



Schizophrenia Relapse Reduction Program



Schizophrenia and Relapse: Key Issues and Concerns for Health Care Providers

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.



Schizophrenia

Enduring and Often Difficult to Manage

Schizophrenia affects roughly

1.1%

of the US population

(approximately 2.6 million adults).^{4,5}

Millions Struggle With the Multiple Challenges of Schizophrenia

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

In Addition to Its Toll on Individuals, Schizophrenia Takes a Toll on the Health Care System

In 2010, there were over 397,00 hospital stays for schizophrenia and other psychotic disorders and of those, approximately 1 in 4 (22%) were readmitted within 30 days.²

The Affordable Care Act (ACA) seeks to improve care coordination and patient safety in the mental health setting.³

Reducing Relapse

A Measure of Treatment Success

The risk of relapse is great, with the 1-year rate as high as 50% and the 5-year rate as high as 80%.^{9,10}

Relapse Can Lead to Functional Decline and Lasting Neurologic Changes

Past relapses may predict an increased risk of future relapses and higher costs.^{6,7} Following each relapse, patients may not return to previous levels of functioning.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%.^{9,10}



There is an unmet medical need due to low adherence to oral medications.¹²

Relapse in schizophrenia can be defined as worsening of symptoms or rehospitalization.^{9,10}

Along with psychosocial interventions such as family and community interventions and cognitive behavior therapy, the basis of treatment for schizophrenia is antipsychotic medication¹¹:

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

Medication Adherence Is Critical but Difficult to Achieve

Low adherence is prevalent in patients with schizophrenia. In one analysis of patients in a large commercial database, 73% were identified as having low adherence (as defined by a Medication Possession Ratio of <70%)¹³:

- Low adherence can result in increased risk of relapse, increased resource use, and increased costs to the health care system¹⁴
- Partial adherence resulting in even a few days' gap in medication therapy increases the risk of rehospitalization¹⁵

The most-common reasons for poor medication adherence include lack of efficacy or symptom worsening and side effects.¹⁶ Other reasons include delusional thinking, lack of insight concerning the disorder, co-occurring substance abuse, and lack of supportive help from family/caregivers and providers. Overcoming these barriers to adherence is important.¹⁷

