



## Schizophrenia Relapse Reduction Program



### Case Manager: Reducing Risk of Relapse in People With Schizophrenia

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# Reducing the Risk of Relapse in People With Schizophrenia



Schizophrenia affects roughly

**1.1%**

of the US population

(approximately 2.6 million adults).<sup>3,4</sup>

## Schizophrenia Overview

Schizophrenia is a chronic, relapsing, and disabling disorder. It is characterized by symptoms such as delusions, hallucinations, disorganized thinking, affective flattening, apathy, and social withdrawal.<sup>1</sup>

Abnormalities in sensory processing, learning and memory deficits, and slower processing speed, are also considered to be aspects of schizophrenia affecting relationship development, medication adherence, and employment status.<sup>1</sup>

In addition, your clients with schizophrenia may also present with some of the following comorbidities<sup>2</sup>:

- Cardiovascular disease such as hypertension and hyperlipidemia
- Diabetes, which may be associated with some second-generation antipsychotic medications
- Respiratory disease such as chronic obstructive pulmonary disease (COPD)
- Infectious disease (HIV and hepatitis C) as a result of at-risk behavior
- Other psychiatric disorders including depression, anxiety, and substance use (smoking, alcohol, and other drug use)

## Reducing Relapse — A Critical Objective

Relapse in schizophrenia is often defined as worsening of symptoms or rehospitalization.<sup>5,6</sup> Following each relapse, patients may not return to previous levels of functioning.<sup>7</sup> Reducing the risk of relapse and recurrence is a goal of concomitant psychosocial interventions.<sup>2</sup> A 1-year prospective, observational study found that predictors of subsequent relapse included prior relapse, being medication non-adherent, having health insurance, younger at illness onset, and poorer functional level.<sup>8,9</sup>

## Your Role in Helping to Reduce the Risk of Relapse

As a case manager, you are in a unique position to coordinate, support, educate, and advocate for your clients with schizophrenia, as well as facilitate the care coordination between clients and other members of their treatment team.



**You can help your clients with schizophrenia manage their illness and work toward treatment success by<sup>2</sup>:**

- **Developing a treatment plan and supportive therapeutic alliance with the patient**
- **Promoting and addressing treatment adherence**
- **Educating your clients with schizophrenia and their caregivers**
- **Addressing psychosocial issues**
- **Coordinating care among treatment team members**
- **Ensuring successful transitions of care**

### ■ **Developing a Treatment Plan and Supportive Therapeutic Alliance**

Treatment planning for schizophrenia aims to reduce or eliminate symptoms, maximize adaptive functioning, and promote and maintain recovery as much as possible. The plan should identify the targets of each treatment and be able to measure the effects of the treatment while being realistic in terms of improvement and what is considered successful treatment.<sup>2</sup>

Establishing a supportive therapeutic alliance with your clients may help build trust and help identify their goals and aspirations for treatment as well as any barriers to participating in the treatment plan. Potential barriers may include cognitive impairments, inadequate social resources, and living situation. Periodically evaluating your clients' ability to participate in their treatment and coordinating any additional resources when appropriate may foster the therapeutic alliance.<sup>2</sup>

### ■ **Promoting and Addressing Treatment Adherence**

Medication is an important part of the treatment for schizophrenia. Schizophrenia treatment guidelines recommend indefinite maintenance antipsychotic medication for patients who have had multiple prior episodes or 2 episodes within 5 years. Patients with recurrent relapses related to low adherence are candidates for a long-acting injectable (LAI) antipsychotic medication, as are patients who prefer this mode of administration<sup>2</sup>

Despite the importance of medication, people with schizophrenia often stop taking their medications, miss clinic appointments, fail to report essential information to their providers, and fail to participate in their recommended treatment plan.

**LAI may reduce the risk of relapse. Even though the relapse criteria varied, a meta-analysis revealed that fewer patients taking LAIs relapsed as compared with those taking oral medications (22% vs. 33%).<sup>10</sup>**



**Low medication adherence can result in increased risk of relapse, increased resource use, and increased costs to the health care system.<sup>12</sup>**

## **Medication Adherence Is Critical but Difficult to Achieve**

Low adherence to medication is prevalent in people with schizophrenia. In an analysis of people with schizophrenia in a large commercial database, 73% were identified as having low adherence.<sup>11</sup> Low adherence can result in increased risk of relapse, increased resource use, and increased costs to the health care system.<sup>12</sup>

The most-common reasons for having low medication adherence can include lack of efficacy, worsening symptoms, and side effects.<sup>13</sup> Other reasons include delusional thinking, lack of insight about the disease, co-occurring substance use, and lack of supportive help from family/caregivers and providers.<sup>2</sup>

**You may be able to help promote treatment adherence in people with schizophrenia through the following:**

### **Assess Low Treatment Adherence<sup>2</sup>**

- Determine the level of your client's engagement and motivation to participate in the development and implementation of his or her treatment plan, including trust in his or her treatment team and willingness to share essential information with them
- Assess whether your client with schizophrenia exhibits cognitive impairments, which may affect adherence to treatment
- Assess whether a support system is available, which could include family/caregivers, friends, religious support groups, peer support groups, or other social supports
- Ensure your clients have appropriate transportation to the pharmacy and/or treatment appointments and other services

### **Reduce the Risk of Relapse by Addressing Treatment Adherence Issues<sup>2</sup>**

- Talk to your clients and their family/caregivers about their beliefs related to the need for treatment, risks and benefits of treatment, and social support for promoting adherence
- Encourage your clients to report side effects to the provider prescribing their medication to potentially help them manage or, in some cases, eliminate those effects

