Schizophrenic Patients's Perception of Factors Leading to Relapse

* Zubida Abd El Gawad Alsherif and Sohier Goda El Said Abd Elrahman

Psychiatric Nursing Dept. Faculty of Nursing, Tanta University, Tanta, Egypt,
Psychiatric Nursing Dept, Faculty of Nursing, Port said University, Port said, Egypt
alsherifzobida@yahoo.com;

Abstract: Background: Relapse in schizophrenia remains common and cannot be entirely eliminated even by the best combination of biological and psychosocial interventions. Relapse is one of the major contributing factors to the high burden of disability of mental illness. The present study was conducted; to identify factors leading to relapse in schizophrenia as perceived by patients. **Methods;** this study Is a descriptive study, Data were collected from psychiatric patients (76; 60 male and16 female) were chosen and agreed to share in this study from El-Fuhais Psychiatric Hospital in Jordan during the year 2011. **Results:** the most of patients aged between 36-60 years of age. 64.4% of them were not working, and most of them were male patients (78.9). 46% of patients were single patients and 38.1% were married. Most of patients (38.2%) had quite home atmosphere and 27.6 % had social and 17.1% had financial troubles. Regarding the factors that affect patient's relapse rate as perceived by patients in relation to their marital status; there was a significant relationship between male and female in relation to vital functions of them (p<0.054) **Conclusion:** In order to further the development of scientific knowledge, and research the findings of this research must be communicated to patients and families for developing psychoeducational program for relapse prevention; Educational interventions for families must be done to reduce symptoms and prevent relapse; Recruitment of patients to support design, improvement that should be done directly and personally; Awareness of early signs of relapse and adequate recognition of these signs make early intervention possible.

1. Introduction

Schizophrenia is a major psychotic disorder that has devastating effects on the lives of patients and their caregivers. The illness is accompanied by high rate of relapses and readmissions. (1) Schizophrenia is a chronic disorder usually characterized by relapses alternating with periods of full or partial remission. Although antipsychotic medication is effective in reducing relapse rates, 30% to 40% of patients relapse within 1 year after hospital discharge even if they are receiving maintenance medication. (2)

The overall high relapse rates observed in schizophrenia are attributed to several causes. One important factor influencing satisfactory prevention of relapse is the lack of consistent treatment strategies among medical doctors, especially neurologists-psychiatrists. (3) Relapse in schizophrenia remains common and cannot be entirely eliminated even by the best combination of biological and psychosocial interventions.. Many patients feel 'entrapped' by their illnesses, a factor highly correlated with depression, and have expressed a strong interest in learning to recognize and prevent impending psychotic relapse. (4)

Relapse is one of the major contributing factors to the high burden of disability of mental illness. (5) The relapse process is a movement away from recovery. It does not occur suddenly or without warning. It is the result of incomplete recovery**.** Relapse often presents a major problem for those providing treatment services. Relapse in schizophrenia is a major clinical event and commonly affects the personal and social functioning of the person. Moreover, relapses are associated with a high economic burden. Psychiatric services and mental health service staff are particularly challenged to recognize and deal with reality of relapse behavior and to examine their attitude and perceptions of this problem. They also need to increase their knowledge and develop most effective skills in working with releasers', their family members and those significant people immediately affected by the relapsing person's behavior. It is widely known and accepted that patients, who do not take their medication as prescribed, relapse in their illness. Where such stressors are not occurring for the first time in the patient's history, his or her relapse is an indication of failure on the part of family members to obtain information and advice from mental health services. (6)(7)

The clinicians should discuss openly with the patients all the possible options and consequences, and also look beyond the short-term

risk and focus on the long-term health risks and benefits for the patient. Thus, relapse prevention approaches may target dynamics that are different from those addressed by traditional symptom-focused treatment. (8) Relapse is Reemergence or exacerbation of psychotic symptoms that result in hospitalization of the patient due to aggravation of symptoms. Several well-controlled long-term studies have been carried out, in which families were educated and involved in treatment programs. Such studies reported positive effect on the course of illness, well being of the patient and the family and in reduction of relapses. (9,10)

