FRAMEWORKS
in Health and Quality

Schizophrenia Relapse Reduction Program

Fictional Case Study in Schizophrenia:

Long-acting Injectable Antipsychotics as a Treatment Option—Anton

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

Anton's Profile

- 19 year old
- College freshman
- Developed a reversed sleep-wake cycle

Background

Anton is a 19-year-old college freshman with no personal or family history of mental health problems. During the fall semester, Anton's parents noticed a steady decline in the frequency of his phone calls to them, as well as repeated failure to return their calls. His roommate noted that Anton developed a reversed sleep-wake cycle, spending most nights on his computer writing notes about unknown topics and sleeping until early afternoon instead of attending classes. One day, the roommate discovered Anton had written a number of nonsensical equations in marker on their wall.

The following night, Anton visited the local municipal government building where he left a threatening note to officials signed with his name. He then sat on the steps of a nearby building and waited to be arrested. The district attorney's office recognized Anton's illness and facilitated admission to an inpatient unit.

Anton was consistent in his story. He claimed that he had been identified by the CIA and was being recruited as a spy for counter-terrorist activities, and they wouldn't take no for an answer. He stated that he fled the university the day before, hoping to elude the CIA, but that they were following him and signs were everywhere (such as coughing and hand gestures from apparent strangers) that indicated the CIA knew his whereabouts.

Diagnosis and Treatment

In light of a demonstrable delusional system, ideas of reference and apparent response to internal stimuli – in the context of a gradual social/academic decline in a 19 year old – the working diagnosis was first-episode schizophrenia. Anton began psychological intervention and was started on a low-dose, second-generation antipsychotic. Anton voluntarily accepted medication treatment. He responded well, with improvement of symptoms after 2-3 weeks.

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Shortly before discharge, he began to hint at stopping his antipsychotic medication, writing off the incident as a simple case of Anton just not being himself. His clinicians called a family meeting where they discussed the high rate of medication nonadherence after first-episode psychosis. Specific to Anton, they highlighted what he had told them during the admission:

- He objected to having to manage prescriptions, pharmacies, and daily medications
- He had focused on schoolwork and neglected other aspects of his life
- He expressed health privacy issues associated with dorm living

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

Long-acting injectable antipsychotics were presented as an option to Anton and his family. Clinicians noted that utilizing LAIs might help reduce his need to manage prescriptions and to remember to take his medications daily. Additionally, this would address his desire to keep medications out of his dorm room. Finally, in an extensive risk/benefits discussion with Anton, the clinicians noted his potential for relapse and an active criminal charge still pending. Despite this discussion, Anton elected to remain on oral medications.

Anton returned to school following discharge from the hospital. Worried that his roommates would discover his medications, and increasingly preoccupied with the demands of both school and self-care, Anton became more sporadic about refilling his antipsychotics. Subsequently, Anton's parents met with their son and the psychiatrist to resume discussion of the LAI option. Anton acknowledged his discomfort with privacy issues in the dorm and managing daily pill ingestion. He agreed to a trial of LAI therapy that allowed for monthly clinic visits.

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?

Barriers to medication adherence among persons with severe mental illness can include[1]:

- **Delusional thinking**
- **Lack of insight concerning the disorder**
- **Co-occurring substance abuse**
- **Lack of social support**
- **Poor therapeutic alliance**

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. Wilder CM, Elbogen EB, Moser LL, Swanson JW, Swartz MS. Medication preferences and adherence among individuals with severe mental illness and psychiatric advance directives. *Psychiatry Serv.* 2010;61(4):380-385.

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