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RELIGIOUS COPING IN PSYCHIATRIC PATIENTS AND THEIR FIRST-DEGREE RELATIVES

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Objective: The aim of the study was to examine the prevalence of religious coping among persons with schizophrenia, their first-degree relatives and control subjects and to gain a preliminary understanding of the relationship between religious coping, symptom severity, QOL, level of functioning, internalized stigma and depression. We also examine associations between psychopathology and religiosity in the group of patients.

Methods: A total of 120 outpatients with diagnosis of schizophrenia, 120 their first-degree relatives who also were key caregivers, and 120 control subjects completed a survey consisting of the Religious Coping Index, Quality of Life Enjoyment and Satisfaction Questionnaire-Short Form, Beck Depression Inventory, Internalized Stigma of Mental Illness scale, Positive and Negative Symptom Scale and Global Assessment of Functioning scale.

Results: The results showed that patients and their relatives were more religious than controls but patients went to church less. Positive religious coping was not associated with illness outcomes, but negative religious coping was associated with worse quality of life, more depression, worse functioning and more internalized stigma. Higher religiosity was associated with higher values of altogether PANSS and positive and general subscales.

Conclusions: Our results suggest that religious activities and beliefs are particularly important for the persons with schizophrenia and their caring relatives. Negative religious coping is associated with worse illness outcomes.