The incidence of relapse in patients who have experienced one or more psychotic episodes is high and ranges between 50% and 80% in the year following the episode of psychosis without treatment. Evidence suggests that a relapse of schizophrenia is preceded by psychotic and non-psychotic behavioral and phenomenological changes. It is crucial to recognize prodromal symptoms of schizophrenia in order to predict and prevent one onset of the relapse. Evidences indicate that the prediction of schizophrenic relapse is realistic goal and therefore an intervention based upon programs of early detection can reduce schizophrenic relapse. (11)

It has long been known that people who have schizophrenia are more likely to relapse if they come from families where they experience high levels of criticism, hostility and over involvement. New psychosocial interventions that aim to reduce levels of these potentially negative emotions are now widely used, although their effectiveness has not been proved. The most important sources of stress for psychiatric patients come from the strain and tension within the family**.** (12,,13,6)

Caring for a schizophrenia patient is often a burden for families. About two-thirds of the family caregivers feel considerably burdened. Relatives involved are experiencing severe emotional and economic strain and often suffer from various health problems. Families with a member afflicted with such a serious illness need help to cope with this burden and related personal stress. (14)

Aim of the study;
- to identify factors leading to relapse in schizophrenia as perceived by patients

Methods;

Research design; this study follows a descriptive study,

Setting;

Data were collected from el-fuhais psychiatric hospital for psychiatric care in Jordan during the year of 2011.

Subjects:

Data were collected from schizophrenic patients (76 male and female patients) were chosen and agree to share in this study.

Criteria for patients included:

Schizophrenic patients; several admissions to hospital; more than two years for disease.

The Tools of the study;

 The tool used to collecting data for this study is;

-**part 1**: **Socio-demographic data** of Schizophrenic patients as; age, sex, marital status, occupation, and home atmosphere.

-**part 2; Interview questionnaire** used to identify factors leading to relapse in schizophrenia as perceived by patients was developed by the researcher specifically for Schizophrenic patients for this study include;

Sub item and **questions about** the effects of patient's compliance; the effects of the hospital; and the effects of patient's community.

Statistical analysis;

The collected data was organized, tabulated and statistically analyzed using SPSS soft ware statistical computer package version 18. For quantitative data, mean, and standard deviation were calculated. The number and percentage distribution was calculated chi square was used as test significance. Significance was adopted at value <0.05 for interpretation of results of test significance.

3. Results;

Table 1 Socio-demographic Characteristics of Patients

Socio-demographic Characteristics		N	%
Age	**18-25**	11	14.47
	26-35	31	40.79
	36-60	34	44.74
Sex	**Male**	60	78.94
	Female	16	21.06
Occupation	work	27	35.53
	Not work	49	64.47
Marital status	single	35	46.05
	married	29	38.16
	Divorced	8	10.53
	widowed	3	3.95
	separated	1	1.32
Home Atmosphere	**Quit**	29	38.16
	Trouble Social	21	27.63
	Trouble Financial	13	17.11
	Broken-down Separation &Divorce	13	17.11

Table (2) effect of patient's compliance with medication on relapse rate as perceived by patients and their sex

Factors that affect of patient's compliance with medication on relapse rate		Sex						Chi-Square	
		Male (n=60)		Female (n=16)		Total (n=76)			
		N	%	N	%	N	%	X^2	P-value
-Compliance of patient with medication	Yes	53	88.33	12	75.00	65	85.53	1.625	0.202
	No	7	11.67	4	25.00	11	14.47		
-Symptom of disease affects on patient compliance with medication	Yes	39	65.00	9	56.25	48	63.16	0.416	0.519
	No	21	35.00	7	43.75	28	36.84		
-Perception of patient toward illness affects on patient compliance with medication	Yes	44	73.33	10	62.50	54	71.05	0.695	0.404
	No	16	26.67	6	37.50	22	28.95		
-Opinion of patient toward medication affects on patient compliance with medication	Yes	43	71.67	9	56.25	52	68.42	1.389	0.238
	No	17	28.33	7	43.75	24	31.58		
-Recurrent admission to the hospital affects on patient compliance with medication	Yes	40	66.67	11	68.75	51	67.11	0.025	0.875
	No	20	33.33	5	31.25	25	32.89		

