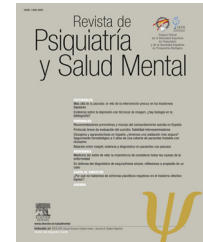


Revista de Psiquiatría
y Salud Mentalwww.elsevier.es/saludmental

ORIGINAL ARTICLE

Adherence predicts symptomatic and psychosocial remission in schizophrenia: Naturalistic study of patient integration in the community[☆]Miguel Bernardo^{a,b}, Fernando Cañas^c, Berta Herrera^{d,*}, Marta García Dorado^d^a *Barcelona Clinic Schizophrenia Unit, Neuroscience Institute, Hospital Clinic of Barcelona, Department of Psychiatry and Clinical Psychobiology, University of Barcelona, Institut d'Investigacions Biomèdiques August Pi i Sunyer (IDIBAPS), Barcelona, Spain*^b *Centro de Investigación Biomédica en Red de Salud Mental (CIBERSAM), Barcelona, Spain*^c *Hospital Dr. Rodríguez Lafora, Madrid, Spain*^d *Medical Affairs Department, Janssen-Cilag, S.A., Madrid, Spain*

Received 13 July 2015; accepted 21 April 2016

KEYWORDSSchizophrenia;
Adherence;
Psychosocial
remission;
Community
integration;
Psychosocial
functioning**Abstract**

Introduction: Psychosocial functioning in patients with schizophrenia attended in daily practice is an understudied aspect. The aim of this study was to assess the relationship between symptomatic and psychosocial remission and adherence to treatment in schizophrenia.

Methods: This cross-sectional, non-interventional, and multicenter study assessed symptomatic and psychosocial remission and community integration of 1787 outpatients with schizophrenia attended in Spanish mental health services. Adherence to antipsychotic medication in the previous year was categorized as $\geq 80\%$ vs. $< 80\%$.

Results: Symptomatic remission was achieved in 28.5% of patients, and psychosocial remission in 26.1%. A total of 60.5% of patients were classified as adherent to antipsychotic treatment and 41% as adherent to non-pharmacological treatment. During the index visit, treatment was changed in 28.4% of patients, in 31.1% of them because of low adherence (8.8% of the total population). Adherent patients showed higher percentages of symptomatic and psychosocial remission than non-adherent patients (30.5 vs. 25.4%, $p < 0.05$; and 32 vs. 17%, $p < 0.001$, respectively). Only 3.5% of the patients showed an adequate level of community integration, which was also higher among adherent patients (73.0 vs. 60.1%, $p < 0.05$).

Conclusions: Adherence to antipsychotic medication was associated with symptomatic and psychosocial remission as well as with community integration.

© 2016 SEP y SEPB. Published by Elsevier España, S.L.U. All rights reserved.

[☆] Please cite this article as: Bernardo M, Cañas F, Herrera B, García Dorado M. La adherencia predice la remisión sintomática y psicossocial en esquizofrenia: estudio naturalístico de la integración de los pacientes en la comunidad. Rev Psiquiatr Salud Ment (Barc). 2016. <http://dx.doi.org/10.1016/j.rpsm.2016.04.001>

* Corresponding author.

E-mail address: bherrer1@its.jnj.com (B. Herrera).

PALABRAS CLAVE

Esquizofrenia;
Adherencia;
Remisión psicossocial;
Integración
comunitaria;
Funcionamiento
psicossocial

La adherencia predice la remisión sintomática y psicossocial en esquizofrenia: estudio naturalístico de la integración de los pacientes en la comunidad

Resumen

Introducción: El funcionamiento psicossocial en pacientes con esquizofrenia que son atendidos en la práctica diaria es un aspecto que no está suficientemente estudiado. El objetivo de este estudio fue evaluar la relación entre la remisión sintomática y psicossocial y la adherencia al tratamiento en esquizofrenia.

