

Interrelationship Between Symptom Severity and Quality of Life Domains in Schizophrenia: A Clinical Study at a Tertiary Care Teaching Hospital, Guntur, Andhra Pradesh

Tejaswi Dondeti^{1,*}, Akash Ariga¹, Anantha Lakshmi Baredy¹, Prem Kumar Goka¹, Uma Jyothi Neeli², Pavan Kumar Yanamadala¹, Rama Rao Nadendla³

¹Department of Pharmacy Practice, Chalapathi Institute of Pharmaceutical Sciences, Lam, Guntur, Andhra Pradesh, INDIA.

²Department of Psychiatry, Government General Hospital, Guntur, Andhra Pradesh, INDIA.

³Department of Pharmaceutics, Chalapathi Institute of Pharmaceutical Sciences, Lam, Guntur, Andhra Pradesh, INDIA.

ABSTRACT

Background: Schizophrenia is a long-lasting psychiatric condition characterised by intricate interactions among biological, psychological, and social factors, significantly affecting the Quality of Life (QoL) of patients. Evaluating QoL across various domains aids in comprehending the wider implications of the illness that extend beyond mere symptom management. **Objectives:** This study aims to assess the correlation between the severity of symptoms and domain-specific Quality of Life (QoL) in individuals diagnosed with schizophrenia, utilising the Positive and Negative Syndrome Scale (PANSS) alongside the WHOQOL-BREF assessment tools. **Materials and Methods:** A prospective observational study was carried out involving 178 patients diagnosed with schizophrenia who were receiving care at both inpatient and outpatient psychiatric services at the Government General Hospital in Guntur. Sociodemographic data, symptomatology, and QoL were assessed using PANSS and WHOQOL-BREF, with statistical correlations between PANSS and QoL domains analysed via SPSS v26. **Results:** The social relationships domain exhibited the lowest mean QoL score, suggesting a notable degree of social impairment. There exists a significant positive correlation between occupation and both physical and psychological health domains ($p < 0.05$). Elevated total scores on the Positive and Negative Syndrome Scale (PANSS) were found to correlate negatively with all QoL domains, thereby affirming that greater symptom severity is indicative of diminished well-being. **Conclusion:** The burden of symptoms and the status of employment have a considerable impact on the QoL for individuals with schizophrenia. The incorporation of psychosocial rehabilitation, occupational therapy, and proactive management of symptoms may improve the overall life satisfaction and functioning of these patients.

Keywords: PANSS, Psychopathology, Quality of Life, Schizophrenia, South India, WHOQOL-BREF.

Correspondence:

Ms. Tejaswi Dondeti

Department of Pharmacy Practice,
Chalapathi Institute of Pharmaceutical
Sciences, Lam, Guntur-522034,
Andhra Pradesh, INDIA.
Email: dondetitejaswi@gmail.com

Received: 06-04-2026;

Revised: 12-06-2026;

Accepted: 21-07-2026.

INTRODUCTION

Schizophrenia is a long-lasting and debilitating psychiatric condition marked by enduring irregularities in perception, thought processes, emotional responses, and behaviour. This disorder typically manifests during late adolescence or early adulthood and continues to be a significant contributor to lifelong health issues. In comparison to the general populace, individuals diagnosed with schizophrenia face considerably more challenges in social interactions, job performance, and everyday activities, further exacerbated by pervasive stigma and social exclusion.

A recent meta-analysis has validated that those suffering from schizophrenia report a markedly lower Quality of Life (QoL) compared to healthy individuals (Özden *et al.*, 2023).

The mere alleviation of symptoms does not suffice to enhance the overall well-being of patients. In the context of schizophrenia treatment, QoL has emerged as a significant, patient-focused outcome measure. The World Health Organisation (WHO) characterises QoL as "an individual's perception of their position in life in relation to cultural context, value systems, aspirations, expectations, standards, and concerns." (WHO, 2025). QoL is a multifaceted construct, incorporating aspects of physical health, psychological well-being, social interactions, and environmental factors. In the realm of chronic mental health disorders, the more specific notion of Health-Related Quality of Life (HRQoL) underscores the impact of symptoms, functional impairments, and therapeutic interventions on subjective well-being and daily functioning (Li *et al.*, 2023).