Table (3) effect of hospitalization on patient's relapse rate as perceived by patients and their sex

Effect of hospital on patient's relapse rate		Sex						Chi-Square	
		Male (n=60)		Female (n=16)		Total (n=76)			
		N	%	N	%	N	%	X^2	P-value
-Misperception for physician' information affects on relapse rate	Yes	44	73.33	11	68.75	55	72.37	0.13	0.718
	No	16	26.67	5	31.25	21	27.63		
-Hospital accountability on giving patient medication	Yes	1	1.67	0	0.00	1	1.32	0.476	0.49
	No	59	98.33	16	100.00	75	98.68		
-Patient follow-up medication and examination in the outpatient clinic	Yes	31	51.67	11	68.75	42	55.26	1.491	0.222
	No	29	48.33	5	31.25	34	44.74		
-Availability of the medication when patient need it	Yes	30	50.00	7	43.75	37	48.68	0.198	0.657
	No	30	50.00	9	56.25	39	51.32		

Table (4) effects of community on patient's relapse rate as perceived by patients

Effect of patient's community on patient's relapse		Sex						Chi-Square	
		Male (n=60)		Female (n=16)		Total (n=76)			
		N	%	N	%	N	%	X^2	P-value
-The negative view of the community toward patient disease affects on compliance with medication	Yes	34	56.67	9	56.25	43	56.58	0.001	0.976
	No	26	43.33	7	43.75	33	43.42		
-The unavailability of the medication affects on patient compliance with medication	Yes	40	66.67	8	50.00	48	63.16	1.508	0.219
	No	20	33.33	8	50.00	28	36.84		

Table (5); Factors that affect patient's relapse as perceived by patients in relation to their age

Factors that affect patient's relapse		Age			ANOVA	
		<25	25-35	>35	F	P-value
-Vital functions	Mean	5.727	5.645	4.794	1.398	0.254
	SD	1.555	2.009	2.637		
-Compliance with medication	Mean	3.273	3.581	3.618	0.241	0.786
	SD	1.555	1.432	1.457		
-Effect of the hospital on relapse rate	Mean	3.727	4.097	3.971	0.374	0.690
	SD	1.272	1.193	1.243		
-Effect of the Family on relapse rate	Mean	4.091	4.032	3.559	1.612	0.206
	SD	1.640	1.140	1.050		
-Effect of the community on relapse rate	Mean	1.000	1.355	1.118	0.980	0.380
	SD	0.894	0.755	0.913		

Table (6); Factors that affect patient's relapse rate **as perceived by patients in relation to their marital status**

Factors that affect patient's relapse rate	Male(n=60)			Female(n=16)			T-test	
	Mean	±	SD	Mean	±	SD	t	P-value
-Vital functions	5.017	±	2.095	6.250	±	2.720	-1.960	0.054
-Compliance with medication	3.650	±	1.400	3.188	±	1.601	1.139	0.258
-Effect of the hospital on relapse rate	4.050	±	1.213	3.750	±	1.238	0.875	0.384
-Effect of the Family on relapse rate	3.817	±	1.228	3.875	±	1.088	-0.173	0.863
-Effect of the community on relapse rate	1.233	±	0.810	1.063	±	0.998	0.713	0.478

Table (7); Factors that affect patient's relapse as perceived by patients in relation to their work

Factors that affect patient's relapse	Work (27)			Not work (49)			T-test	
	Mean	±	SD	Mean	±	SD	t	P-value
-Vital functions	4.815	±	1.861	5.531	±	2.459	-1.317	0.192
-Compliance with medication	4.000	±	1.177	3.306	±	1.530	2.044	0.044
-Effect of the hospital on relapse rate	4.481	±	1.312	3.714	±	1.080	2.743	0.008
-Effect of the Family on relapse rate	4.111	±	1.086	3.673	±	1.231	1.544	0.127
-Effect of the community on relapse rate	1.407	±	0.844	1.082	±	0.838	1.618	0.110

A total of 76 patients completed the study; the most of them (44.74) were between 36-60 years of age. 64.4% of the sample study were not working, although, most of them were male patients. About 46% of patients were single patients not married.

