



Schizophrenia Relapse Reduction Program



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

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Schizophrenia

Chronic, Relapsing, and Disabling

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.³

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.¹

Relapse in schizophrenia is often defined as worsening of symptoms or rehospitalization.²

Reducing Relapse

A Critical Objective



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

- 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 remission⁴⁻⁶
- Past relapses may predict an increased risk of future relapses and higher costs^{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%^{2,9}

Potential Ways to Help Reduce Relapse

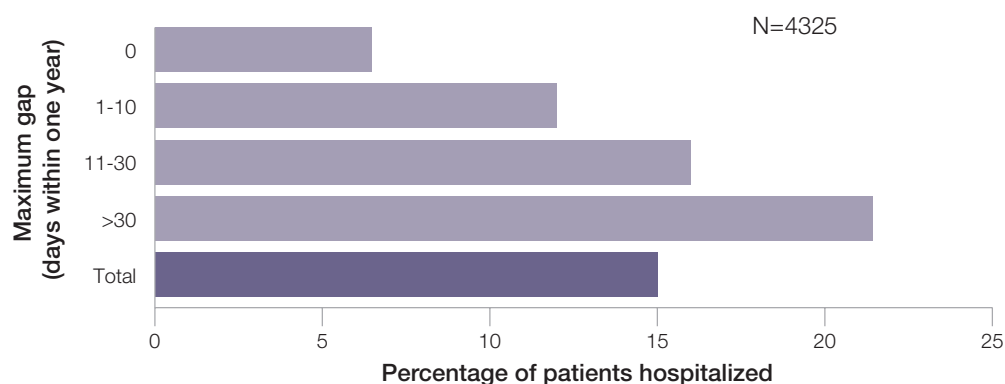
Along with psychosocial interventions such as family and community interventions and cognitive behavior therapy, the basis of treatment for schizophrenia is antipsychotic medication¹⁰:

- 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%)¹²
- Low adherence resulting in even a few days' gap in therapy increases the risk of rehospitalization¹³

Percentage of Patients With Schizophrenia Hospitalized by Maximum Gap in Therapy^{13,a}



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.¹³

^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.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.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.^{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.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.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 summary¹⁵
- The patient's first postdischarge appointment is made prior to discharge¹⁰
- The medication list is evaluated upon admittance; medications started, changed, or discontinued during stay are documented; and medications to be continued upon discharge are noted¹⁸
- The patient has adequate community resources and support systems in place, including housing and transportation to the place of discharge and the next appointment¹⁵
- 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

Schizophrenia and Relapse Reduction

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.

Schizophrenia and Relapse Reduction

Managing Schizophrenia

Reducing Relapses and Rehospitalizations

Addressing Medication Adherence and Appropriate Continuity of Care

Impacting Outcomes

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