

Publication

Gender differences in the psychopathology of emerging psychosis

JournalArticle (Originalarbeit in einer wissenschaftlichen Zeitschrift)**ID** 4405702**Author(s)** González-Rodríguez, Alexandre; Studerus, Erich; Spitz, Andrea; Bugra, Hilal; Aston, Jacqueline; Borgwardt, Stefan; Rapp, Charlotte; Riecher-Rossler, Anita**Author(s) at UniBasel** [Borgwardt, Stefan](#) ; [Studerus, Erich](#) ;**Year** 2014**Title** Gender differences in the psychopathology of emerging psychosis**Journal** The Israel journal of psychiatry and related sciences**Volume** 51**Number** 2**Pages / Article-Number** 85-92**Mesh terms** Adult; Female; Humans; Male; Psychiatric Status Rating Scales; Psychotic Disorders, epidemiology; Risk; Sex Characteristics; Sex Factors; Young Adult

Gender differences have often been found in psychopathological symptoms among chronic schizophrenia and first-episode psychosis (FEP) patients. However, many of these studies suffer from methodological problems and show inconsistent results. Furthermore, very few studies have investigated gender differences in individuals with an at-risk mental state (ARMS) for psychosis.; Psychopathological symptoms were assessed in 117 ARMS and 87 FEP patients by two observer-rated scales, namely, the expanded version of the Brief Psychiatric Rating Scale (BPRS) and the Scale for the Assessment of Negative Symptoms (SANS), and by one self-report scale, the Frankfurt Complaint Questionnaire (FCQ). Gender differences were investigated by applying Analyses of Variance using the BPRS, SANS and FCQ subscales as dependent variables, and group and sex as between-subject factors - in a second step by including age, antipsychotic, antidepressant and cannabis use as covariates.; There were no significant gender \times patient group interactions, suggesting that gender effects did not differ between patient groups. Women had higher scores in positive psychotic symptoms (BPRS Psychosis/ Thought Disturbance) while men had higher scores in negative symptoms (BPRS negative symptoms, SANS total score, as well as subscales Affective Flattening, Avolition-Apathy and Asociality-Anhedonia). However, the differences did not withstand correction for multiple testing. The results did not change when corrected for potential confounders.; There do not seem to be any gender differences in psychopathology, neither in ARMS nor in FEP patients, as regards self-reported or observer-rated symptoms, when corrected for multiple testing and potential confounders.

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