



Lezing, 10 december 2004

Contextuele invloeden op het ontstaan van psychiatrische ziekten

Prof. dr. Jim van Os

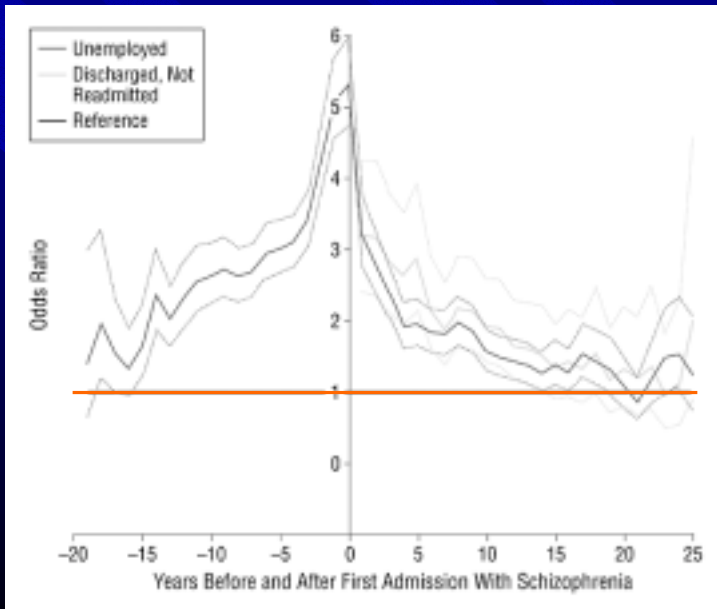
Hoogleraar psychiatrie en werkzaam in het samenwerkingsverband van de GGZ instellingen in Zuid-Limburg en de Universiteit Maastricht. De groep richt zich op de invloed van de directe en wijdere sociale omgeving op het ontstaan en beloop van psychiatrische stoornissen, en hoe de GGZ dient te worden ingericht om hierop een antwoord te kunnen bieden.

Social Inequality

=

Psychiatry?

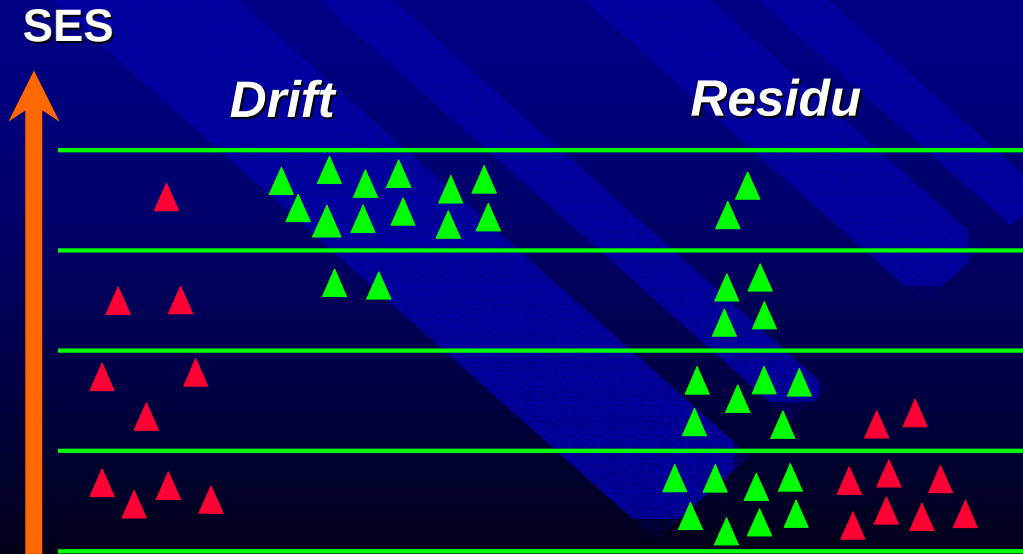
Social Causation and Social Selection



Agerbo
et al,
2004

Figure 2. Odds ratios of being unemployed more than 1% of the year for individuals with schizophrenia vs control subjects with reference to fully employed or self-employed individuals. The rates are adjusted for age, sex, calendar year, and marital status. Dotted lines are 95% confidence bands.

Social Selection



Social Disadvantage and Trauma

BRITISH JOURNAL OF PSYCHIATRY (2004), 185, 220-226

Psychosis, victimisation and childhood disadvantage

Evidence from the second British National Survey
of Psychiatric Morbidity

PAUL E. BEBBINGTON, DINESH BHUGRA, TRAOLACH BRUGHA,
NICOLA SINGLETON, MICHAEL FARRELL, RACHEL JENKINS, GLYN LEWIS
and HOWARD MELTZER

Trauma and Psychosis

Childhood abuse as a risk factor for psychotic experiences

Janssen I, Krabbendam L, Bak M, Hanssen M, Vollebergh W, de Graaf R, van Os J. Childhood abuse as a risk factor for psychotic experiences. *Acta Psychiatr Scand* 2003; 108: 1-7. © Blackwell Munksgaard 2003.

Objective: To examine the hypothesis that individuals from the general population who report childhood abuse are at increased risk of developing positive psychotic symptoms.

Method: Data were derived from a general population sample of 4045 subjects aged 18-64 years. First ever onset of positive psychotic symptoms at 2-year follow-up were assessed using the Composite International Diagnostic Interview and additional clinical interviews if necessary. Childhood abuse was assessed at baseline.

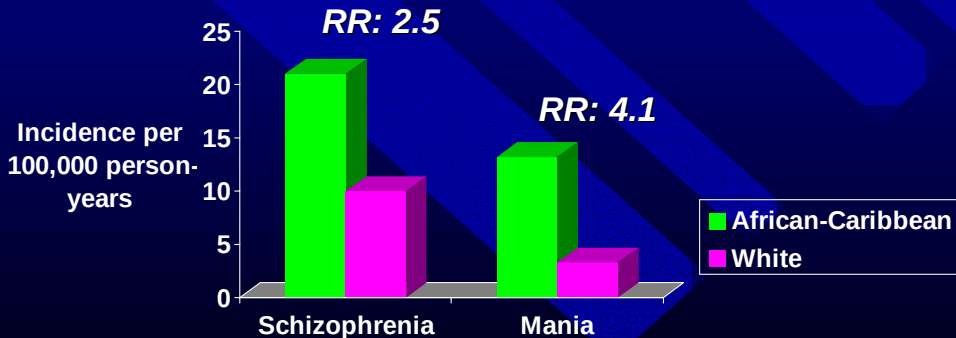
Results: Baseline reported childhood abuse predicted development of

I. Janssen¹, L. Krabbendam¹,
M. Bak¹, M. Hanssen¹,
W. Vollebergh², R. de Graaf²,
J. van Os^{1,3}

¹Department of Psychiatry and Neuropsychology, arM/
Mondriaan/Rugb/RWW/Vijverdal Academic Centre,
RUGM, Maastricht University, MD Maastricht, The
Netherlands. ²The Netherlands Institute of Mental
Health and Addiction, Trimbos Institute, AS-Utrecht, The
Netherlands and ³Division of Psychological Medicine,
Institute of Psychiatry, De Crespigny Park, Denmark Hill,
London, UK.