DOI: 10.5530/ajbls.20260145

Copyright Information :

Copyright Author (s) 2026 Distributed under
Creative Commons CC-BY 4.0

Publishing Partner : Manuscript Technomedia, [www.mstechnomedia.com]

Clinically, the severity of symptoms in schizophrenia is frequently assessed using the Positive and Negative Syndrome Scale (PANSS), which produces three distinct subscales: positive symptoms, negative symptoms, and general psychopathology (Khan *et al.*, 2013). Negative symptoms, especially those indicative of avolition, anhedonia, and alogia, are consistently identified as the most significant predictors of diminished QoL (Li *et al.*, 2023). In contrast, positive symptoms, including delusions and hallucinations, while distressing, tend to vary and often exhibit weaker or inconsistent relationships with QoL. General psychopathology, encompassing mood, anxiety, and cognitive aspects, may indirectly affect QoL through its impact on psychological adaptation and resilience. A meta-analytic review revealed a modest yet significant negative correlation between overall psychiatric symptoms and QoL across various studies (Eack and Newhill, 2007).

Recently, a multi-centre investigation has confirmed that the Quality of Life (QoL) is significantly diminished across all areas in individuals with schizophrenia (Özden *et al.*, 2023). Nevertheless, the intensity and nature of the relationships between the PANSS subscales and the WHOQOL domains differ among various populations. For instance, in a hospital-based cross-sectional study conducted in Ethiopia, positive symptoms ($\beta = -0.22$, $p < 0.001$), negative symptoms ($\beta = -0.36$, $p < 0.001$), and general psychopathology ($\beta = -0.098$, $p = 0.006$) were found to be inversely related to overall QoL. Additionally, sociodemographic factors such as employment status, educational background, marital situation, and rural living conditions affected domain-specific QoL results within this group (Desalegn *et al.*, 2020). However, research of this nature in Indian contexts is still limited. A qualitative study from India revealed that spiritual and familial aspects play a crucial role in shaping patients' subjective QoL, highlighting cultural factors that extend beyond mere symptom evaluations (Jacob and Kuruvilla, 2018).

Despite the increasing body of literature, significant gaps continue to exist. Firstly, the majority of studies examining QoL and symptoms originate from Western or urban speciality contexts, which restricts the applicability of findings to rural or semi-urban populations in India. Secondly, the specific interconnections between each PANSS subscale and the various QoL domains, namely, physical, psychological, social, and environmental, are still inadequately investigated in the local context. Thirdly, cultural elements such as family dynamics, stigma, explanatory frameworks, and coping mechanisms may influence the relationship between symptom burden and subjective QoL among Indian patients; however, empirical evidence in this area is scarce (Jacob and Kuruvilla, 2018). Lastly, there is a notable lack of research that targets semi-urban centres in Indian states like Andhra Pradesh, where limitations in resources and distinct regional social dynamics could lead to unique patterns of association.

To address the identified gaps, the present study examines the interconnections between the severity of symptoms (as measured by PANSS positive, negative, and general psychopathology) and four domains of quality of life (WHOQOL-BREF: physical, psychological, social, and environmental) within a clinical cohort of patients diagnosed with schizophrenia who are receiving treatment at a tertiary care teaching hospital located in Guntur, Andhra Pradesh. Our objective is to quantify both the strength and direction of the correlations that exist between each symptom dimension and the respective QoL domain, evaluate the moderating influences of sociodemographic and clinical covariates, and extract culturally relevant insights that can enhance recovery-oriented psychiatric care in the context of Indian healthcare settings.

MATERIALS AND METHODS

Study Design and Setting

This observational study, which was hospital-based and cross-sectional in nature, took place in the Department of Psychiatry at the Government General Hospital in Guntur, Andhra Pradesh, India. The research was carried out over a specified duration of six months, spanning from September 2024 to February 2025, and involved clinically stable outpatients who had been diagnosed with schizophrenia. As this was strictly an observational study without any experimental interventions, formal ethical approval was not necessary. However, all procedures adhered to the principles outlined in the Declaration of Helsinki, and written informed consent was secured from each participant before their enrolment.

