or negative subscale score (  $r = -0.20$ ,  $p > 0.05$ ), or general psychopathology subscale score (  $r = -0.08$ ,  $p > 0.05$ ), respectively. There was no significant correlation between the ratio of items experienced as uncomfortable symptoms among 24 items of K-SENS, and HAM-D (  $r = -0.01$ ,  $p > 0.05$ ), or HAM-A (  $r = -0.11$ ,  $p > 0.05$ ), ESRS (  $r = 0.34$ ,  $p > 0.05$ ), respectively.

**Conclusion :** These results revealed that the negative correlation between the subjective negative symptoms experienced as an uncomfortable ones and the objective positive symptoms such as grandiosity, suspiciousness/persecution, and hostility. From these results, the possibility that positive symptoms are used as a defense to hide from the subjectively experienced negative symptoms, or that patients may not be aware of their negative symptoms because they are overwhelmed by their positive symptoms, is suggested. These results also suggest that subjective experiences of negative symptoms are independent from depression, anxiety and extrapyramidal symptoms.

**KEY WORDS :** Schizophrenia · Subjective experiences · Negative symptoms.