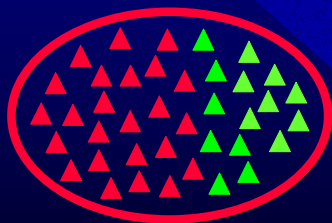
Psychosis and ethnic group

Incidence of schizophrenia and mania in Camberwell, London 1964-1992



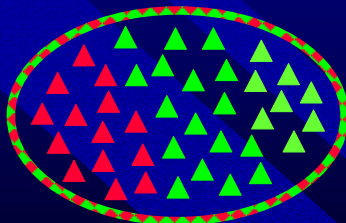
Person-environment interaction:

RR=2.4
($P<0.001$)



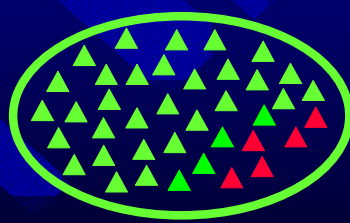
High %
minority population

RR=3.6
($P<0.001$)



Medium %
minority population

RR=4.4
($P<0.001$)



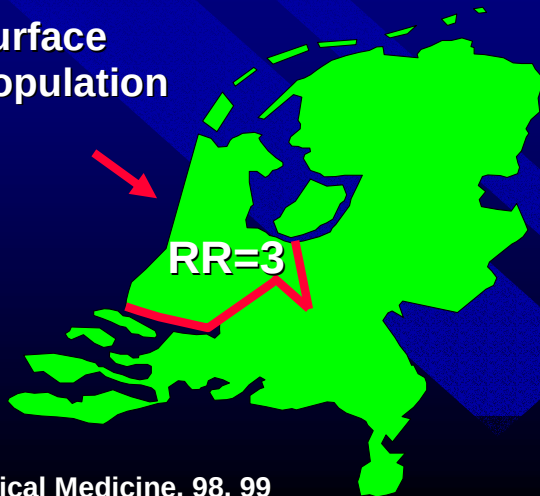
Low %
minority population

Discrimination and delusional ideation

Outcome	Prevalence BPRS delusional ideation
No discrimination	0.5% (n=19)
Discrimination 1 domain	0.9% (n=4)
Discrimination > 1 domain	2.7% (n=3)

The Urban PSychosis Epidemic

15% surface
50% population



-  Deprivation
-  Victimisation
-  Social capital

Urban at Risk Mental States

Urban	Clinical	Subclinical
<500	0.59%	13.76%
500-999	0.93%	13.85%
1000-1499	1.49%	17.00%
1500-2499	1.87%	20.24%
≥2500	2.74%	23.03%

Maastricht



Maastricht neighbourhoods



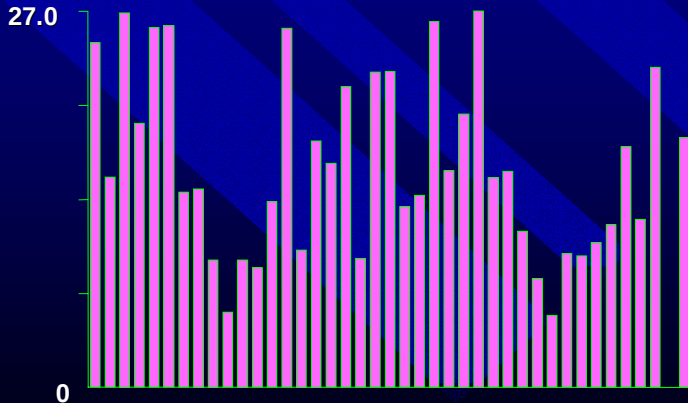
Schizophrenia standardised incidence

First contact rates per 1,000,000 (1983-1995)



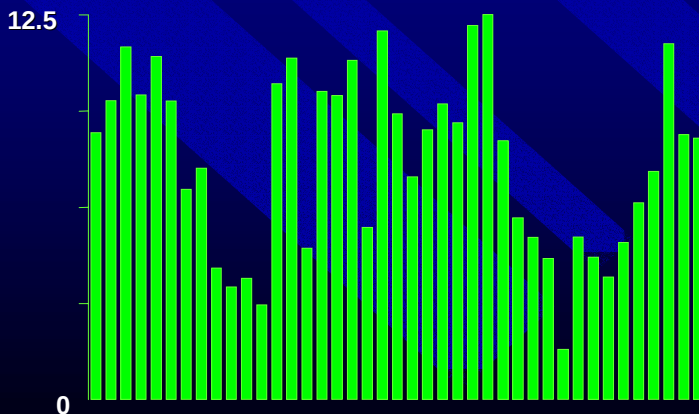
Buurtperspectief: “achterstand” indicatoren

Percentage één-ouder families



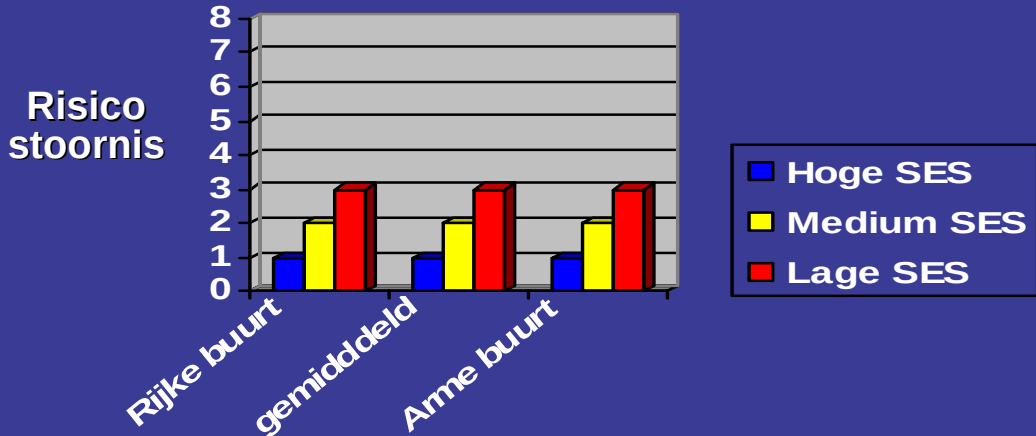
Buurtperspectief: “achterstand” indicatoren

