



ORIGINAL ARTICLE

Efficacy of a family intervention programme for prevention of hospitalisation in patients with schizophrenia. A naturalistic multicenter controlled and randomised study in Spain[☆]



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KEYWORDS

Family intervention;
Psychosocial
treatments;
Schizophrenia

Abstract

Background: According to most relevant guidelines, family psycho-educational interventions are considered to be one of the most effective psychosocial treatments for people with schizophrenia. The main outcome measure in controlled and randomised studies has been the prevention of relapses and admissions, and encouragement of compliance, although some questions remain about its applicability and results in clinical practice.

Objectives: The aim of this study was to evaluate the efficacy and implementation of a single family psychoeducational intervention in 'real' conditions for people diagnosed with schizophrenia.

Methods: A total of 88 families were randomised in two groups. The family intervention group received a 12 months psychoeducational treatment, and the other group followed normal standard treatment. Assessments were made at baseline, at 12 and at 18 months. The main outcome measure was hospitalisation, and secondary outcome measures were clinical condition (BPRS-E) and social disability (DAS-II).

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PALABRAS CLAVE

Intervención familiar;
Tratamientos
psicosociales;
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Results: A total of 71 patients finished the study (34 family intervention group and 37 control group). Patients who received family intervention reduced the risk of hospitalisation by 40% ($p = .4018$; 95% CI: 0.1833–0.6204). Symptomatology improved significantly at 12 months ($p = .4018$; 95% CI: 0.1833–0.6204), but not at 18 months ($p = .4018$; 95% CI: 0.1833–0.6204). Social disability was significantly reduced in the family intervention group at 12 months and 18 months.

Conclusions: Family psychoeducational intervention reduces hospitalisation risk and improves clinical condition and social functioning of people with schizophrenia.

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Eficacia de un programa de intervención familiar en la prevención de hospitalización en pacientes esquizofrénicos. Un estudio multicéntrico, controlado y aleatorizado en España

Resumen

Introducción: Numerosos estudios internacionales han mostrado la eficacia de las intervenciones familiares psicoeducativas en la prevención de recaídas de personas con esquizofrenia. Aún existe controversia sobre los resultados en variables de carácter clínico y funcional, así como su aplicabilidad en la práctica clínica habitual.

Objetivos: Evaluar la eficacia y la aplicabilidad de un programa de intervención unifamiliar, en comparación con el tratamiento habitual, en una muestra ambulatoria de pacientes con esquizofrenia, durante un periodo de 18 meses.

Metodología: Ochenta y ocho familias fueron aleatorizadas en 2 grupos. El grupo experimental ($n = 44$) recibió un programa de intervención familiar durante 12 meses. El grupo control ($n = 44$) mantuvo su tratamiento habitual. Se realizaron evaluaciones en el momento inicial, a los 12 meses y a los 18 meses. La medida principal de resultado fue el número de hospitalizaciones, y como medidas secundarias se utilizaron la gravedad de la sintomatología clínica (BPRS) y el funcionamiento social (DAS II).

Resultados: De los 88 pacientes reclutados, 74 completaron la evaluación a los 12 meses y 71 la evaluación final a los 18 meses. Los pacientes que siguieron intervención familiar redujeron un 40% el riesgo de hospitalización respecto a los pacientes que se mantuvieron con tratamiento habitual ($p = 0,4018$; IC 95%: 0,1833–0,6204). La sintomatología clínica mostró una mejoría significativa a los 12 meses ($p = 0,0046$) que dejó de serlo a los 18 meses ($p = 0,4397$). El nivel de discapacidad también se redujo de forma significativa, tanto a los 12 ($p = 0,0511$) como a los 18 meses ($p = 0,0001$) en el grupo tratado respecto al control.

Conclusiones: Las intervenciones familiares psicoeducativas reducen el riesgo de hospitalización y mejoran el estado clínico y el funcionamiento social de las personas con esquizofrenia. © 2013 SEP y SEPB. Publicado por Elsevier España, S.L.U. Todos los derechos reservados.

Introduction

Family psychoeducational interventions (FPI) are one of the most common and scientifically supported psychosocial treatments for patients with severe mental disorders.¹ During the last 2 decades, there have been several systematic reviews that demonstrated its efficacy,^{2–4} and they are recommended by the main Clinical Practice Guidelines and Consensus Documents for the treatment of schizophrenia.^{5–7}

The conclusions of the last review conducted by the Cochrane Collaboration, which includes a total of 44 clinical trials carried out between 1988 and 2009 on 5142 participants, show that family psychoeducational intervention programmes, structured in sessions with a minimum duration of 3 months, reduce the short and long-term relapse and hospitalisation rate, and improve compliance. As to clinical symptoms, results are still controversial. Also, there is no

consistency among obtained results regarding the improvement of social functioning, life quality or stigma.⁸

After more than 3 decades of research and accumulated experience on these interventions, there are still some essential aspects regarding their efficacy and effectiveness, which are yet to be clarified. Which are their essential elements? Which intervention methods or forms are more cost-effective? Are their effects long-lasting? Is it possible to replicate, in the everyday practice, the results obtained in controlled studies, conducted in academic institutions by highly trained and motivated personnel, without the overload of health care network devices? Finally, is it possible to obtain similar results if interventions are carried out by relatives or patients themselves?

Up to date, several controlled studies on the efficacy of psychoeducational interventions have been conducted in Spain, but generally with small samples, in specialised

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