Current Trends in the Management of Schizophrenia

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Summary

Schizophrenia is a common and devastating illness. Patients with schizophrenia may develop many disabilities both due to the disease process as well as due to side effects of the medication used. There are many advances in the treatment of schizophrenia, which can effectively reduce many of these disabilities. Treatment of schizophrenia is a primary health care responsibility and thus all health care personnel need to equip themselves with the latest knowledge on management issues. This article outlines the current management issues in schizophrenia.

Key Words: Schizophrenia, Management, Primary care

Introduction

Schizophrenia is one of the most severe and debilitating forms of mental disorders with lifetime prevalence of around 1% across all populations. It is characterized by a variety of symptoms such as thought disturbances, disturbances in feelings and emotions, hallucinations and delusions. It can also cause cognitive impairments especially in the areas of memory, attention and perception. Positive symptoms in schizophrenia include, thought disorders, hallucinations, delusions and disturbed behaviour. Negative symptoms of schizophrenia include, lack of motivation, reduced speech, social withdrawal and reduced activity. Approximately 10% of people with schizophrenia will die by suicide[1]. Because schizophrenia commonly starts during early adulthood and can be lifelong, it results in significant functional, social and economic impairment[2].

Management of schizophrenia involves, hospitalization, pharmacological, physical, social and psychological measures.

Hospitalization

Hospitalization is mainly for confirming diagnosis, disorganized and inappropriate behaviour, suicidal or homicidal thoughts and behaviour or to stabilize medication. It may be useful as temporary measure for weary and frustrated family members that need to constantly supervise and look after patients. Currently in Malaysia hospitalization would be only at gazetted public hospitals.

Pharmacotherapy

Pharmacotherapy is important in the treatment of schizophrenia but is better enhanced in combination with psychosocial treatment. The

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first neuroleptic or antipsychotic was developed in 1952. The typical or classical antipsychotic drugs are dopamine receptor antagonists, which are effective for treating especially the positive symptoms of schizophrenia but have several shortcomings such as;

- Significant and distressing side effects. The most common of these are akathesia and pseudoparkinsonism. Tardive dyskinesia occurs in about 15 to 20% of patients on long-term treatment and can be lifelong[3].
- Poor compliance to medication leading to frequent relapses and further deterioration of overall functioning
- Poor control of negative symptoms including cognitive impairments.

The atypical antipsychotics or newly developed antipsychotics offer hope as they are effective against a greater number of the varieties of schizophrenia and cause less, if any, extrapyramidal side effects. They are as effective as the typical antipsychotics for the positive symptoms of schizophrenia and also effective for the negative symptoms[4]. Patients report that one of the most distressing side effects of the typical antipsychotics is a feeling that their emotions and cognitions are being dampened and controlled. It is not surprising then that patients on atypical antipsychotics report they feel normal, alive and intelligent again.

In this class are the selective receptor D2 agents, which include Remoxipride (withdrawn from the market in 1994 because of it's propensity to cause aplastic anaemia) and Amisulpiride (awaiting approval for use in Malaysia). The other group is the serotonin-dopamine antagonists and this includes, Clozapine, Risperidone, Olanzepine and Quetiapine (currently in use in Malaysia). Others in the same class, which may later be available, include sertindole and ziprasidone. These drugs may one day replace typical antipsychotics as first-line treatments for schizophrenia.

Management issues in first episode Schizophrenia

Early detection and assertive intervention can improve first episode patients. This is of special concern in countries like ours, where the onset of symptoms and contact with the mental health specialist is often delayed. This is related to the stigma associated with mental illness and it's treatment, as well as local cultural and religious beliefs. Often, first episode schizophrenia, are seen in a specialist setting after they have exhausted all traditional and cultural methods available.

The diagnosis in first episode psychoses is often unclear. Diagnosis of schizophrenia is best made with sufficient longitudinal history. The treatment, appropriately, may focus on behaviours, improvement of function and prevention of relapse.

Electroconvulsive therapy

Electroconvulsive therapy entails passing an electrical current through the brain of a patient under short acting general anaesthesia. Electroconvulsive therapy is reserved for certain phenomenological types of schizophrenia such as, catatonic schizophrenia, schizoaffective disorders and patients who may refuse to cooperate with medication.

Psychosocial therapy

Although pharmacology is important in the treatment of schizophrenia but psychosocial interventions can further enhance the clinical improvement. Thus in managing schizophrenia, the combination of drugs and psychosocial treatment is preferred. Psychosocial therapy entails, psychotherapy, cognitive therapy, family therapy, behaviour therapy and group therapy.