Percentage werkelozen per buurt in Maastricht

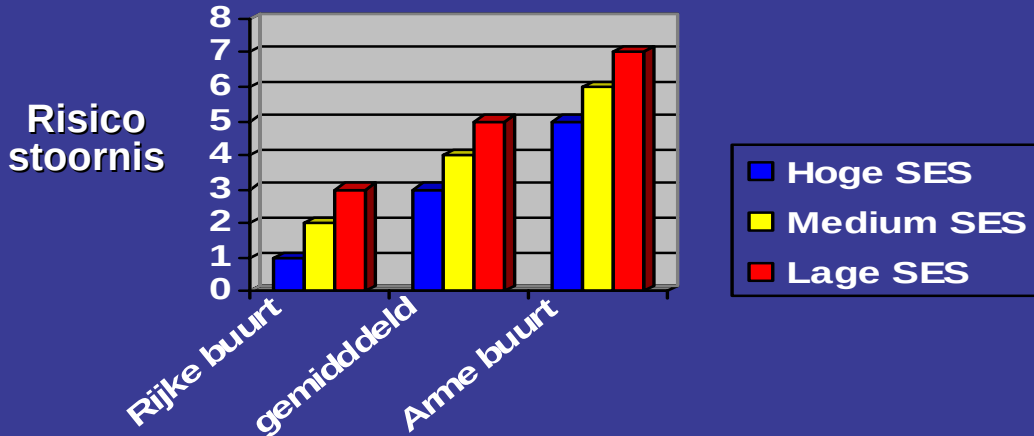


Dit wil natuurlijk niet zeggen dat deprivatie indicatoren niet onbelangrijk zijn. Sterke variatie per buurt – bv hier met werkeloosheid

Contextuele Buurteffecten op Stoornis

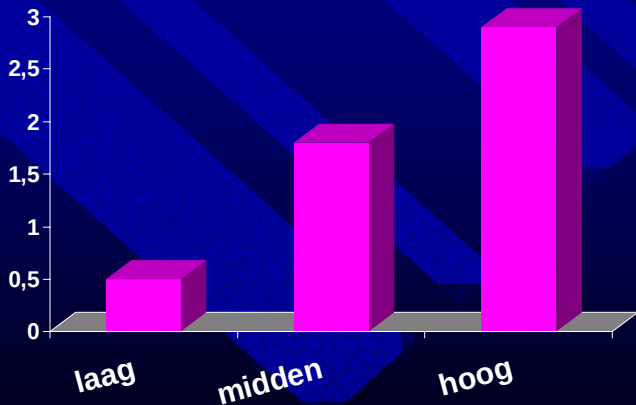


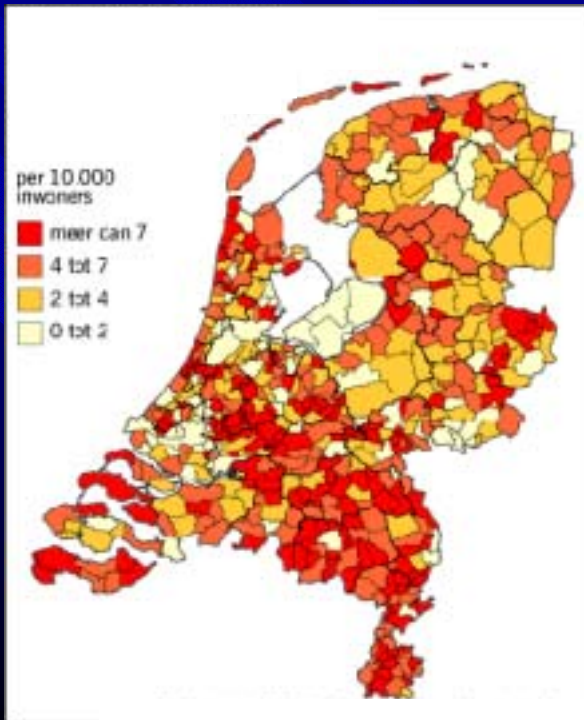
Contextuele Buurteffecten op Stoornis



Buurtdeprivatie en probleemgedrag bij kinderen

Probleemgedrag
gecorrigeerd voor
individuele
verschillen in SES





Meer gemeenschapszin → meer mensen die zich verdienstelijk maken voor de gemeenschap → meer onderscheidingen. Gelukkiger en/of gezonder gemeenschap?

Sociaal kapitaal in de buurt

-  **Sociale cohesie
en vertrouwen**
-  **Informele sociale
controle**

Sociaal kapitaal en buurt in de US:



Ervaren gezondheid



Drugsgebruik & criminaliteit



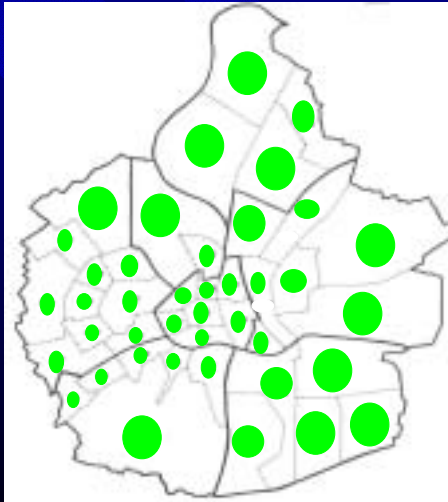
Hart en vaatziekten



Ervaring van stress

Bron: Chicago neighbourhood project

Buurt steekproeven



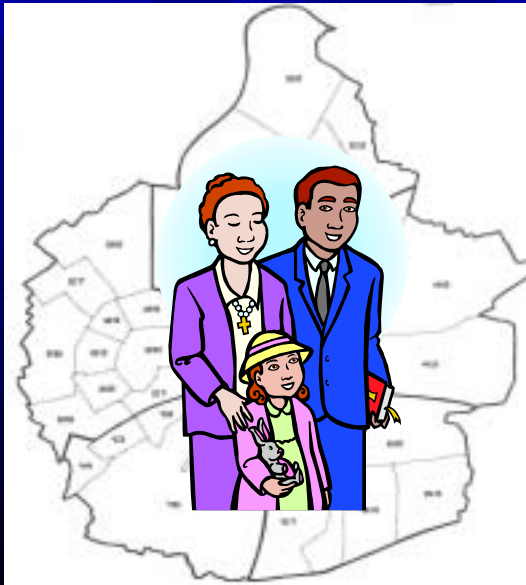
Per wijk:

