Working with Families of Patients with Schizophrenia: A Rewarding Alternative to Classical Community Care in Developing Countries

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Abstract:

Background: *Schizophrenia is the most common serious mental illness. It imposes a burden not only on the patient, but also on families, the health services, and wider society. It is certainly an expensive illness to treat.* ***Objective:*** *To find out the effect of a comprehensive, family-oriented management on important outcome parameters of schizophrenia; namely social functioning, compliance, relapse and rehospitalization.* ***Methods:*** *The researchers provided a previously designed successful educational package enriched with a section on medication management and compliance to 15 adult patients with schizophrenia and their families over a 2 years' duration. A control group comprising 15 adult patients with schizophrenia was directed to receive the classical available care. Patients of both groups were assessed using PANSS, SFQ, DAI questionnaires as well as employment, relapse and rehospitalization.* ***Results:*** *Using RMANOVA the mean scores of patients in the case group on SFQ total and its subscales, PANSS as well as on DAI at baseline and at the end of the study were compared with the corresponding mean scores of patients in the control group. A highly significant increase in total scores of social functioning (P = 0.01) and in the responsibility subscale (P = 0.006) was obtained. Also, DAI scores showed a very highly significant increase (F = 15.23; d.f. = 1; P = 0.001) which indicates that family education and counseling led to significant improvement in social functioning and drug attitude. Again, a significant decrease was detected over time on PANSS Total scale in favor of patients in the case group (P = 0.041) this was due to the significant decrease on Negative subscale (P = 0.039). This means that educating relatives resulted in some clinical improvement of patients. Again, employment in both groups was compared by the end of the study using chi square, results were statistically very highly significant (X_ = 16.68; d.f. = 2; P = 0.000). As for number of relapses and hospitalizations, comparison was carried using independent samples t-test and results were very highly significant (P = 0.000, P = 0.001 respectively).* ***Conclusion:*** *Any comprehensive, family-oriented management of schizophrenia is in fact an effective alternative to classical community care in developing countries, which are likely to face difficulties in funding such a service.*

Key Words: *Schizophrenia, comprehensive care, family intervention, outcome, compliance, social functioning.*

Introduction

People with schizophrenia are people, not merely a collection of psychiatric symptoms, and adequate treatment of schizophrenia must focus not only on symptom management but also on helping the ill person, as far as possible, to live a happy, socially connected, and fulfilling life (Cancro & Meyerson,1999). They should have the same right to high standards of treatment and as good a quality of life as people with other chronic recurrent illnesses like asthma, hypertension or diabetes. Sadly, they do not often receive the former or achieve the latter (Lieberman & Murray, 2001). Among predictors of outcome of schizophrenia are medication compliance, the level of social functioning as well as independence in carrying daily living activities. Kemp & David (2001) defined non-compliance as suboptimal adherence to treatment regimen. According to them, estimates of non-compliance rates vary, but figures of up to 90% have been reported. Another important outcome measure for schizophrenia is the level of social functioning and adaptive life skills. These skills tend to be stable over time and make a unique contribution to the performance of social roles and quality of life (Mueser et al, 1991). The policy of deinstitutionalizing psychiatric patients has highlighted the role of the family as one of the main providers of care (Knapp et al, 1999). Although the situation differs from country to country, it is estimated that between one third and