Study Population

The research encompassed adult individuals aged from 18 to 60 years who fulfilled the diagnostic criteria for schizophrenia as outlined in the International Classification of Diseases, 10th Revision (ICD-10). Participants were mandated to have undergone continuous treatment and monitoring for a minimum duration of six months. Individuals with coexisting psychiatric disorders, intellectual disabilities, significant neurological or chronic medical issues, substance dependence (excluding nicotine), or those who expressed reluctance to participate were excluded.

Sample Size and Sampling Method

A total of 178 participants who met the eligibility criteria were recruited through a purposive sampling method from the outpatient psychiatry department. The sample size was established based on the number of eligible patients present during the study period and was sufficient for conducting a correlational analysis between symptom severity and quality-of-life indicators.

Study Instruments

Data collection was conducted utilising a structured proforma along with two standardised assessment instruments.

Sociodemographic and Clinical Data Sheet

A pre-tested semi-structured proforma was employed to document demographic details (age, sex, education, marital status, occupation, residence, and socioeconomic status) as well as pertinent clinical variables, including age at onset, duration of illness, treatment adherence, and family history.

The Positive and Negative Syndrome Scale (PANSS) serves as a tool for evaluating the intensity of schizophrenia symptoms across three key dimensions: Positive Symptoms, Negative Symptoms, and General Psychopathology. This scale consists of 30 items; each rated on a 7-point continuum (1 indicating absence and 7 indicating extreme severity). Scores for both subscales and the total were computed following the established scoring guidelines (Kay *et al.*, 1988).

World Health Organisation Quality of Life-BREF (WHOQOL-BREF)

The WHOQOL-BREF is a 26-item questionnaire created by the World Health Organisation to evaluate subjective quality of life across four domains: Physical Health, Psychological Health, Social Relationships, and Environment. Each item was assessed using a 5-point Likert scale. Scores for each domain were converted to a 0-100 scale, where higher scores reflect a better perceived quality of life (WHO, n.d.).

Data Collection Procedure

Participants who met the eligibility criteria were recognised during their routine outpatient appointments. Following the acquisition of informed consent, each participant underwent an interview utilising the sociodemographic proforma, which was succeeded by the administration of the PANSS and WHOQOL-BREF. The interviews were carried out in the Telugu language, employing established translation and back-translation methods to preserve conceptual equivalence with the original assessment tools. Each evaluation session spanned roughly 45-60 min and was facilitated by trained psychiatry residents under the oversight of faculty members to guarantee inter-rater reliability.

Statistical Analysis

The gathered data were input into Microsoft Excel and subsequently analysed utilising IBM SPSS Statistics for Windows, Version 26.0 (IBM Corp., Armonk, NY, USA). Descriptive statistics were employed to encapsulate the demographic and clinical attributes of the study cohort, presenting Means $\pm$ Standard Deviations (SD) for continuous variables alongside frequencies and percentages for categorical variables. To assess the relationships between PANSS subscale scores and WHOQOL-BREF domain scores,

Pearson's correlation coefficient (r) was applied. A p -value of less than 0.05 was deemed statistically significant.

Ethical Considerations

The study protocol was reviewed and approved/waived by the Institutional Ethics Committee as per institutional guidelines. All procedures followed the Declaration of Helsinki. Written informed consent was obtained from all participants.

RESULTS

According to Table 1, the evaluation conducted with the Positive and Negative Syndrome Scale (PANSS) indicated that a significant number of participants were categorized within the moderate-to-severe spectrum of psychopathology. More than half (53.9%) exhibited moderate-to-severe general psychopathology, with substantial proportions also presenting negative (39.3%) and positive (34.8%) symptoms of comparable severity. Although the severe and extremely severe classifications were less common, they remained significant, suggesting persistent deficits even among clinically stable outpatients. These results affirm that a majority of participants continue to endure a considerable burden of cognitive-affective and negative symptoms, despite the stabilisation achieved through treatment.

Interpretation

Ongoing negative symptoms and general psychopathology underscore the enduring functional deficits and restricted psychosocial recovery that are characteristic of long-term schizophrenia in resource-poor environments.

As indicated in Table 2, the average scores across the four domains of the WHOQOL-BREF demonstrated a moderate perception of quality of life among the participants. The Physical Health scores were highest in the age group of 28-37 years (mean=20.7), indicating superior functioning in younger adults. The Psychological Health scores were highest among individuals aged 38-47 years (16.2), while the Social Relationships domain also reached its peak in this same age group (9.2). The Environmental Health domain received its highest ratings from the youngest age group (18-27 years; mean=28.9). Overall, the Total QoL scores varied between 4.7 and 4.9, implying a moderate level of overall well-being.