Sociaal kapitaal



Deprivatie index

11-jarigen en hun ouders



Soma

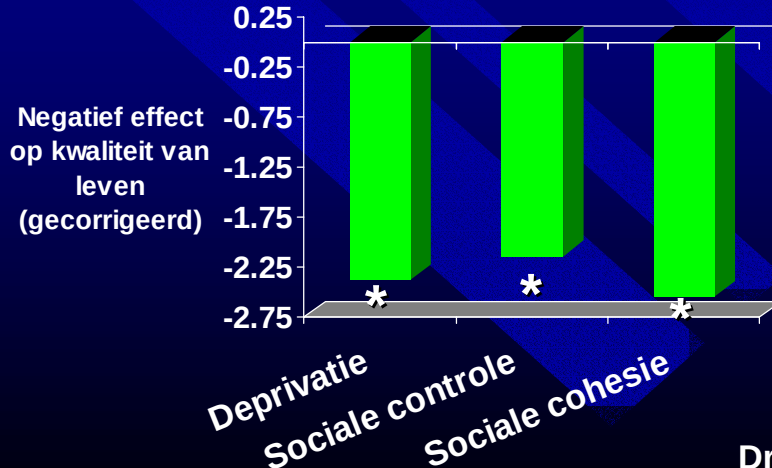
Psyche

Kwaliteit van leven

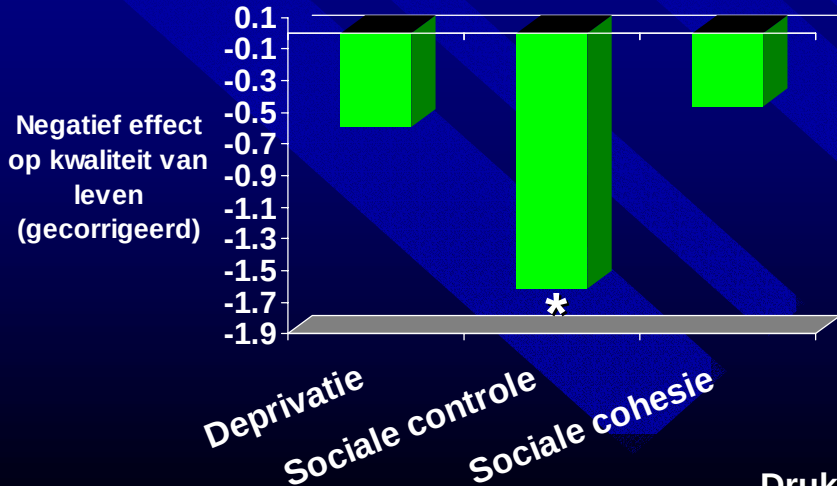


Vervolgonderzoek

Buurteffecten op KvL lichamelijke gezondheid



Buurteffecten op KvL geestelijke gezondheid



Social Inequality

=

Psychiatry!

