

CONTINUING CARE OF THE SCHIZOPHRENIA PATIENTS IN THE COMMUNITY

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ABSTRACT

Schizophrenia is a complex mental health disorder that has a huge burden on the individual's physical health. Despite its low prevalence, the disorder has been listed among the top ten contributors of health burden and disability around the world. People with schizophrenia usually suffer from a myriad of physical health conditions with 33 percent of the patients having three or more physical health problems. Schizophrenia has been linked with up to threefold increased risk of cardiovascular mortality. Risk factors such as metabolic disorders and lifestyle behaviours are the major contributors to cardiovascular-related diseases (CVD). Treatment of schizophrenia and its comorbid physical conditions often presents a challenge to health care professionals and caregivers due to the presence of multiple psychological and physical disabilities. However, with appropriate intervention at early onset, the likelihood of recovery will be highest. Primary care professionals are often the stable point of consultation for patients to seek help in the community. The partnership between the patient and primary care professionals is paramount in optimal management and continuity of care for schizophrenia patients with chronic physical illness.

Keywords: Schizophrenia, community, continuity of care, primary care, chronic physical illness

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INTRODUCTION

Schizophrenia is a complex mental health disorder characterised by symptoms such as delusions, hallucinations, disorganised speech and behaviour, blunted affect, reduced motivation, and other symptoms that causes social and occupational dysfunction. Worldwide, prevalence of schizophrenia contributes to about one percent of the general population¹. In Singapore, the lifetime prevalence for schizophrenia is estimated to be about 0.27 percent (Global Burden of Disease Study, 2017). While prevalence of schizophrenia is relatively low, the disorder is listed among the top ten contributors to health burden and disability around the world². While schizophrenia generally appears in late adolescence or early adulthood, it can affect anyone at any age.

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SCHIZOPHRENIA AND ASSOCIATED HEALTH RISKS

People with schizophrenia generally lead a poor quality of life due to poor medical care, homelessness, unemployment, financial constraints, lack of education, and poor social skills³. People with schizophrenia usually suffer from a myriad of physical health conditions. Carney and colleagues reported that 70 percent of people with schizophrenia have at least one physical health problem, while 33 percent of them have three or more problems⁴. Numerous studies have reported a two to three times increased risk of morbidity and premature mortality in people with schizophrenia, with an estimated 10 to 25 years reduction in life expectancy compared with the general population⁵⁻⁹. While a large portion of premature deaths are attributable to suicides, violence, and other injuries, a greater portion of death is attributable to chronic medical illnesses⁹, with cardiovascular disease (CVD) and cancer being the leading cause of death.^{6, 10}

SCHIZOPHRENIA AND CHRONIC MEDICAL CO MORBIDITIES

Metabolic disorders such as hypertension, obesity, dyslipidaemia, and diabetes mellitus and other preventable risk factors such as unhealthy diets, tobacco and substance abuse, and sedentary lifestyle are highly prevalent in patients with schizophrenia. These risk factors are the major contributors to CVD. A recent study by Jimmy Lee and colleagues reported a 17.7 percent to 26.2 percent prevalence rate of metabolic syndrome in patients with schizophrenia in Singapore, and are three times increased risk of cardiovascular mortality¹¹. In another study by Heald, similar findings were also observed where metabolic syndrome is strongly associated with increased cardiovascular mortality.³ Compared with the general population, cardiovascular mortality in patients with schizophrenia is reported to be significantly higher (12% vs 2.2%). In addition, side effects from antipsychotic medications used in the treatment of schizophrenia may cause weight gain, and elevated blood sugar and cholesterol levels, further contributing to increased CVD risks and mortality.¹²

TREATMENT GAP

The care for patients with schizophrenia often presents a challenge to health care professionals and caregivers due to the presence of multiple psychological and physical disabilities.¹³ Patients with schizophrenia are less likely to engage in self-care, and are reluctant to seek help and comply with medication due to their cognitive impairments. Their lack of insights to their illnesses led to the delay in treatment, which leads to further aggravation of their mental and physical health conditions. In addition, the lack of an integrated care model between psychiatric and medical care further limits the accessibility of care, and a holistic care and management plan for effective management of schizophrenia and its co morbid physical health conditions.

SCHIZOPHRENIA AND PRIMARY CARE IN THE COMMUNITY: EARLY DETECTION AND CONTINUITY OF CARE

Schizophrenia can be effectively managed with appropriate medications and treatment plans. The likelihood of recovery is highest when treatment is administered at its onset.³ Primary care plays a paramount role in the early detection and management of patients with schizophrenia and chronic illnesses. They are often the first point of contact for patients who are willing and able to seek help.¹⁴ Primary care professionals provide a holistic and personalised care to patients by managing their chronic illnesses, performing health screening for preventive care and early detection, and referring appropriate patients for specialised care. For schizophrenia patients living in the community, proper management of patients' psychiatric symptoms are essential to improve patients' quality of life and minimise their risk of relapse.

Modifiable risk factors such as patients' lifestyle behaviours, unhealthy dietary habits, physical inactivity, smoking and drug usage, can be managed by the primary care professionals through counselling, psychoeducation, psychotherapy² and rapport building with the patient. Regular monitoring of patients' vital signs (e.g. blood pressure, body mass index measurement, neurological symptoms and medication side effects), blood test (e.g. blood count, glucose level, lipid level, renal function), and urine tests allow clinicians to sieve out abnormalities in patients' physical health and manage them, or refer them to the appropriate specialised care professional for intervention if needed.

Chong and colleagues highlighted some of the strategies adopted to integrate mental and physical health for a more holistic care and management plan. Strategies include public education on psychosis, providing decentralised and assessable mental healthcare services within the community, on site consultations at counselling centres in polytechnics and universities, as well as partnering with primary healthcare providers such as general practitioners, polyclinic doctors, counsellors and traditional healers.² The results of the Singapore National Mental Health Survey (SNMHS) in 1996 revealed that as much as 49 percent of mentally unwell patients chose general practitioners (GP) as their first point of consultation. In a similar poll, patients (56.7 percent) and their caregivers (74.5 percent) expressed that they are comfortable with psychiatric follow-up care provided by their GP.¹⁴

CONCLUSION

There is a growing movement in Singapore towards community management of chronic mental and physical illnesses. In many cases, patients seen in psychiatric clinics in the local hospitals can be successfully referred to doctors in general practice for continuing care. Patients with schizophrenia who are stabilised on maintenance medication could be right-sited to primary care professionals, such as GPs, for management as they offer flexibility, convenience, and less stigmatising environment to patients who are committed to seek help.

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LEARNING POINTS

- The prevalence of schizophrenia contributes to about one percent of the world's population. In Singapore, the lifetime prevalence of schizophrenia is estimated to be less than one percent.
- Schizophrenia usually occurs in late adolescence or early adulthood. However, it can affect anyone at any age.
- Primary care plays an important role in preventive care and the continuity of care for schizophrenia patients with comorbid chronic physical illnesses.