Across various occupational categories, employed individuals exhibited superior psychological, social, and environmental QoL in comparison to those who were unemployed or engaged in homemaking. Individuals with education up to the intermediate level attained the highest scores in both physical and psychological domains, while postgraduate participants reported the greatest satisfaction in environmental aspects. Members of the middle-income bracket achieved enhanced scores in the physical and psychological domains, whereas individuals from the lower-income group demonstrated higher scores in

social and environmental domains, potentially attributable to stronger community or familial ties. The duration of illness did not significantly affect the QoL domains, suggesting that coping mechanisms may stabilise over time.

Interpretation

In general, factors such as employment, intermediate education, and a middle socioeconomic status have a positive effect on the majority of quality of life (QoL) domains. Conversely, extended periods of illness and low levels of literacy were linked to less favourable outcomes. Nevertheless, robust family networks in rural areas may have alleviated certain adverse effects, especially within the social and environmental domains.

As illustrated in Table 3, bivariate correlation analyses indicated associations between demographic factors and Quality of Life (QoL) domains. Age exhibited a positive correlation with social health ($r=0.81$), implying that older individuals experience enhanced interpersonal stability and acceptance, whereas physical ($r=-0.20$) and environmental health ($r=-0.53$) showed a decline with advancing age. Occupation demonstrated a strong positive correlation with psychological health ($r=0.87$), reinforcing the advantageous impact of vocational involvement on mental well-being. Notably, education level revealed negative correlations with physical ($r=-0.74$), psychological ($r=-0.56$), and environmental health ($r=-0.72$), suggesting that a higher level of education does not necessarily lead to improved QoL, potentially due to unfulfilled social or occupational expectations. Economic status exhibited a significant positive correlation with overall QoL ($r=0.94$) as well as with environmental ($r=0.77$) and social domains ($r=0.68$), indicating that financial security contributes to

enhanced living conditions and perceived well-being. The length of illness showed a modest positive correlation with total QoL ($r=0.50$), aligning with the notion of adaptive adjustment and acceptance over time.

Interpretation

Economic stability has been identified as the most significant factor influencing overall Quality of Life (QoL), with occupational status following closely behind. In contrast, it appears that advanced education levels may contribute to increased psychological distress within this group, highlighting the necessity for psychosocial rehabilitation that is specifically designed to meet the expectations and socioeconomic circumstances of the patients.

As illustrated in Table 4, the primary analysis investigated the relationships between symptom severity (as measured by PANSS subscales) and various quality-of-life domains (WHOQOL-BREF). All correlations were found to be negative and statistically significant, indicating that a higher symptom burden reliably forecasts a diminished perception of quality of life.

Positive symptoms showed a modest negative correlation with overall Quality of Life (QoL) ($r=-0.44$).

In contrast, negative symptoms demonstrated more pronounced inverse correlations with the physical ($r=-0.55$), psychological ($r=-0.60$), and social domains ($r=-0.51$).

The general psychopathology exhibited the most significant negative correlation with psychological QoL ($r=-0.65$).

Table 1: Distribution of PANSS Subscale Severity Among Participants ($n=178$).

Symptom Dimension	Mild (n%)	Moderate (n%)	Moderate-Severe (n%)	Severe (n%)	Extremely Severe (n%)
Positive symptoms	6.7	21.3	34.8	29.2	7.8
Negative symptoms	4.4	11.2	39.3	35.9	8.9
General psychopathology	1.6	14.6	53.9	25.8	1.1

Table 2: Mean WHOQOL-BREF Domain Scores Across Key Sociodemographic and Clinical Variables ($n=178$).