Social Inequality = Psychiatry



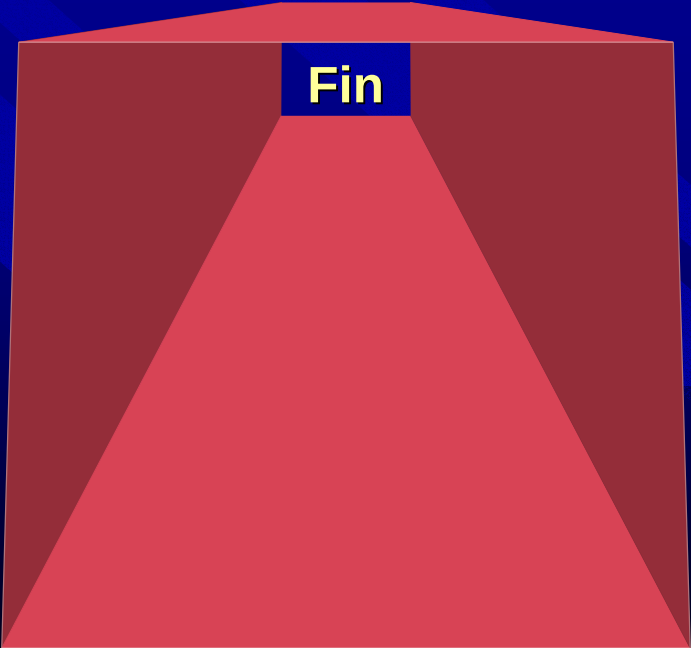
Evidence social causation



**Understand psychiatric illness as
consequence of trauma and victimisation**

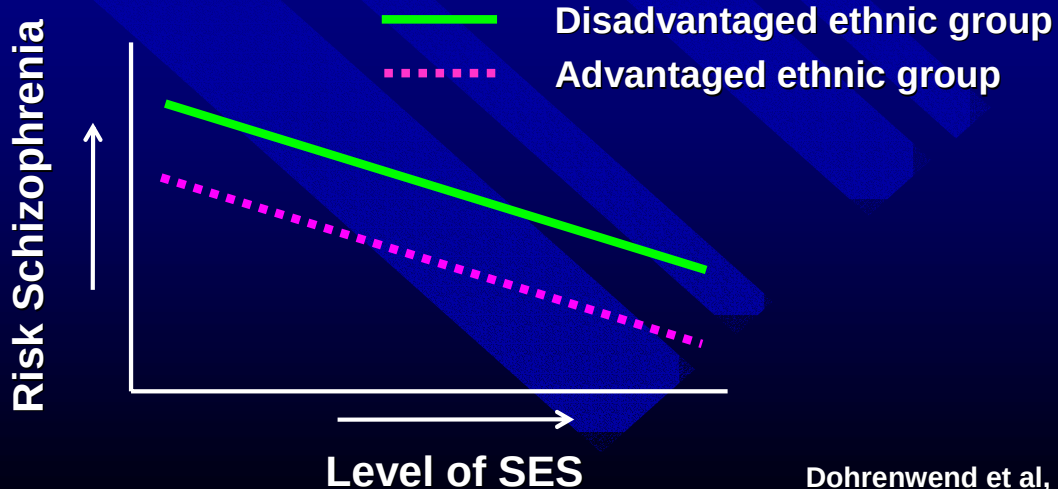


**Importance of neighbourhood wider social
environment (deprivation & social capital)**



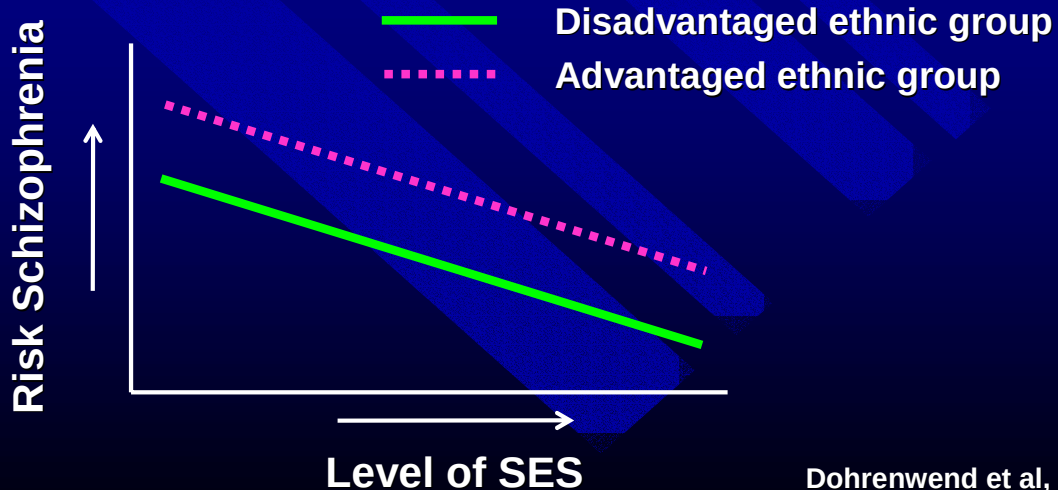
Fin

Ethnicity & SES: Social Causation



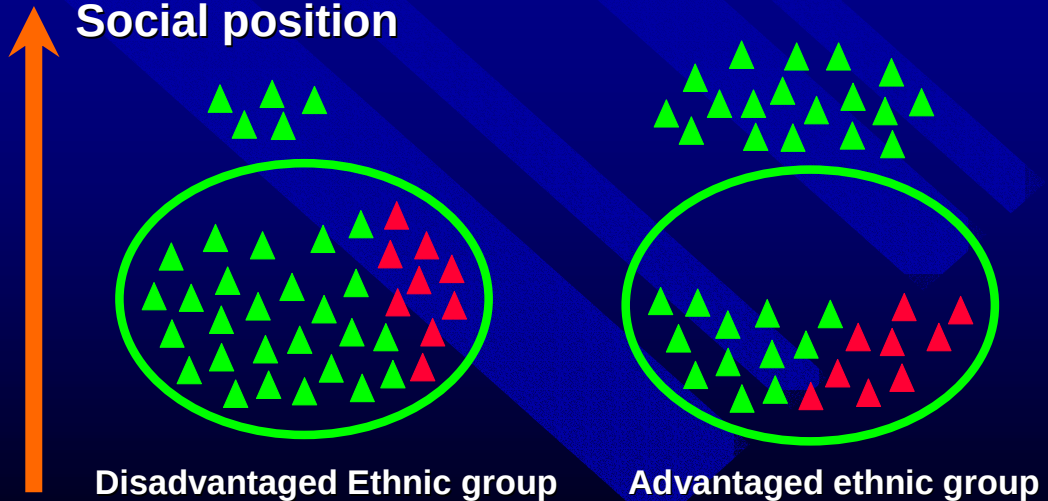
Dohrenwend et al,
Science, 1992

Ethnicity & SES: Social Selection

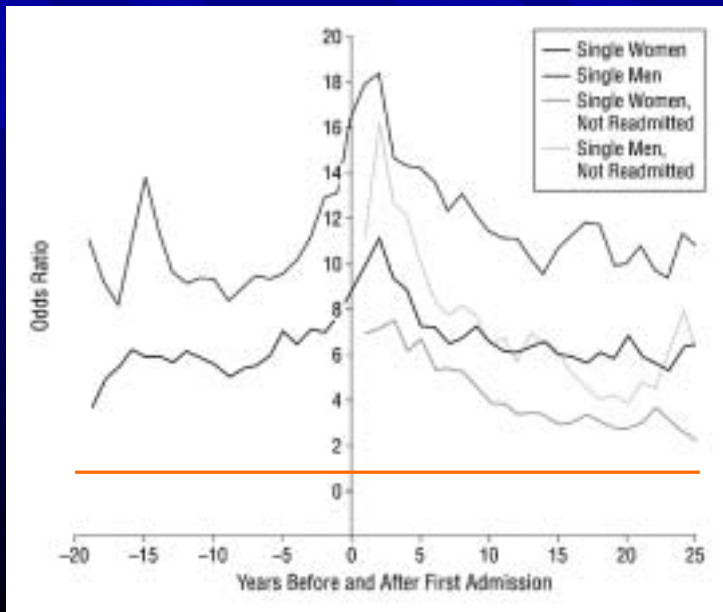


Dohrenwend et al,
Science, 1992

Ethnicity x SES Mechanism



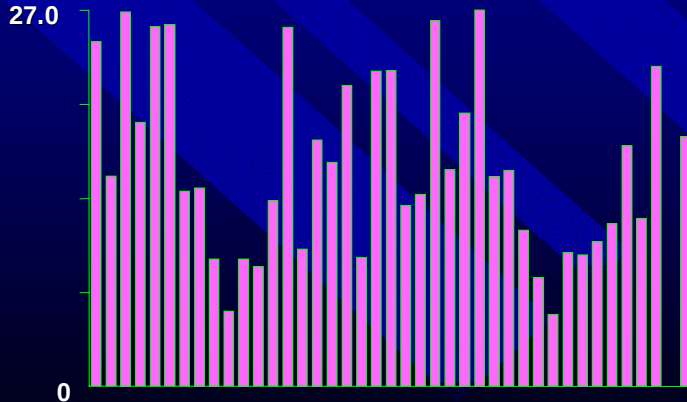
Schizophrenia and Single Marital Status



Agerbo
et al,
2004

The neighbourhood context

Proportion single parent families



Neighbourhood indicators

- % unemployed
- % dependent on benefits
- % broken families

■ % single households

- % under 25s
- % non-voters
- % foreign-born
- % mutations

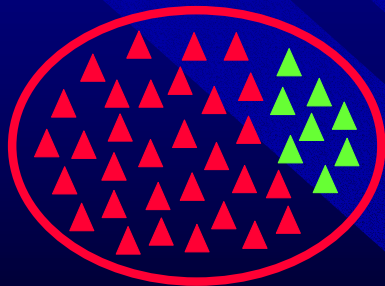
Person-level

Neighbourhood-level



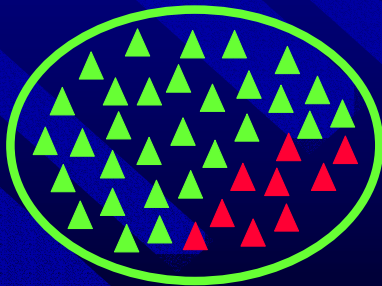
Interactive effect single marital status

RR=4.2 $P<0.001$



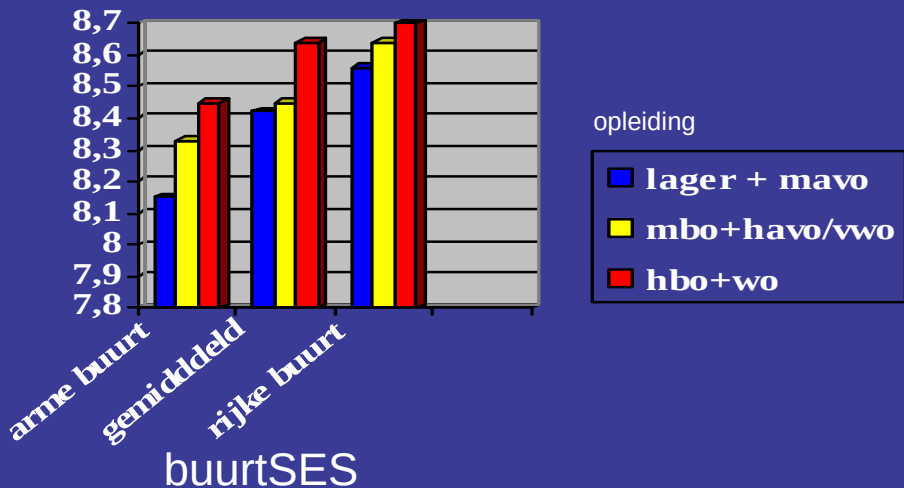
High single
households area

RR=10.3 $P<0.001$



Low single
households area

Tevredenheid volwassenen



BuurtSES ↔ Kwaliteit van Leven