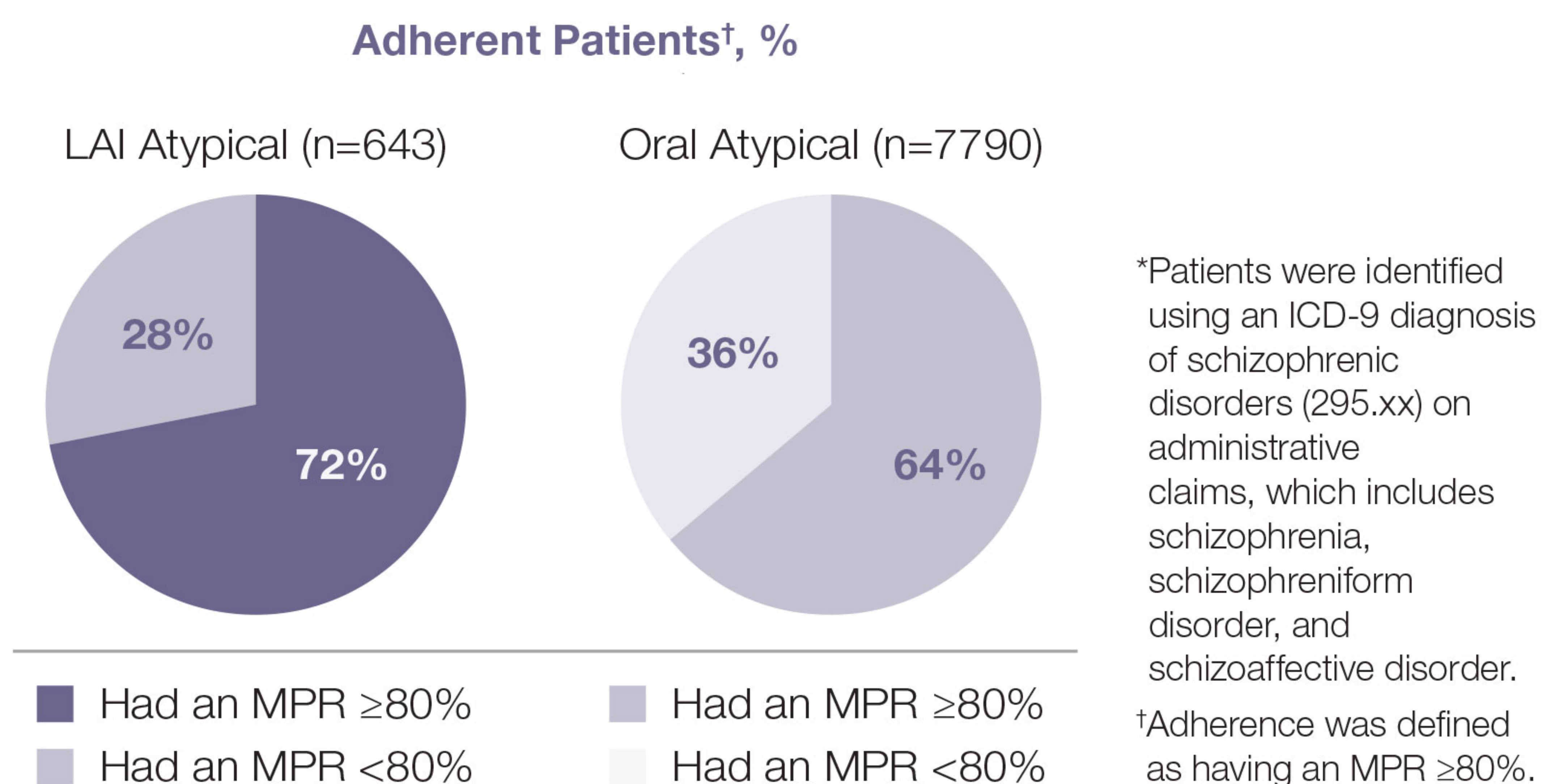
Long-acting Injectables

LAIs 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%).²¹

The development of LAI antipsychotic medications, designed to deliver continuous treatment to patients over an extended period of time, is an approach to address medication adherence in patients requiring maintenance treatment for a chronic and debilitating disorder such as schizophrenia.^{18,19}

Improved Outcomes With LAIs

In a 1-year study of Florida Medicaid patients* with schizophrenia (N=12,032), patients taking atypical LAIs demonstrated better adherence (based on medication possession ratio [MPR]) than patients taking oral atypical antipsychotics.²⁰



The Case for Improvement

Though utilization of behavioral health services has increased over time, a gap still remains. Over 60% of adults with a diagnosable disorder do not receive mental health services.²²

Prevention of future relapse is a crucial goal of long-term therapy. Coordinated efforts between providers, community mental health centers, mental health organizations, and patients and families/caregivers are important.¹¹



Some Key Considerations for Continuity of Care for Health Care Providers

- Treatment planning for patients with schizophrenia includes¹¹:
 - reducing or eliminating symptoms
 - maximizing a patient's quality of life and adaptive functioning
 - promoting and maintaining long-term health
- Early psychosocial and pharmacologic interventions are initiated to potentially reduce the risk of relapse and hospitalization¹¹
- Patients recently hospitalized for schizophrenia should have their first postdischarge appointment scheduled prior to discharge¹¹
- The medication list is evaluated upon admittance; medications started, changed, or discontinued during the hospital stay are documented; and medications to be continued upon discharge are noted²³
- The patient has adequate community resources and support systems in place, including housing and transportation²⁴
- Contact with other outpatient team members, including social workers and case managers, is maintained throughout treatment

Schizophrenia and Relapse Reduction

Managing Schizophrenia

Reducing Relapses

Addressing Medication Adherence

Impacting Outcomes

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