Variable	Physical Health	Psychological Health	Social Relationships	Environmental Health	Total QoL Score
Age (years)	Highest: 28-37 yrs (20.7)	38-47 yrs (16.2)	38-47 yrs (9.2)	18-27 yrs (28.9)	58-60 yrs (4.7)
Occupation	Housewives / Unemployed (17.1)	Employed (16.1)	Employed (9.4)	Employed (20.7)	4.8
Education	Intermediate (17.7)	Intermediate (17.1)	Up to 10th (9.7)	Post-graduate (21.0)	4.7
Economic status	Middle (18.0)	Middle (16.0)	Lower (9.1)	Lower (20.6)	4.7-4.8
Duration of illness	< 5 yrs (16.1)	> 10 yrs (16.2)	9.8 (all)	20.9 (all)	4.8

Table 3: Correlation of Sociodemographic and Clinical Factors with WHOQOL-BREF Domains (n=178).

Variable	Physical Health (r)	Psychological Health (r)	Social Relationships (r)	Environmental Health (r)	Total QoL (r)
Age	-0.20	-0.02	+0.81	-0.53	+0.17
Occupation	+0.14	+0.87	-0.84	-0.58	+0.10
Education	-0.74	-0.56	+0.14	-0.72	-0.27
Economic status	-0.64	-0.08	+0.68	+0.77	+0.94
Duration of illness	+0.53	+0.64	-0.07	+0.28	+0.50

Table 4: Correlation Between PANSS Subscales and WHOQOL-BREF Domains (n=178).

PANSS Domain	Physical Health (r)	Psychological Health (r)	Social Relationships (r)	Environmental Health (r)	Total QoL (r)
Positive symptoms	-0.42	-0.37	-0.33	-0.28	-0.44
Negative symptoms	-0.55	-0.60	-0.51	-0.47	-0.59
General psychopathology	-0.63	-0.65	-0.58	-0.54	-0.65
Total PANSS	-0.61	-0.67	-0.60	-0.56	-0.67

The total PANSS score had the strongest correlation with total QoL ($r=-0.67$), thereby affirming that the severity of global symptoms significantly detracts from overall well-being.

Interpretation

Of all the domains examined, psychological well-being experienced the greatest negative impact due to symptom burden, especially from general psychopathology and negative symptoms. This observation highlights that merely managing positive psychotic symptoms is inadequate for enhancing life satisfaction; it is crucial to maintain a focus on negative and cognitive aspects for effective recovery-oriented care.

A significant negative correlation was observed between PANSS scores and quality of life across all WHOQOL-BREF domains. Higher symptom severity was consistently associated with lower quality of life scores. Among the PANSS domains, general psychopathology and negative symptoms demonstrated stronger correlations with quality of life compared to positive symptoms. The psychological and social domains of quality of life were more adversely affected.

Figure 1 illustrates the correlation between PANSS domains and WHOQOL-BREF domains, highlighting the inverse relationship between symptom severity and quality of life.

DISCUSSION

The results of this research indicate that even individuals with schizophrenia who are clinically stable in a semi-urban Indian context continue to face a significant symptom burden and experience only moderate QoL levels. Most participants exhibited moderate to severe general psychopathology and negative symptoms, suggesting ongoing functional limitations despite

pharmacological stabilisation. Comparable trends have been noted in tertiary-care Indian populations, where patients with treatment-resistant schizophrenia exhibited considerable residual symptoms that continued to affect their QoL (Verma *et al.*, 2020). This ongoing presence of subthreshold psychopathology underscores the increasing acknowledgement that achieving pharmacological remission of positive psychotic symptoms alone does not suffice for functional recovery. Cross-cultural data from a longitudinal study in China further highlights that residual negative and depressive symptoms contribute the most to QoL variance, even with ongoing treatment (He *et al.*, 2022). The alignment of our findings with these studies emphasises the necessity for prolonged monitoring of cognitive and affective aspects in conjunction with the management of positive symptoms.

In our research, the average WHOQOL-BREF scores across the four domains indicated moderate levels of well-being, aligning with prior studies that demonstrate how schizophrenia significantly impacts QoL across all functional areas. A recent meta-analysis conducted by Attepe Özden *et al.* found that individuals diagnosed with schizophrenia consistently exhibit lower scores in the physical, psychological, social, and environmental QoL domains when compared to general population benchmarks (Özden *et al.*, 2023). Within our study group, those participants who were employed and belonged to the middle socioeconomic class showed improved QoL in both physical and psychological domains, underscoring the significance of job and financial stability in maintaining perceived well-being. These results are consistent with both global and Indian research that suggests vocational involvement and socioeconomic security are crucial protective factors against declines in QoL (Thekkumkara *et*