Niet alleen tevredenheid, maar ook “mental health” (subschaal SF36). Ervaren gezondheid en “vitality” ook maar n.s.

Selective Migration?

Brief Report

Ødegaard's Selection Hypothesis Revisited: Schizophrenia in Surinamese Immigrants to the Netherlands

Jean-Paul Selten, M.D., Ph.D.

Elizabeth Cantor-Graae, Ph.D.

Joris Slaets, M.D., Ph.D.

René S. Kahn, M.D., Ph.D.

Objective: The incidence of schizophrenia among Surinamese immigrants to the Netherlands is high. The authors tested Ødegaard's hypothesis that this phenomenon is explained by selective migration.

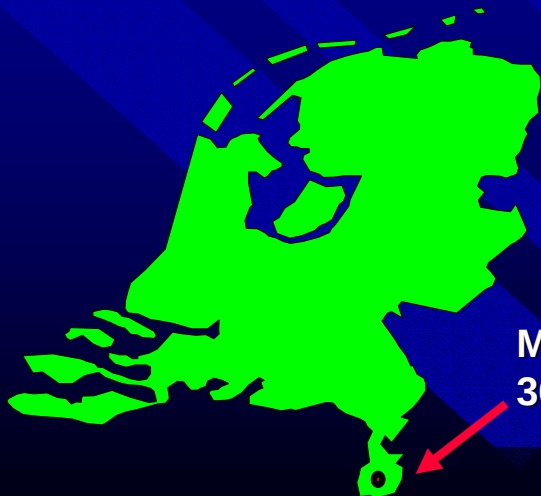
Method: The authors imagined that migration from Surinam to the Netherlands subsumed the entire population of Surinam and

not solely individuals at risk for schizophrenia. They compared the risk of a first admission to a Dutch mental hospital for schizophrenia from 1985 to 1992 for Surinamese-born immigrants to the risk for Dutch-born individuals, using the Surinamese-born population in the Netherlands and the population of Surinam combined as the denominator for the immigrants.

Results: The age- and sex-adjusted relative risk of schizophrenia for the Surinamese-born immigrants was 1.46.

Conclusions: Selective migration cannot solely explain the higher incidence of schizophrenia in Surinamese immigrants to the Netherlands.

