

# ***Abstract***

## ***Background***

Social anxiety disorder (SAD) is common in first episode psychosis (FEP) subjects, and has been shown to adversely affect the prognosis of the illness. However, the origins of SAD symptoms in psychosis appear to be multifactorial, and different models have been proposed to explain for the increased prevalence of SAD in FEP subjects.

## ***Objectives***

1. To detect the prevalence of social anxiety disorder (SAD) in stable first episode psychosis subjects
2. To explore the relationship between SAD symptoms and positive and negative symptoms of psychosis
3. To determine the relationship between SAD symptoms and perceived stigma and shame associated with psychosis

***Methods*** 121 subjects were recruited from 2 specialist clinics serving patients aged

15-64 with first episode psychosis. Information regarding socio-demographic variables of subjects, severity of psychotic and social anxiety symptoms and perceived stigma associated with psychosis were collected by means of chart reviews, standardized questionnaires and semi-structured interviews.

Cross-sectional analyses were performed to examine the association between 1. social anxiety symptoms and psychotic symptoms, and 2. social anxiety symptoms and perceived stigma or shame associated with psychosis. A multivariate model was used to investigate the potential correlates among SAD symptoms in FEP subjects.

**Results** 17.4% of all recruited subjects suffered from SAD. SAD was found to be associated with depressive symptoms. In bivariate analysis, no association was found between SAD symptoms and positive psychotic symptomology. After accounting for depressive symptoms, SAD symptoms (both performance and interaction anxiety) were found to be positively correlated with high perceived stigma and shame associated with psychosis (Pearson's  $r=0.4-0.5$ ). The "self deprecation caused by psychiatric code" subscale of Perceived Psychiatric Stigma Scale (PPSS), depressive symptoms and negative symptoms were associated with SAD symptoms in the multiple regression model.

***Conclusion*** The prevalence of SAD among FEP subjects was higher than that among community samples. The increase in perceived stigma and shame were associated with an increase in social anxiety symptoms in stable FEP subjects. Further research is needed to explore the underlying mechanisms that mediate the observed association between perceived stigma and SAD symptoms in people with psychosis within different clinical and cultural contexts.