Schizophrenia is a chronic psychotic disorder characterized by many symptoms such as disorganized speech, grossly disorganized or catatonic behavior, depression, paranoid delusions, and auditory hallucinations (Wu et al., 2018). The World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0) is used for measuring functional outcomes (Üstün et al., 2010). The current study aimed to identify the most common response pattern in each domain of the WHODAS 2.0 in persons with schizophrenia.

**Methods**

The sample consisted of 352 persons with schizophrenia, according to DSM-IV-TR criteria, recruited through 40 outpatient psychiatric clinics across Spain. The complete interviewer-administered version of the WHODAS 2.0 was administered, comprising 36 items distributed across six domains: Cognition, Mobility, Self-care, Getting along, Life activities, and Participation in society. Items can be scored on a five-point scale ranging from 1 (no difficulty) to 5 (extreme difficulty/cannot do). We administered also:

- The Screen for Cognitive Impairment in Psychiatry (SCIP-S)
- Hamilton Rating Scale for Depression (HAM-D)
- Positive and Negative Symptom Scale (PANSS)
- Clinical Global Impression-Severity scale (CGI-S)
- The Social and Occupational Functioning Assessment Scale (SOFAS)
- The EuroQoL-5D questionnaire (EQ-5D)

In all domains of the WHODAS 2.0, the common response pattern consisted in scoring 1 in all the items. This pattern corresponds to not having any difficulty in doing the activities; for instance, the most common response pattern for Cognition was “11111” which means not having any difficulty in any cognition item.

In addition, findings indicated that most persons with schizophrenia did not show any impairment in Self-care (69.9%) and Mobility (62.7%). Furthermore, a third of persons with schizophrenia did not show disability in the Life activities domain (Fig 1).

According to the above results, the sample was dichotomized into two groups: common pattern (i.e., without difficulty) vs. non-common pattern (i.e., having difficulty ranging from at least mild to extreme or cannot do the activity). These two subgroups were compared using many clinical and functioning variables. Significant clinical differences between the two subgroups in the most domains of the WHODAS 2.0 was evident (Fig 2).

**Results**

The most common pattern in each domain of the WHODAS 2.0 is represented by not having any disability. However, percentages of persons showing this pattern substantially vary from domain to domain: 60-70% in Mobility and Self-care or 10-20% in Participation in society, Getting along and Cognition. This suggests that is very frequent to adequately perform in Mobility and Self-care while having problems in Participation in society, Getting along and Cognition.

**Discussion**

The most common pattern in each domain of the WHODAS 2.0 is represented by not having any disability. However, percentages of persons showing this pattern substantially vary from domain to domain: 60-70% in Mobility and Self-care or 10-20% in Participation in society, Getting along and Cognition. This suggests that it is very frequent to adequately perform in Mobility and Self-care while having problems in Participation in society, Getting along and Cognition.

**References**