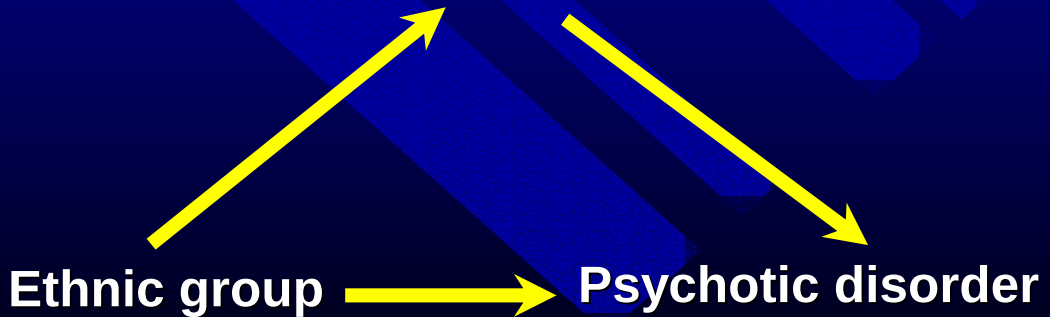
Geographical variation: inner-city neighbourhoods



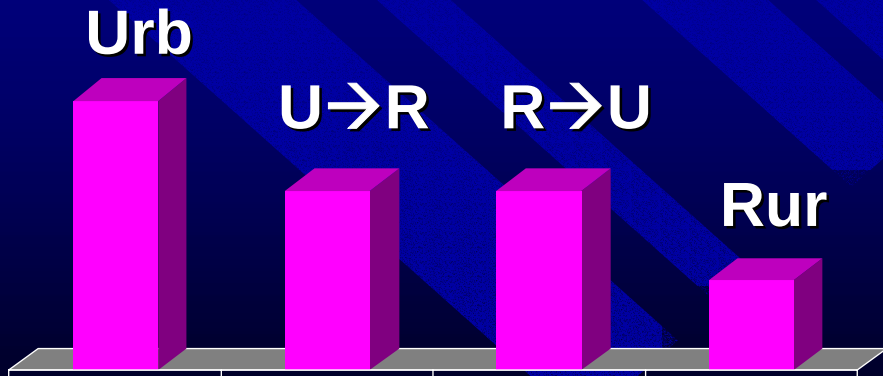
Maastricht:
36 neighbourhoods

Causality?