Psychotherapy

The best-studied form of psychotherapy, which can enhance drug treatment in schizophrenia, is supportive psychotherapy. The essential of this

treatment is to form a trusting relationship with the patient and to make him feel comfortable with the therapist. It also focuses on present issues, helping develop social skills, and teaching coping and problem solving techniques. This form of psychotherapy also helps educate the patient regarding his illness, the medication he is taking and ways of preventing a further relapse. Supportive psychotherapy can be conducted by any health care personnel and needs no special training.

Behaviour therapy

Patients with schizophrenia may develop numerous behavioural problems, which may cause concern to the family and the community. Behaviour therapy addresses the patient's abilities and deficits. Token economies are where desired behaviours are reinforced by praise or tokens. These tokens relate to benefits the patient may desire. Many patients lose, due to the illness process, basic social skills, making them unable to function socially. The social skills of patients can be improved or re-taught through role-play, videotape viewing of others or performing assignments.

Cognitive therapy

Cognitive therapy may be used to improve cognitive impairments associated with schizophrenia such as distractability, poor attention and memory impairment. Studies have shown it to also have a significant effect on positive symptoms such as hallucinations and delusions[5].

Family therapy

Families play a big role in helping to reduce relapses. Families need to be educated about the illness and taught to identify and avoid problem situations. Families are in a pivotal position to discern signs and symptoms of an impending relapse and thus prevent them from being full-blown. Studies show that high expressed emotion (includes, critical comments, hostility and over-involvement) among family members can increase the risk of relapses[6]. Family therapy is effective in reducing expressed emotion[7].

Families also need help with their own personal emotional response to their relative's illness and may benefit from techniques in stress management, and coping strategies. They will also benefit from support groups for family members that can help share experiences and discharge emotions. These groups may also later be empowered to champion the rights of the mentally ill and help to destigmatise mental illness.

Group therapy

People with schizophrenia can reduce social deprivation and isolation, improve relationships and seek solutions for their problems through group therapy conducted in a supportive way.

References

1. Caldwell CB, Gottesman JI. Schizophrenia: a high risk factor for suicide: clues to risk reduction. Suicide Life Threat Behav 1992; 22: 479-93.
2. Seigfried K. First-Episode Schizophrenia: the importance of early intervention and subjective tolerability. J Clin Psychiatry 1999; 0[suppl 23]: 5-9.
3. Casey DE. Tardive Dyskinesia. In: Psychopharmacology. The Third Generation of Progress, H. Y. Meltzer (ed.). New York: Raven. 1987: 1411-20.
4. Kaplan HI, Sadock BJ. Schizophrenia. In: Synopsis of Psychiatry (8th ed.). Baltimore: Williams & Wilkins, 1998; 456-91.
5. Tarrier N, Yusupoff L, Kinney C, *et al.* Randomised controlled trial of intensive cognitive behaviour therapy for patients with chronic schizophrenia. British Medical Journal 1998; 1; 317(7154): 303-7.
6. Vaughn CE, Leff JP. Influence of family and social factors on the course of psychiatric illness. British Journal of Psychiatry 1976;129: 125-37.
7. Tarrier N, Barrowclough C, Vaughn C, *et al.* The community management of Schizophrenia. British Journal of Psychiatry 1988;153: 532-42.

MCQs on Current Trends in the Management of Schizophrenia

1. Risk of suicide among patients with schizophrenia is
   A. 8%
   B. 11%
   C. 10%
   D. 20%
   E. 15%

2. Negative symptoms of schizophrenia include
   A. disorganized speech
   B. violent behaviour
   C. social isolation
   D. hallucinations
   E. persecutory delusions

3. Typical antipsychotic medication may cause all except
   A. tardive dyskinesia
   B. relief of negative symptoms
   C. akathesia
   D. relief of positive symptoms
   E. poor compliance to medication

4. Electroconvulsive therapy is useful for
   A. catatonic schizophrenia
   B. paranoid schizophrenia
   C. chronic schizophrenia
   D. all of the above
   E. none of the above

5. The following is false regarding expressed emotion among families of patients with schizophrenia
   A. Includes over-involvement by the family in patients affairs
   B. Increase chances of a relapse
   C. Is amenable to family therapy
   D. Includes critical comments on the part of the family
   E. Cannot be reduced by any means