Métodos: Este estudio transversal, no intervencionista y multicéntrico evaluó la remisión sintomática y psicossocial y la integración comunitaria de 1.787 pacientes ambulatorios con esquizofrenia atendidos en servicios de salud mental españoles. La adherencia a la medicación antipsicótica en el año anterior se dividió en las categorías $\geq 80\%$ y $< 80\%$.

Resultados: La remisión sintomática se alcanzó en el 28,5% de los pacientes, y la remisión psicossocial en el 26,2%. En total, el 60,5% de los pacientes se clasificaron dentro de la categoría de pacientes con adherencia al tratamiento antipsicótico y el 41% dentro de la de pacientes con adherencia al tratamiento no farmacológico. Durante la visita de estudio, se cambió el tratamiento al 28,4% de los pacientes, en el 31,1% debido a la baja adherencia (8,8% de la población total). Los pacientes con adherencia al tratamiento presentaron mayores porcentajes de remisión sintomática y psicossocial que aquellos sin adherencia (30,5 frente al 25,4%, $p < 0,05$; y 32 frente al 17%, $p < 0,001$, respectivamente). Solo el 3,5% de los pacientes presentaron un nivel adecuado de integración comunitaria, que también fue más alta entre los pacientes adherentes (73,0 frente al 60,1%, $p < 0,05$).

Conclusiones: La adherencia al tratamiento antipsicótico se asoció con la remisión sintomática y psicossocial, así como con la integración comunitaria.

© 2016 SEP y SEPB. Publicado por Elsevier España, S.L.U. Todos los derechos reservados.

Introduction

Community integration is a complex concept that encompasses physical, psychological and social dimensions¹ and can be understood from different perspectives. For patients with severe mental illness, community integration is considered not only a challenge and an important goal to achieve but also an essential component of recovery.²

In schizophrenia, complete recovery implies not only the ability to achieve symptomatic remission and prevent relapse³ but also to attain an optimal level of functioning in the community from a social and occupational perspective⁴⁻⁹ (in this respect, Barak and co-workers¹⁰ developed the Psychosocial Remission in Schizophrenia Scale (PSRS), which complements symptomatic assessment of remission). There is increasing evidence concerning the positive effect of vocational rehabilitation programs and integration on the quality of life of patients with schizophrenia.¹¹⁻¹³ Nevertheless, persistence of profound impairments across multiple domains of functioning after clinical stabilization have been described in several studies and settings.¹⁴

Adherence to antipsychotic medication is recognized to be crucial for symptomatic remission and relapse prevention in the treatment of patients with schizophrenia,¹⁵⁻¹⁷ though its importance for psychosocial remission has been much less studied. Related to both symptomatic and psychosocial remission, poor insight has been recognized as a predictor of non-compliance and a risk factor for relapse and, therefore, an impediment to effective patient management.¹⁸

Moreover, impaired insight has also been related to deficits in work function.¹⁹

Despite recent progress in our understanding and management of schizophrenia, there are several areas that remain understudied. On one hand, there is little evidence on the relationship between treatment adherence and psychosocial remission or society integration. This seems incongruent with the increasingly high importance that these factors are given in treatment of schizophrenia. On the other hand, a comprehensive assessment of psychosocial functioning in patients with schizophrenia attended in daily practice conditions, using specific rating scales, remains understudied and underutilized.²⁰

The present study aimed to address both of these questions and was designed to assess the relationship between symptomatic and psychosocial remission and adherence to antipsychotic treatment in patients with schizophrenia attended in daily practice. We hypothesized that treatment adherence, as opposed to non-adherence, in ambulatory patients with schizophrenia would be associated with higher rates of both clinical and psychosocial remission and patient's integration into society.

Methods**Study design**

An epidemiological, cross-sectional, non-interventional, and multicenter study was designed to assess symptomatic and

Download English Version:

<https://daneshyari.com/en/article/8816354>

Download Persian Version:

<https://daneshyari.com/article/8816354>

[Daneshyari.com](https://daneshyari.com)