Schizophrenia Relapse Reduction Program

Schizophrenia and Relapse: Key Issues and Concerns for Hospital Team Members

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Schizophrenia is a chronic, relapsing, and disabling disorder characterized by recurrent episodes of psychosis marked by symptoms such as hallucinations, disorganized thinking, affective flattening, apathy, and social withdrawal.\textsuperscript{1}

Relapse in schizophrenia is often defined as worsening of symptoms or rehospitalization.\textsuperscript{2}

**Reducing Relapse**  
A Critical Objective

- Relapse may result in a decreased response to medication, worsening symptoms, failure to recover to the same degree of baseline functioning the patient had previously, and increased time to remission\textsuperscript{1-6}
- Past relapses may predict an increased risk of future relapses and higher costs\textsuperscript{7,8}
- The risk of relapse is great, with the 1-year rate as high as 50% and the 5-year rate as high as 80\%\textsuperscript{2,9}

**Potential Ways to Help Reduce Relapse**

Along with psychosocial interventions such as family and community interventions and cognitive behavior therapy, the basis of treatment for schizophrenia is antipsychotic medication\textsuperscript{10}:

- Treatment guidelines recommend indefinite maintenance of antipsychotic medication for patients who have had multiple prior episodes or 2 episodes within 5 years
- Antipsychotic medications substantially reduce the risk of relapse in the stable phase of illness
- Treatment goals focus on eliminating symptoms, maximizing quality of life and functioning, and preventing relapse
- Patients with recurrent relapse related to low adherence are candidates for a long-acting injectable (LAI) antipsychotic medication

**Medication Adherence Is Key to Relapse Reduction**

- Low adherence is prevalent in patients with schizophrenia. In an analysis of patients in a large commercial database, 73\% were identified as having low adherence (as defined by a Medication Possession Ratio of <70\%)\textsuperscript{12}
- Low adherence resulting in even a few days’ gap in therapy increases the risk of rehospitalization\textsuperscript{13}

In 2010, there were over 397,000 hospital stays for schizophrenia and other psychotic disorders and of those, approximately 1 in 4 (22\%) were readmitted within 30 days.\textsuperscript{3}

LAs may reduce the risk of relapse. Even though the relapse criteria varied, a meta-analysis revealed that fewer patients taking LAs (22\%) relapsed as compared with those taking oral medications (33\%).\textsuperscript{11}

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A therapy gap of 1-10 days almost doubled the risk of hospitalization, a gap of 11-30 days nearly tripled the risk, and a gap of more than 30 days nearly quadrupled it.\textsuperscript{13} 

\textit{a} All pairwise comparisons were significant at $P<0.005$.

### Ensuring Patient Continuity of Care through Careful Discharge Planning

A recent study showed that about 40\% of patients with schizophrenia did not receive outpatient treatment within one month of hospital discharge.\textsuperscript{14}

Hospital discharge planning with a focus on continuity of care should begin as soon as the patient arrives and regularly updated during the duration of the inpatient stay.\textsuperscript{15} This may include coordination with multiple outpatient services: individual and group counseling; relapse-prevention groups; substance abuse self-help groups; a community mental health center (CMHC) or other outpatient facility; and primary care physician (PCP) appointments, especially for patients with comorbidities.\textsuperscript{15,16}

Bridging the gap between inpatient treatment and the patient’s first outpatient appointment is important because patients are vulnerable to relapse and need support in adjusting to community life.\textsuperscript{10} Members of the hospital and CMHC treatment teams should jointly participate in the hospital discharge-planning process to help ensure continuity of care for the patient.\textsuperscript{17}

### Some Key Considerations for Continuity of Care for Inpatient and Outpatient Treatment Teams

- Discharge-plan protocols include patient and caregiver participation and patients receive a written discharge summary\textsuperscript{15}

- The patient’s first postdischarge appointment is made prior to discharge\textsuperscript{15}

- The medication list is evaluated upon admittance; medications started, changed, or discontinued during stay are documented; and medications to be continued upon discharge are noted\textsuperscript{18}

- The patient has adequate community resources and support systems in place, including housing and transportation to the place of discharge and the next appointment\textsuperscript{15}

- Contact with outpatient team, including social worker and case manager who will be caring for the patient, is maintained throughout treatment

- Patient contact information is provided to all treatment team members
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Hospital team members should be cognizant of issues relating to schizophrenia and risk of relapse and rehospitalization. Prevention of future relapse is a crucial goal of long-term therapy.

References: