"A comparative study to assess the severity of paranoia symptoms among the adolescents vs adult at kalitheerthalkuppam , Puducherry".

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ABSTRACT
The word "paranoia" is associated from the Greek word "para-noeo". Its meaning was "derangement", or "departure from the normal".Paranoia may occur on its own or be a symptom of paranoid personality disorder or obsessive-compulsive disorder. Other symptoms that may occur along with paranoia include: Anxiety, Detachment, Harbor grudges, Hostility, Hypersensitivity to perceived slights, Inability to perform daily tasks, Recurrent thoughts (obsession), Repeated actions you cannot control (compulsions). Patients are often reluctant to get treatment and hence, there is very limited on paranoia treatment. Cognitive-behavioral therapy - There is evidence that this form of psychotherapy is useful in reducing symptoms of psychosis by nearly half, reducing relapse rates and improving recovery speed. This study was conducted in kalitheerthalkuppam on adolescence and adult by using purposive sampling technique 30 adolescents sample and 30 adult samples.The finding of the study to revealed that out of 30 adolescents sample and 30 adult sample, in adolescents groups 21 (70%) had Average level of severity of symptoms of paranoia, 8 (26.7%) had Mild elevated level of severity of symptoms of paranoia and 1(3.3%) had Moderate level of severity of symptoms of paranoia, and in adult groups 21(70%) had Mild elevated level of severity of symptoms of paranoia, 6(20%) had Average level of severity of symptoms of paranoia and 3(10%) had Moderate level of severity of symptoms of paranoia.
***Keywords:** A comparative assesment of severity of symptoms of paranoia among adolescents vs adult by using standardized paranoia scale.*

I.   INTRODUCTION

The word paranoia comes from the Greek παράνοια (paranoia), "madness", and that from παρά (para), "beside, by" and νόος (noos), "mind". paranoia, the central theme of a group of psychotic disorders characterized by systematic delusions and of the nonpsychotic paranoid personality disorder. The management strategy ideally involves hospitalization, medications, and psychotherapy. Cognitive-behavioral therapy - There is evidence that this form of psychotherapy is useful in reducing symptoms of psychosis by nearly half, reducing relapse rates and improving recovery speed. people with paranoia do not seek treatment, it is likely that any problem underlying the paranoia will be allowed to continue. Because paranoia can be due to serious diseases, failure to seek treatment can result in serious complications and permanent damage.

II.   REVIEW OF LITERATURE
STATEMENT OF THE PROBLEM
"A comparative study to assess the severity of paranoia symptoms among the adolescents vs adult at kalitheerthalkuppam , Puducherry".

OBJECTIVES
To assess the severity of symptoms of paranoia among adolescents vs adult.
To compare the severity of paranoia symptoms adolescents vs adult at selected community area
To associate the severity of paranoia symptoms among the adolescents and adult with the selected demographic variable.

III.   MATERIALS AND METHODS
This chapter deals with methodology adapted to comparative study to assess the severity of paranoia symptoms among adolescents vs adult with symptoms at selected community area, Puducherry. This chapter deals with the   research approach, research design, setting, population, sample, sampling technique, selection and development of tool and data collection techniques and plan for data analysis.

SECTION A - DEMOGRAPHIC VARIABLES:

It consists of demographic data such as age, gender, religion, educational status, marital status, types of marriage, number of children, type of family, living status, occupational status, family income, socio economic status, residency, Health status for adolescents and adult.

SECTION B –STRUCTURED TOOLS FOR ASSESS THE SEVERITY OF PARANOIA SYMPTOMS

This section deals with questionnaire for comparative assessment of severity of paranoia symptoms among adolescents vs adult. It consists of 18 standardized questions for adolescents and 18 standardized questions for adult related to paranoia.

SCORING INTEPRETATION FOR ADOLESCENTS :

SCORE RANGE	CATEGORY	INTERPRETATION
0 - 22	Average	27 sample
23 - 39	Mild elevated	7 sample
40 - 53	Moderate	1 sample
54 - 70	High	
71 - 90	Severe	
		Total = 30 samples

SCORING INTEPRETATION OF ADULT :

SCORE RANGE	CATEGORY	INTERPRETATION
0 - 22	Average	6 sample
23 - 39	Mild elevated	21 sample
40 - 53	Moderate	3 sample
53 - 70	High	
71 - 90	Severe	
		TOTAL = 30 Samples

RESEARCH APPROCH:
A quantitative research approach was adapted for this study.