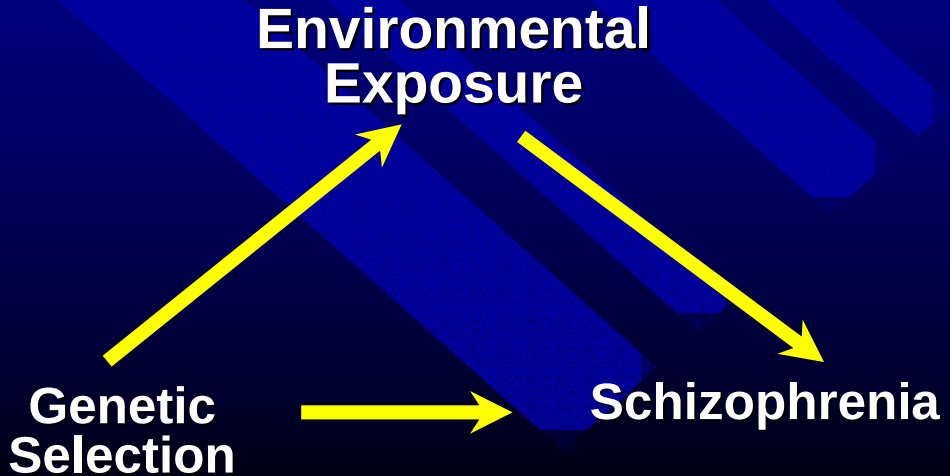
**Discrimination /
Social isolation**



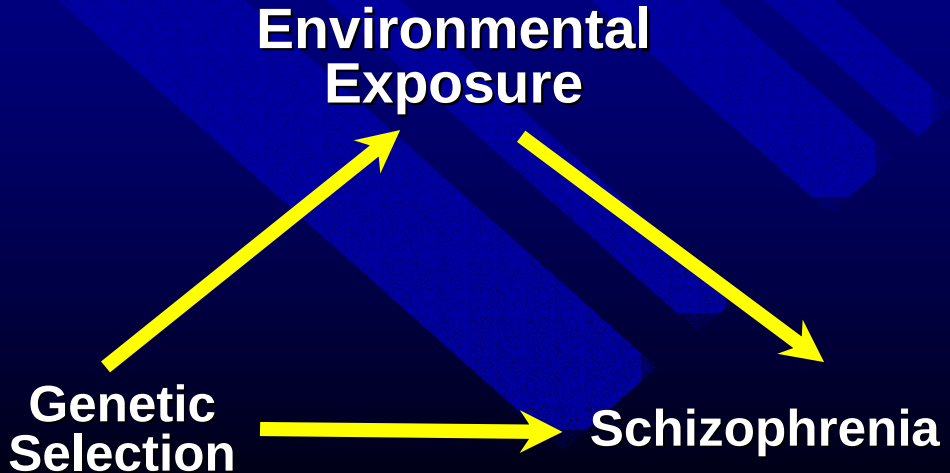
Urbanicity Selection Hypothesis



Selection: More Than One



Selection: More Than One

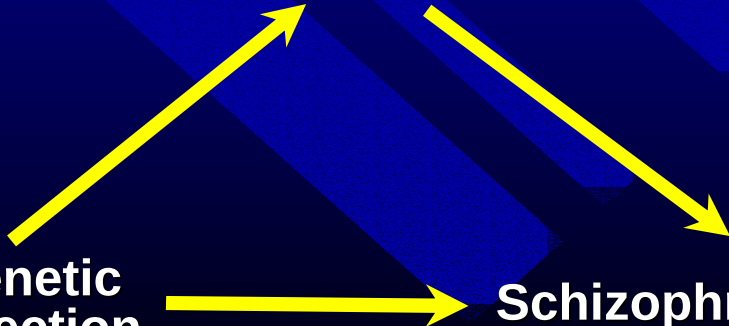


Selection: More Than One

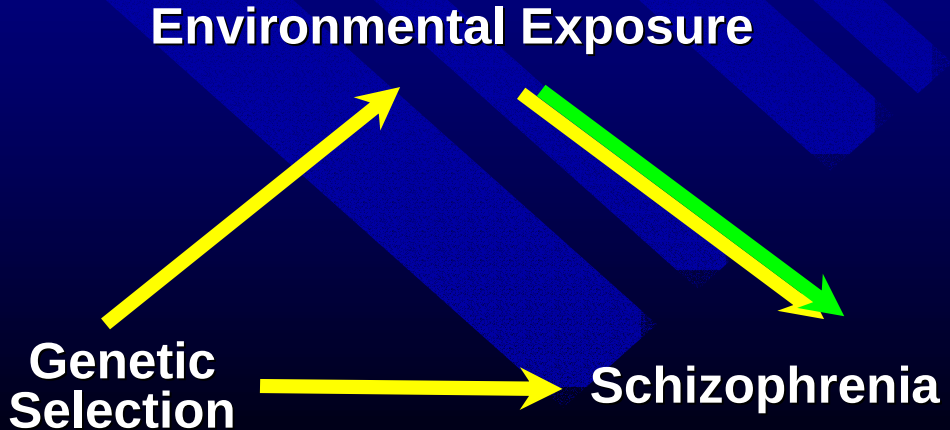
Urbanicity/Cannabis/OCS/Ethnic Group

Genetic
Selection

Schizophrenia



Selection: More Than One

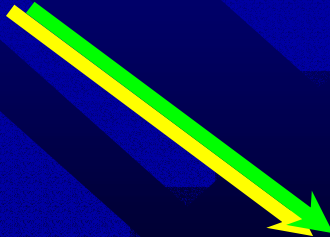
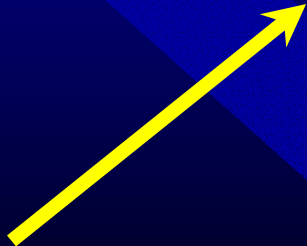


Selection: More Than One

Urbanicity/Cannabis/OCS/Ethnic Group

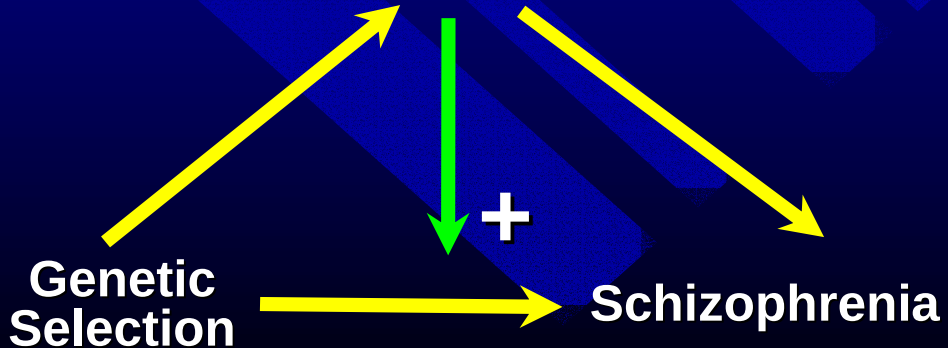
Genetic
Selection

Schizophrenia



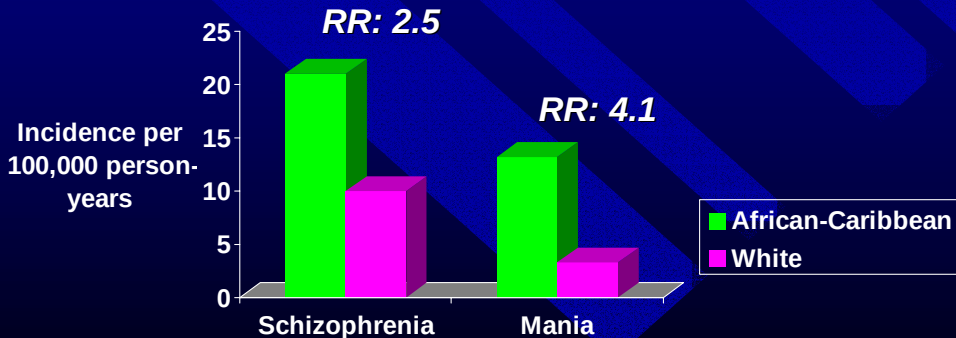
Selection: More Than One

Urbanicity/Cannabis/OCS/Ethnic Group



Psychosis and ethnic group

Incidence of schizophrenia and mania in Camberwell, London 1964-1992



Follow-back Studies

- Camberwell (Jones et al, 1993)
- Groningen (Wiersma et al, 1983)
- Denmark (Mortensen et al, 2003)
- Germany (Häfner et al, 1995)

***Findings indicate substantial
premorbid downward drift***

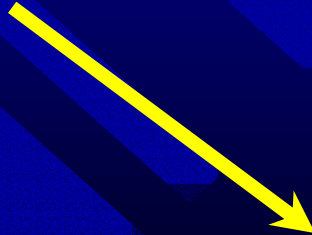
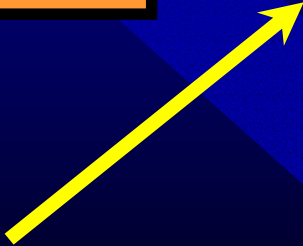
Selection: Migration

**Selective
Migration**

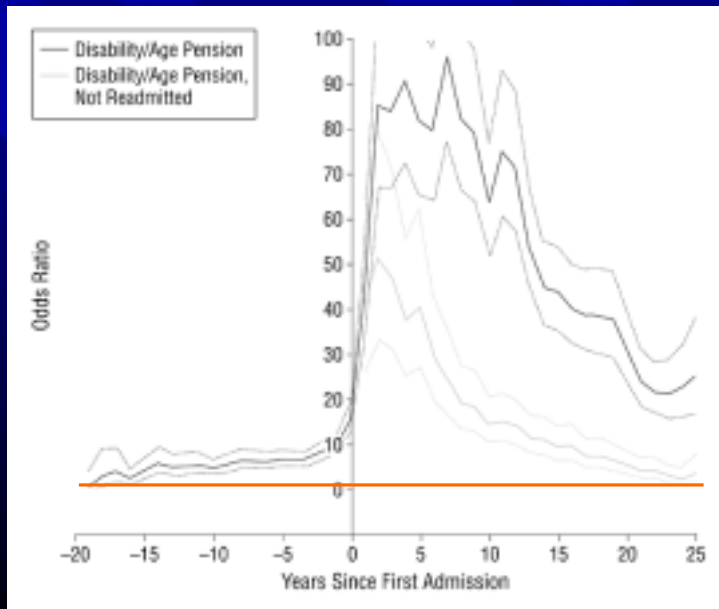
Urbanicity

**Genetic
Selection**

Schizophrenia



Schizophrenia and Disability Pension



Agerbo
et al,
2004

Figure 2. Odds ratios of being unemployed more than 1% of the year for individuals with schizophrenia vs control subjects with reference to fully employed or self-employed individuals. The rates are adjusted for age, sex, calendar year, and marital status. Dotted lines are 95% confidence bands.

Ethnicity x SES Mechanism

