

Oral presentation

The patient's compliance during the long-term therapy of schizophrenia: a challenge

I Nimatoudis*

Address: Assistant Professor of Psychiatry, 3rd University Department of Psychiatry, Aristotle University of Thessaloniki, Greece

* Corresponding author

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Schizophrenia is a chronic mental illness. The long-term aim of treatment is the re-integration into the community and this can only be achieved by maintaining patients in a state of remission for as long as possible. With each successive relapse, the patient's long-term prognosis deteriorates and previous level of functioning are rarely achieved. In the case of schizophrenia continuous medications is the most effective strategy against relapse, while discontinuation of antipsychotic treatment seems to be the most important predictor of relapse. Although the new generation of atypical antipsychotics are very effective for a broader range of psychotic symptoms (negative symptoms, cognitive, mood) and are better tolerated (primarily due to their favorable extrapyramidal side-effects profile) than conventional agents, the effectiveness of antipsychotic treatment is limited by non-compliance. Lack of compliance has been shown to highly correlate with relapse and re-hospitalization. Poor compliance is still a major issue in the long-term treatment of schizophrenia as the continuous treatment seem to be the exception rather than the rule for these patients. Research studies indicate that several factors influence the treatment compliance and the most important being related to illness (psychotic symptoms, cognitive dysfunction), side-effects of medications (mainly extrapyramidal symptoms), patients (little insight), social and environment issues and therapists. Pharmacological and psychosocial strategies can improve medication adherence and optimize long-term outcome for schizophrenics patients. Conventional antipsychotics are associated with high 1 year relapse rates (30–50%), although they are significantly lower in patients receiving depot formulation. Studies with atypical antipsychotics showed a lower relapse rates (20–30%). Combining the benefits of atypical with those of a long-

acting (depot) formulation may further reduce relapse rates and enhance community re-intergration. Psychosocial interventions targeted specifically to problems of poor compliance, concrete problems solving, motivational techniques and psycho-education of patients and families were found to be the most successful in promoting compliance.