RESEARCH DESIGN:
A descriptive research design was adapted for this study.

POPULATION:
The target population for this study comprises of all adolescents vs adults at kalitheerthalkuppam, Puducherry.

SAMPLE:
The study sample consists of adolescents vs adult who are readily at kalitheerthalkuppam and who met the inclusion criteria.

SAMPLE SIZE:
Sample size consists of 30 adolescents and 30 adult.

SAMPLING TECHNIQUE:
Purposive sampling technique is used for this present study.

SETTING OF THE STUDY:
The study was conducted in selected area of kalitheerthalkuppam at puducherry. Kalitheerthalkuppam is a small rural area comprises of all age groups. There are nearly about 650 houses and the total population in kalitheerthalkuppam is 4876, which is located 23 kilometers for away from puducherry. I have selected 30 adolescents and 30 adults. The selection of setting was done on the basis of feasibility of conducting the study,availability of subject and cooperation from the authorities.

SAMPLE SELECTION CRITERIA:
INCLUSION CRITERIA:
Adolescent and adult both male and female
Adolescent and adult who are willing to participate in data collection
Adolescent and adult who are experience psychotic symptoms
EXCLUSION CRITERIA:
Adolescent and adult who are not willing to participate in the study

IV.   RESULT:

Major findings of the study were:

Majority of the adolescents 21 (70%) had Average level of severity of symptoms of paranoia, 8 (26.7%) had Mild elevated level of severity of symptoms of paranoia and 1(3.3%) had Moderate level of severity of symptoms of paranoia. The mean and standard deviation of the level of severity of symptoms of

paranoia among the adolescents group is (19.83± 7.202). Majority of the adult 21(70%) had Mild elevated level of severity of symptoms of paranoia, 6(20%) had Average level of severity of symptoms of paranoia and 3(10%) had Moderate level of severity of symptoms of paranoia. The mean and standard deviation of the level of severity of symptoms of paranoia among the adult group is (28.13± 8.102).

Frequency and distribution of the demographic variables among adolescents and adult group
N = 60 (30+30)

S.NO	DEMOGRAPHIC VARIABLES	ADOLESCENTSGROUP		ADULT GROUP	
		N	%	N	%
1	**Age**				
	12-18 years	30	100	0	0
	19-25 years	0	0	13	43.3
	26-32 years	0	0	10	33.3
	32-40 years	0	0	7	23.4
2	**Gender**				
	Male	16	53.3	16	53.3
	Female	14	46.7	14	46.7
3	**Religion**				
	Hindu	24	80	23	76.7
	Muslim	3	10	1	3.3
	Christian	3	10	6	20
4	**Educational status**				
	Illiterate	1	3.3	2	6.7
	Primary	5	16.7	2	6.7
	secondary	23	76.7	11	36.6
	Degree	1	3.3	15	50
5	**Marital status**				
	Married	0	0	18	60
	Unmarried	30	100	12	40
	Widow	0	0	0	0
6	**Type of marriage**				
	Consanguineous marriage	0	0	11	36.7
	Non consanguineous marriage	0	0	19	63.3
7	**Number of children**				
	Only one child	0	0	12	40
	2-3 child	0	0	13	43.3
	No child	0	0	5	16.7
8	**Type of family**				
	Nuclear family	17	56.7	15	50
	Joint family	13	43.3	15	50
9	**Living status**				
	Alone	1	3.4	6	20
	With parents	25	83.3	10	33.3
	With family members	4	13.3	14	46.7
10	**Occupational status**				
	Public sector	1	3.3	8	26.7

	Private sector	2	6.7	11	36.6
	Unemployed	12	40	8	26.7
	Studying	15	50	3	10
11	**Family income**				
	2000- 10000	16	53.3	11	36.7
	10000- 20000	10	33.3	16	53.3
	20000- 30000	4	13.4	0	0
	30000 above	0	0	3	10
12	**Socio economic status**				
	Low socio economic status	12	40	8	26.7
	Middle class FCC family	18	60	22	73.3
	High sociology economic status	0	0	0	0
13	**Residency**				
	Rural	29	96.7	27	90
	Urban	1	3.3	3	10
14	**Health status**				
	Healthy	30	100	26	86.7
	Unhealthy	0	0	4	13.3

Frequency and percentage wise distribution of the severity of symptoms of paranoia among the adolescents group.

