

# Schizophrenia: Improving Functional Outcomes

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# Where it all began





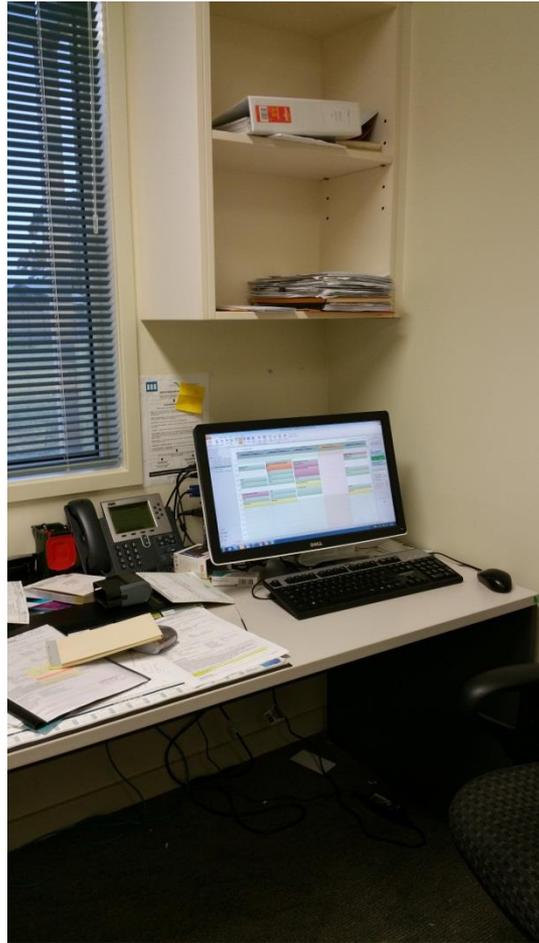
# NEUROPSYCHIATRIC HOSPITAL

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# Schizophrenia: Psychosocial Implications

- ▶ A major mental illness
  - ▶ Mainly chronic in nature
  - ▶ With potential debilitating consequences
  - ▶ Influences all the aspect of the affected person
  - ▶ Ranked amongst the 10<sup>th</sup> illnesses contributing to the global burden of disease by WHO
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# Implications

- ▶ **Primary**
  - Psychosocial dysfunction
  - Finances
  - Employment
  - Accommodation/homelessness/vagrancy
  - SUD
- ▶ **Secondary**
  - Family dysfunction

- ▶ Finances
    - Tangible
    - Intangible
  - ▶ Loss of productivity
  - ▶ Stigma
    - Cultural alienation
    - Limited opportunities
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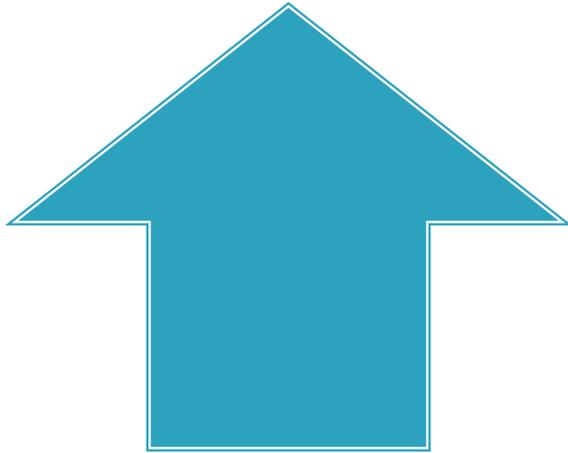
# Everyday experiences

- ▶ Clinical outcomes are poor ; including
  - ▶ High relapse rates
  - ▶ Partial/non adherence to medication
  - ▶ Loss of self esteem/demoralization
  - ▶ Social isolation
  - ▶ Impact on family and carers
  - ▶ Financial burden on the society
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# Long-term Outcomes

- ▶ Variable
  - ▶ The rule of 25%
  - ▶ Patients respond well to treatment but frequently relapse
  - ▶ Hence the new concept of Early psychosis
    - DUP
    - Prodromal states
    - Early intervention
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# Optimal long-term outcomes



Increase in:

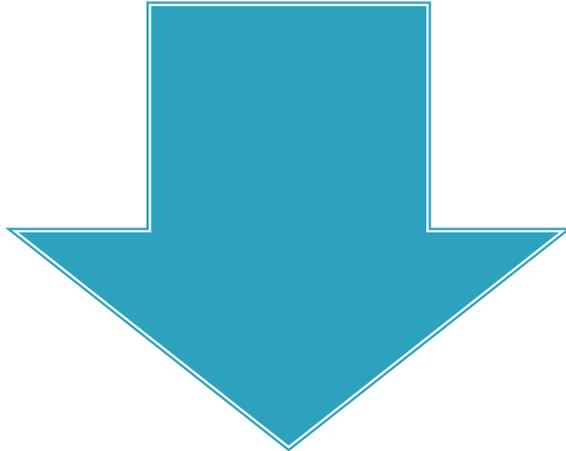
QoL

Patient satisfaction

Social functioning

Relapse prevention

Symptomatic remission



Reduction in:

Symptoms

Relapses

Hospitalization

Impact on family and friends

# Consequences of relapses

- ▶ Each relapse leads to worse outcomes
  - Illness become more resistant to treatment
  - Kindling phenomenon
  - Difficult to establish previous gains
  - Longer hospitalization
  - More strain on resources

# Management

- ▶ Establish diagnosis
  - ▶ Rule out organicity and other cofounding variables
  - ▶ Bio–psycho–social interventions
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# Biological

- ▶ Antipsychotics
  - Golden rule of start low, go slow
  - Select medication based on patient profile
  - Monitor side effects & response
- ▶ Adjuvant treatment
  - Benzodiazepine, Anticholinergic, Mood stabilizers

# Psychosocial interventions

- ▶ Psychological treatment
  - Psycho-education, motivational enhancement, CBT
    - persistent delusions or hallucinations despite adequate trials of antipsychotic medication(resistant psychosis)
  - Social skills training
    - deficits in skills needed for everyday activities
  - Family focussed interventions

# Family focussed interventions

- ▶ Prevent relapse
  - ▶ Promote medication adherence
  - ▶ Promote a supportive family environment
  - ▶ Reduce distress among family members
  - ▶ Develop an appropriate level of patient autonomy
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# Relapse prevention

- ▶ The cornerstone to improving all areas of long-term outcome
- ▶ Strategies
  - Improve compliance
  - Monitor side effects
  - Promote well being
  - Develop EWS/crisis plan

# Improving compliance

- ▶ Address factors that affect compliance
    - Clinician related factors
    - Patient related factors
    - Illness related factors
    - Treatment related factors
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# Impact of psychoeducation on adherence in patient with schizophrenia

Time point	%	Number	%	Number	P Value
At discharge	85	69/81	81	64/79	NS
After 12 months	80	65/81	58	46/79	<.01
After 24 months	80	58/73	55	34/62	<.01

Thank you