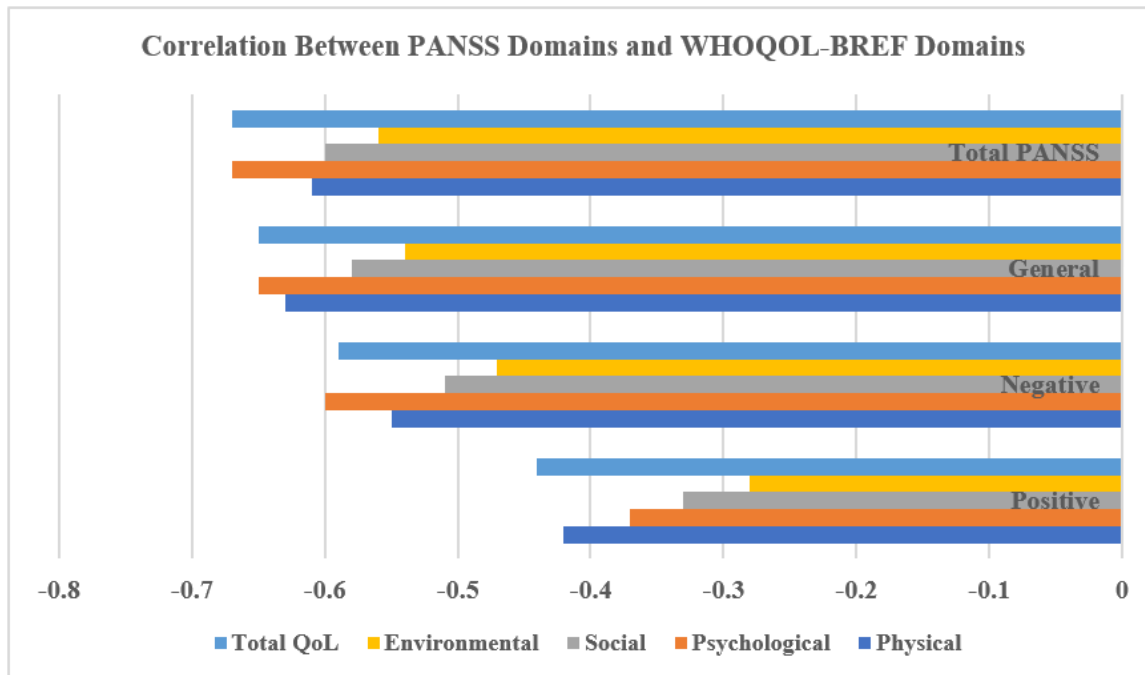


Figure 1: Correlation between PANSS domains and WHOQOL-BREF domains showing significant negative associations between symptom severity and quality of life.

al., 2023, Petrovic *et al.*, 2024). Notably, participants from lower-income backgrounds reported comparatively higher satisfaction in the social and environmental domains, which may reflect the strong familial bonds and collectivist support systems typical of Indian communities, a cultural aspect also emphasised in regional South Asian QoL research (Meher *et al.*, 2022, Shaban *et al.*, 2021).

An interesting finding was that a higher level of formal education did not consistently lead to an improved QoL. Participants with intermediate educational backgrounds reported slightly better physical and psychological health compared to those who were graduates or postgraduates. This paradox may be connected to the phenomenon known as the "frustration of aspiration," as outlined in recent predictive research by Beaudoin *et al.* in 2022, where individuals with advanced education often face heightened psychological distress due to unfulfilled occupational or social aspirations (Beaudoin *et al.*, 2022). Beaudoin *et al.* employed machine learning techniques to reveal that negative and general psychopathology, rather than sociodemographic variables such as education, serve as the most significant predictors of QoL in individuals with schizophrenia. These findings align with the trends identified in our research and imply that while education may improve awareness and understanding, it can also lead to increased feelings of dissatisfaction when illness-related obstacles hinder engagement in societal roles.