(N = 30)

SEVERITY OF SYMPTOMS OF PARANOIA	ADOLESCENTS GROUP	
	n	%
Average	21	70
Mild elevated	8	26.7
Moderate	1	3.3
High	0	0
Severe	0	0
TOTAL	**30**	**100**
MEAN	19.83	
STANDARD DEVIATION	7.202	

Frequency and percentage wise distribution of the severity of symptoms of paranoia among the adult group.

(N = 30)

SEVERITY OF SYMPTOMS OF PARANOIA	ADULT GROUP	
	n	%
Average	6	20
Mild elevated	21	70
Moderate	3	10
High	0	0
Severe	0	0
TOTAL	**30**	**100**
MEAN	28.13	
STANDARD DEVIATION	8.102	

Association between the level of severity of symptoms of paranoia among the adolescents with selected demographic variables
 (N=30)

SL. NO	DEMOGRAPHIC VARIABLES	SEVERITY OF SYMPTOMS OF PARANOIA						Chi-square X^2 and P-Value
		ADOLESCENTS						
		AVERAGE		MILD		MODERATE		
		N	%	N	%	N	%	
1	**Age**							CONSTANT
	12-18	21	100	8	100	1	100	
	19-25	0	0	0	0	0	0	
	26-32	0	0	0	0	0	0	
	32-40	0	0	0	0	0	0	
2	**Gender**							X^2=1.301 Df=2 p =0.522 NS
	Male	12	57.1	4	50	0	0	
	Female	9	42.9	4	50	1	100	
3	**Religion**							X^2=1.58 Df=4 p =0.812 NS
	Hindu	16	76.2	7	87.5	1	100	
	Muslim	2	9.5	1	12.5	0	0	
	Christian	3	14.3	0	0	0	0	
4	**Educational status**							X^2=3.91 Df=6 p =0.688 NS
	Illiterate	1	4.8	0	0	0	0	
	Primary	5	23.8	0	0	0	0	
	secondary	14	66.7	8	100	1	100	
	Degree	1	4.8	0	0	0	0	
5	**Marital status**							CONSTANT
	Married	0	0	0	0	0	0	
	Unmarried	21	100	8	100	1	100	
	Widow	0	0	0	0	0	0	
6	**Type of marriage**							CONSTANT
	Consanguineous marriage	0	0	0	0	0	0	
	Non consanguineous marriage	0	0	0	0	0	0	
7	**Number of children**							CONSTANT
	Only one child	0	0	0	0	0	0	
	2-3 child	0	0	0	0	0	0	
	No child	0	0	0	0	0	0	
8	**Type of family**							X^2=1.33 Df=4 p =0.856 NS
	Nuclear family	11	52.4	5	62.5	1	100	
	Joint family	10	47.6	3	37.5	0	0	
9	**Living status**							**X^2=8.57 Df=4 p =0.002 *S**
	Alone	1	4.8	0	0	0	0	
	With parents	16	76.2	8	100	1	100	
	With family members	4	19	0	0	0	0	

10	Occupational status							X²=3.705 Df=6 p =0.716 NS
	Public sector	1	4.8	0	0	0	0	
	Private sector	2	9.5	0	0	0	0	
	Unemployed	7	33.3	5	62.5	0	0	
	Studying	11	52.4	3	37.5	1	100	
11	**Family income**							**X²=8.85 Df=4 p =0.035 *S**
	2000- 10000	12	57.1	4	50	0	0	
	10000- 20000	8	38.1	2	25	0	0	
	20000- 30000	1	4.8	2	25	1	100	
	30000 above	0	0	0	0	0	0	
12	**Socio economic status**							X²=1.925 Df=2 p =0.382 NS
	Low socio economic status	10	47.6	2	25	0	0	
	Middle class FCC family	11	52.4	6	75	1	100	
	High sociology economic status	0	0	0	0	0	0	
13	**Residency**							X²=2.845 Df=2 p =0.241 NS
	Rural	21	100	7	87.5	1	100	
	Urban	0	0	1	12.5	0	0	
14	**Health status**							CONSTANT
	Healthy	21	100	8	100	1	100	
	Unhealthy	0	0	0	0	0	0	

*-p < 0.05 significant, , NS-Non significant

The demographic variable **Age of the adult and adolescents, Socio economic status** and **Health status** had shown statistically significant association between level of severity of symptoms of paranoia among the adult group with selected demographic variables.The other demographic variables had not shown statistically significant association between level of severity of symptoms of paranoia among the adult group with selected demographic variables.