- Talk to your clients about their perceived goals for the treatment plan
- Encourage your clients and their family/caregivers to use reminders to stay on track with medications; examples include placing a pillbox in a prominent location in their home or setting an alarm on a watch or phone to remind them to take their medication on time
- Ask your clients about their health insurance and their ability to pay for medications. Share available resources including patient assistance programs

### **Discuss Use of Antipsychotic Medication and Its Role in Reducing Relapse<sup>2</sup>**

- Talk to your clients and their family/caregivers about the importance of staying on antipsychotic medications to potentially reduce the risk of relapse and hospitalization
- Discuss possible side effects associated with antipsychotic medications
- Encourage your clients to talk to their prescribing provider and/or pharmacist about questions or concerns regarding their antipsychotic medications

## **■ Educating People With Schizophrenia and Their Caregivers**

It is important to educate your patients about adherence to therapy and its possible role in relapse reduction.<sup>2</sup> Consider providing them and their family/caregivers with coping strategies for handling treatment issues, including medication side effects and psychosocial issues.<sup>2</sup>

**Members of the treatment team can help educate people with schizophrenia on their disorder and signs of relapse as follows:**

### **Help Clients and Family/Caregivers to Recognize Signs of Relapse<sup>2</sup>**

- Talk to your clients and their family/caregivers about the signs and symptoms that may precede a relapse or signal new or more severe symptoms
- Provide written educational materials about schizophrenia



**It is important to educate your patients about adherence to therapy and its possible role in relapse reduction.<sup>2</sup>**





## ■ Addressing Psychosocial Issues

Treatment plans that combine medications with a combination of various psychosocial services may help reduce the risk of relapse and hospitalization.<sup>2</sup>

**Psychosocial treatment options may need to be tailored to each individual and reassessed periodically during the course of the client's illness in the following ways<sup>2</sup>:**

### **Explore Social Circumstances<sup>2</sup>**

- Ask clients about their living situation, level of family involvement, employment, and relationship status to assess whether they have appropriate social support. Lack of support could have a profound effect

### **Determine Level of Social Functioning and Provide Information About Services<sup>2</sup>**

- Actively work with your clients to address psychosocial issues by coordinating services including social skills training, cognitive behaviorally oriented psychotherapy, and family interventions
- Encourage your clients to get involved in employment programs and social skills training to address functional status and improve illness knowledge

## ■ Coordinating Care Among Treatment Teams to Promote Adherence

Comorbid psychological and medical conditions are common in people with schizophrenia. It is important for all members of the treatment team, including community mental health centers, to coordinate care, including community services and resources. It is also important to communicate with your clients about the importance of concurrent treatment.<sup>2</sup>

### **Promote Access to Community Services and Resources<sup>2</sup>**

- Ensure coordinated, continuous, and comprehensive services are offered by following up with recently discharged clients, addressing living conditions by including information on community housing programs, making sure your clients have appropriate transportation and can get to their appointments on time, and addressing financial issues regarding ability to pay for prescriptions



**Ensure your clients understand the importance of keeping their appointments with various treatment team members for overall health.**

### **Understand Comorbid Psychological and Medical Conditions<sup>2</sup>**

- Discuss overall health concerns and conduct periodic assessments to ensure clients are receiving appropriate treatment for chronic comorbid conditions, such as co-occurring major depression, substance abuse (smoking, alcohol, drug use), cardiovascular disease, diabetes, and infectious diseases
- Address any issues or concerns your clients may have during treatment for comorbid/co-occurring conditions

### **Communicate Importance of Adhering to Concurrent Treatment Plan<sup>2</sup>**

- Ensure your clients understand the importance of keeping their appointments with various treatment team members for overall health
- Follow up with your clients to make sure appointments are kept throughout treatment

Ongoing monitoring and assessment are important to determine if adjustments are necessary to your client's treatment plan and to help potentially reduce their risk of relapse. Some common physical and lab assessments may include<sup>2</sup>:

- Vital signs, body weight/height and BMI
- Blood work (e.g., CBC, lipid panel, electrolytes, renal, liver, and thyroid function tests)
- Drug toxicology screen if clinically indicated
- Imaging studies (e.g., EEG, CT, MRI) if clinically indicated
- Diabetes screening (e.g., fasting blood glucose, hemoglobin A1c)
- Infectious diseases (e.g., syphilis, hepatitis C, HIV) if clinically indicated
- Prolactin

## **■ Ensuring Successful Transition of Care and Utilization of Services**

Detailed and consistent documentation of treatment can be helpful as your clients transition between treatment settings and encounter changing circumstances, including new or worsening symptoms and medication changes. Documenting changes in treatment ensures an accurate history of past and current treatment plans over the course of your client's illness. It is also important to conduct continual assessment and documentation of competency and psychosocial issues.<sup>2</sup>

## Community Services and Resources for People With Schizophrenia<sup>14</sup>

- Short-term educational programs, which provide information about schizophrenia and its treatment, caregiving and management issues, and the mental health system and community resources
- Long-term psychoeducational programs, which offer support, education, and skills training in stress management, communication, and problem solving
- Individual, marriage, family, or group therapy to help patients and their families resolve illness-related concerns and deal with other family issues
- Family support and advocacy organizations, such as NAMI (National Alliance for the Mentally Ill), which offers ongoing support groups and a 12-week Family-to-Family Education Program

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