FRAMEWORKS in Health and Quality

Schizophrenia Relapse Reduction Program

Fictional Case Study in Schizophrenia:

Long-acting Injectable Antipsychotics as a Treatment Option—Jenny

This patient case study is for illustrative purposes only, fictional, and does not reflect the experience of any particular patient.

Jenny's Profile

- 25 year old female
- Both parents worked full time when she was a child
- Often supervised by her grandparents who lived next door

Background

Jenny is a 25-year-old female. When she was younger, both parents worked full time, so Jenny was often supervised by her grandparents, who lived next door and watched her after school. Around the age of 15, Jenny began to consistently stay up very late and sleep into the afternoon instead of going to school. Her family knew little about what occupied her so late, but tolerated her behavior because she seemed so quiet.

Jenny became reclusive, expending an inordinate focus on studying the stars. Her fixation on astronomy gradually replaced her interest in school, sports, and friends. Ultimately, she stopped going to school altogether.

After Jenny's grandmother died of a heart attack, her mother noted how much time her daughter spent alone. One day, Jenny told her mother that the death of her grandmother was her fault. She then walked back to her room without emotion. The family's concern over this statement, combined with Jenny's worsening self-care and reclusiveness, led them to seek help.

Diagnosis and Treatment

They consulted with a mental health professional who recommended hospitalization. In the hospital, Jenny received a diagnosis of psychosis, not otherwise specified, and was started on an oral antipsychotic. Her symptoms dissipated and self-care returned to normal. However, Jenny discontinued her medications 2 weeks after discharge.

During the succeeding year, Jenny was hospitalized 3 more times and was diagnosed with schizophrenia. She began another oral medication and a

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day treatment program through a community mental health center. Each time she eventually discontinued her medications within a few weeks of discharge.

Long-acting Injectable (LAI) Offered as a Treatment Option

Jenny was referred to assertive community treatment, known as ACT, which included psychotherapy, and was assigned to a treatment team and case manager who monitored her on a flexible basis at home. Her treatment team offered a treatment option of a long-acting injectable (LAI) antipsychotic. Jenny refused, stating she was on an oral antipsychotic and did not need something so severe. Jenny's treatment adherence became sporadic. She began to develop delusional systems related to her home, believing that her mother was poisoning the food and that her brother was engaging in ritualistic acts.

Over the course of 3 months in ACT, her symptoms improved slightly and Jenny began to understand the connection between accepting treatment and staying out of the hospital. However, the delusions regarding her brother returned. The delusions stemmed from her resentment toward her brother as she believed he was their parents' favorite. Her treatment team again offered an LAI antipsychotic. This time, Jenny accepted the offer.

Partial compliance resulting in even a few days' gap in therapy increases the risk of rehospitalization.[1]

Discussion Considerations

- Within your organization, what do you see as the major barriers to improving management of patients with schizophrenia?
- Are there specific organizational needs related to improving antipsychotic adherence for patients with schizophrenia?

This resource is provided for informational purposes only and is not intended as reimbursement or legal advice. You should seek independent, qualified professional advice to ensure that your organization is in compliance with the complex legal and regulatory requirements governing health care services, and that treatment decisions are made consistent with the applicable standards of care.

Reference: 1. Weiden PJ, Kozma C, Grogg A, Locklear J. Partial compliance and risk of rehospitalization among California Medicaid patients with schizophrenia. *Psychiatry Serv*. 2004;55(8):886-891.

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