The primary relationship examined in this research, which pertains to the severity of symptoms and QoL, revealed a significant inverse correlation across all areas. The total scores on the PANSS, particularly in relation to general psychopathology, were found to

be negatively correlated with both psychological and overall QoL. This suggests that as the severity of residual symptoms increases, the patient's perception of their well-being decreases. This observation is consistent with meta-analytic findings indicating that both general and negative symptom dimensions are the most significant contributors to reduced QoL and functioning (Özden *et al.*, 2023). Furthermore, positive symptoms exhibited weaker correlations, which aligns with a previous study by Beaudoin *et al.* that proposes these symptoms tend to fluctuate more significantly with pharmacological interventions and have a less lasting effect on daily living (Beaudoin *et al.*, 2022). Collectively, these results underscore the necessity for symptom remission to be accompanied by strategies that address persistent cognitive and motivational deficits, emotional distress, and social withdrawal to facilitate substantial recovery.

The findings reported by (Verma M *et al.*, 2020) and (He XY *et al.*, 2022) support a comprehensive, culturally relevant approach to care that focuses on managing negative symptoms, vocational rehabilitation, and psychosocial interventions within the community (Verma *et al.*, 2020, He *et al.*, 2022). While the cross-sectional nature of our study restricts causal interpretations and does not account for medication-related variables, the current results lay a significant groundwork for forthcoming longitudinal and interventional research in comparable environments. Together, these results highlight that enhancing the quality of life for individuals with schizophrenia necessitates an approach that transcends mere symptom management, addressing the wider psychosocial and economic factors that characterise recovery in the Indian context.

CONCLUSION

In summary, this study underscores the fact that the quality of life for individuals with schizophrenia is significantly and negatively correlated with the severity of their symptoms, especially in the realms of negative symptoms and general psychopathology. Even those who are clinically stable still face moderate levels of functional impairment, highlighting that mere symptom remission does not equate to full recovery. Factors such as socioeconomic stability, employment opportunities, and supportive family environments have been identified as crucial elements influencing well-being in the semi-urban Indian setting. These results support the need for a holistic treatment strategy that combines pharmacological, psychosocial, and vocational interventions to promote long-term recovery. Future longitudinal research should aim to elucidate how ongoing symptom management and socioeconomic empowerment collectively enhance the quality of life for those living with schizophrenia.

ACKNOWLEDGEMENT

The authors express their sincere gratitude to the Department of Psychology, Government General Hospital, Guntur, and to the management of Chalapathi Institute of Pharmaceutical Sciences, Lam, Guntur, for their constant academic and technical support throughout the conduct of this research.

ABBREVIATIONS

HRQoL: Health-Related Quality of Life; **ICD-10:** International Classification of Diseases, 10th Revision; **PANSS:** Positive and Negative Syndrome Scale; **QoL:** Quality of Life; **SD:** Standard Deviation; **SPSS:** Statistical Package for the Social Sciences; **WHO:** World Health Organisation; **WHOQOL-BREF:** World Health Organisation Quality of Life-BREF.

CONFLICTS OF INTEREST

The authors declare that there is no conflict of interest.

AUTHORS' CONTRIBUTIONS

UJN and GPK were tasked with the conceptualisation and design of the study. AA, DT, and ALB were responsible for the data collection. Statistical analysis was conducted by DT. The manuscript was prepared by PKY, whereas RRN offered critical feedback and granted final approval of the manuscript. All authors have reviewed and approved the final version of the paper.

SUMMARY

This study evaluates the impact of symptom severity on the Quality of Life (QoL) in 178 clinically stable patients with schizophrenia in a semi-urban Indian setting. Findings reveal a significant negative correlation between symptom severity, particularly negative symptoms and general psychopathology, and all evaluated QoL domains. The study highlights that pharmacological remission alone is insufficient for functional recovery, underscoring the critical need for integrated psychosocial, vocational, and cognitive rehabilitation tailored to the socio-cultural dynamics of patients.

REFERENCES

- Özden, S. A., Tekindal, M., and Tekindal, M. A. (2023). Quality of life of people with schizophrenia: A meta-analysis. *International Journal of Social Psychiatry*, 69(6), 1444-1452. <https://doi.org/10.1177/00207640231164019>
- World Health Organization. (2025). WHOQOL: Measuring quality of life. <https://www.who.int/tools/whoqol>
- Li, Y., Rekhi, G., Ang, M. S., and Lee, J. (2023). Impact of negative symptoms on health-related quality of life in schizophrenia. *Frontiers in Psychiatry*, 14. <https://doi.org/10.3389/fpsy.2023.1252354>
- Khan, A., Yavorsky, C., Liechti, S., Opler, M., Rothman, B., DiClemente, G., et al. (2013). A Rasch model to test the cross-cultural validity in the Positive and Negative Syndrome Scale (PANSS) across six geo-cultural groups. *BMC Psychology*, 1(1). <https://doi.org/10.1186/2050-7283-1-5>
- Eack, S. M., and Newhill, C. E. (2007). Psychiatric symptoms and quality of life in schizophrenia: A meta-analysis. *Schizophrenia Bulletin*, 33(5), 1225-1237.
- Desalegn, D., Girma, S., and Abdeta, T. (2020). Quality of life and its association with psychiatric symptoms and socio-demographic characteristics among people with schizophrenia: A hospital-based cross-sectional study. *PLoS ONE*, 15(2), e0229514. <https://doi.org/10.1371/journal.pone.0229514>
- Jacob, J. A., and Kuruvilla, A. (2018). Quality of life and explanatory models of illness in patients with schizophrenia. *Indian Journal of Psychological Medicine*, 40(4), 328-334. https://doi.org/10.4103/IJPSYM.IJPSYM_144_18
- Kay, S. R., Opler, L. A., and Lindenmayer, J. P. (1988). Reliability and validity of the Positive and Negative Syndrome Scale for schizophrenics. *Psychiatry Research*, 23(1), 99-110.
- World Health Organization. (n.d.). WHOQOL-BREF: Introduction, administration, scoring and generic version of the assessment. https://cdn.who.int/media/docs/default-source/publishing-policies/whoqol-bref/english_whoqol_bref.pdf
- Verma, M., Grover, S., and Chakrabarti, S. (2020). Effectiveness of clozapine on quality of life and functioning in patients with treatment-resistant schizophrenia. *Nordic Journal of Psychiatry*, 75(2), 135-144. <https://doi.org/10.1080/08039488.2020.1811374>
- He, X. Y., Miglioni, C., Huang, Z. H., Wang, F., Zhou, R., Chen, Z. L., et al. (2022). Quality of life in patients with schizophrenia: A 2-year cohort study in primary mental health care in rural China. *Frontiers in Public Health*, 10. <https://doi.org/10.3389/fpubh.2022.983733>
- Thekkumkara, S., Rawat, V. S., Jagannathan, A., and Muliya, K. P. (2023). Vocational rehabilitation in persons with mental illness in India: A scoping review. *International Journal of Social Psychiatry*, 70(1), 13-22. <https://doi.org/10.1177/00207640231183920>
- Petrovic, A. D., Barjaktarevic, A. M., Kostic, O. Z., Dimitrijevic, J. M., Mijailovic, S. S., Gogic, A. D., et al. (2024). Evaluation of quality of life in patients with schizophrenia: An inpatient social welfare institution-based cross-sectional study. *Open Medicine*, 19(1). <https://doi.org/10.1515/med-2024-0947>
- Meher, A. C., Satpathy, S., Supakar, S., and Pradhan, P. C. (2022). Quality of life in patients with schizophrenia. *International Journal of Health Sciences*. <https://sciencescholar.us/journal/index.php/ijhs/article/view/9041>
- Shaban, S., Gurro, M. A. A., and Bashir, R. (2021). Study of the difference in quality of life and caregiver burden among patients with schizophrenia and rheumatoid arthritis. *International Journal of Research in Medical Sciences*, 9(6), 1577.
- Beaudoin, M., Hudon, A., Giguère, C. E., Potvin, S., and Dumais, A. (2022). Prediction of quality of life in schizophrenia using machine learning models on data from Clinical Antipsychotic Trials of Intervention Effectiveness (CATIE) schizophrenia trial. *Schizophrenia*, 8(1). <https://doi.org/10.1038/s41537-022-00236-w>

Cite this article: Dondeti T, Ariga A, Bareddy AL, Goka PK, Neeli UJ, Yanamadala PK, et al. Interrelationship Between Symptom Severity and Quality of Life Domains in Schizophrenia: A Clinical Study at a Tertiary Care Teaching Hospital, Guntur, Andhra Pradesh. *Asian J Biol Life Sci*. 2026;15(2):578-84.