V.   CONCLUSION:

A descriptive study to conduct the comparative study to assess the severity of paranoia symptoms among the adolescents vs adult at kalitheerthalkuppam , Puducherry. The finding of the study to revealed that out of 30 adolescents sample and 30 adult sample, in adolescents groups 21 (70%) had Average level of severity of symptoms of paranoia, 8 (26.7%) had Mild elevated level of severity of symptoms of paranoia and 1(3.3%) had Moderate level of severity of symptoms of paranoia, and in adult groups 21(70%) had Mild elevated level of severity of symptoms of paranoia, 6(20%) had Average level of severity of symptoms of paranoia and 3(10%) had Moderate level of severity of symptoms of paranoia.

IMPLICATION OF THE STUDY
The study had implication for nursing practice, nursing education, nursing administration, and nursing research.

NURSING PRACTICE:
This study emphasis in improving the knowledge of symptoms through educative
measures.
More knowledge regarding symptoms of paranoia will help for early
NURSING EDUCATION:
Nurse educator should emphasize more on preparing adolescents and adult for health information regarding paranoia.
The study has clearly proved that questionnaire was helpful in identify the severity of paranoia symptoms among adolescents and adult.
NURSING ADMINISTRATION:
Nurse as an administrator should take limitation in formulating policies and protocols for health teaching.

The nursing administration should motivate the subordinate for participating in various

NURSING RESEARCH:
There is a good scope for nurse to conduct research in this area, to find out the effectiveness of various teaching strategy to educate the teachers and the parents
The research study can be made by further implication of the study.
Can be used for evidence based nursing practice as a rising trend.

RECOMMEDATIONS:
The study can be conducted to compare the severity of paranoia symptoms among adolescents versus adult.
Comparative study can be done between urban and rural areas.
A quasi experimental study can be conducted with control group for the effective comparison.

BIBLIOGRAPHY
BOOK REFERENCE:
[1]. Basavanthappa B T, 'Text book of nursing education' 1st Ed(2003). New Delhi: Jaypee Brothers Medical Publishers; Page:279-283.
[2]. Yadav Manoj, 'A Text book of child health nursing' 1st Ed(2011).Jalandhar city India: pee publishers; Page: 278-331.
[3]. Lyytinen et al "Reading and reading disorders". In Hoff, Erika. Blackwell Handbook of Language Development. Ulla (2007), Page No. 454– 474.
[4]. Patricia. A. Potter et al, **"Basic Nursing Theory and Practice"**, (1995) Mosby publication, India, 8th edition, Pp-255 to 256.
[5]. Polit. D.F. Hungler Bp, **"Essentials Of Nursing Research"**, (1999), JB Lippincot company, Philadelphia, 16th edition, Pp- 40 to 43.
[6]. Potter and Perry, **"Clinical Nursing Skills And Techniques"**, (1990),The C.V. Mosby Company, 2nd edition, Pp-89 to 92.
[7]. Sharma R.N, **"Methodology Of Education Research"**, (1993), Surjeet Publication, 1st edition, Pp- 253 to 258.

JOURNAL REFERENCE:
[8]. WHO (1990) Composite International Diagnostic Interview (CIDI) Version 1.0. World Health Organization, Geneva: Switzerland.
[9]. Barrowclough C, Tarrier N, Humphreys L, Ward J, Gregg L, Andrews B (2003) Self-esteem in schizophrenia: relationships between self-evaluation, family attitudes, and symptomatology. J Abnormal Psychic 112:92–99
[10]. Guillon MS, Crocq MA, Bailey PE (2003) The relationship between self-esteem and psychiatric disorders in adolescents. Eur Psychiatry 18:59–62.
[11]. Lewis A. Paranoia and paranoid: a historical perspective. Psychic Med 1970; 1: 2–12.
[12]. D, Garety P, Fowler D, Kuipers E, Dunn G, Bebbington P, Hadley C (1998) The London-East Anglia randomized controlled trial of cognitive-behavior therapy for psychosis. IV: Self-esteem and persecutory delusions. Br J Cling Psychic 37(4):415–430.
[13]. Bentall RP, Kaney S (2005) Attributional lability in depression and paranoia. Br J Clin Psychol 44:475–488.

Net REFERENCE:
[14]. www.nationalinstituteofhealth.com
[15]. www. ncbi. nlm. nih.gov/pubmed/20375293 & 19626813
[16]. www.en.wikipedia.org/wiki/Anxiety.
[17]. www.ijrpbsonline.com
[18]. http://shhoc@hkucc.hku.hk
[19]. www.medknow.com
[20]. http://www.sciencedirect.com/science/article/pii/0885200694900183