27.6% the sample study had social troubles in the family and 17.1% of them had financial troubles and also 17.1% live in broken down homes. (Table 1)

There was no significant relationship regarding effect of patient's compliance with medication on relapse rate (Table 2) Also there was no significant relationship regarding effect of patient's hospitalization on patient's relapse rate (Table 3)

There was no significant relationship regarding effect of patient's community on patient's relapse (Table 4) In relation to the factors affects patient's relapse rate in relation to age; there was no significant relationship between age groups. (Table 5) Regarding the factors affects patient's relapse rate in relation to sex; there was a significant relationship between male and female in relation to vital functions of them (p<0.054). (Table 6)

There was a significant relationship between patients who work and patients who not work for perception of the factors that affect relapse rate as compliance with medication (p <0.044) and effect of hospital as factor affect on patient's relapse rate (p<0.008). (Table 7)

4. Discussion;

Schizophrenia is a chronic illness characterized by relapses and remissions. Recidivism of chronic schizophrenic patients and repeated readmissions often result in a downhill clinical progression, with each episode lowering the patient's social and adaptive capacities. (15) Schizophrenia causes distorted and bizarre thoughts, perceptions, emotions, movements, and behavior. The more effective the client's response and adherence to his or her medication regimen, the better is the client's outcome. Sometimes clients decide to decrease or discontinue their medications because of uncomfortable or embarrassing side effects. Unwanted side effects are frequently reported as the reason clients stop taking medications. (16)

Relapse in schizophrenia is broadly recognized as the re-emergence or the worsening of psychiatric symptoms, more specifically. Internationally the factors commonly associated with relapse include more adherence to treatment, comorbid physical illness or; stressful life events, anxiety about side effects, inadequate knowledge, lack of insight, fear of stigma, poor services and access to services, poor staff training, socioeconomic factors e.g. illiteracy, low level of education. (17) (18) although, this study shows no significant relationship between poor services; access to it; socioeconomic factors and relapse rate.

This study was aimed to; - identify the perceived factors that lead to relapse in schizophrenic patients

Coping with schizophrenia is a major adjustment for both clients and their families. Understanding the illness, the need for continuing medication and follow-up, and the uncertainty of the prognosis or recovery are key issues. Medication compliance is a major problem for clients with schizophrenia and for nurses in the psychiatric setting; approximately 80% of those who stop taking their medication after an acute episode will have a relapse of psychosis within a year. (19)

This study showed that 52.6% of male patients stated that recurrent admission to the hospital affects on patient relapse. But there was no

significant relation between genders as general. In contrast to **Fathy** et al 2006**(18)**; who stated that female patients more frequently hospitalized to hospital.

Inspite that schizophrenic patients mentioned that they had received satisfactory hospital care (78.9%) yet patients still have high tendency for rehospitalization, this could be explained by noncompliance with medications due to misperception or lack of understanding information given by physicians (72.3%)

In this study most of age groups perceived the effect of hospitalization on relapse and effect of family and community in a non-significant way.

In relation to gender there was a significant relationship between male and female patients in perceiving vital functions and its effect as a factor for relapse (p=0.054).

As regards to occupation there was a significant relationship between worked and not worked patients in their perception for compliance with medication as a factor for relapse (p=0.044) because families can also play a role in increasing treatment adherence in patients with mental illness, this is done by providing medication to the patient, supervising and monitoring the drug intake, taking the patient to doctor's chamber at regular intervals, getting serum level of the psychotropic checked so on and so forth. (20,21, 22).

There are also factors in the hospital that affect on patient's relapse rate, as misperception for physician' information, Patient follow-up medication and examination in the outpatient clinic, availability of the medication when patient need it as there was a significant relationship (p=0.008).

Conclusion

Teaching the client and family members to prevent or manage relapse is an essential part of a comprehensive plan of care. This includes providing facts about schizophrenia, identifying the early signs of relapse, and teaching health practices to promote physical and psychological well-being.

Clients may have practical barriers to medication compliance such as inadequate funds to obtain expensive medications, lack of transportation or knowledge about how to obtain refills for prescriptions, or inability to plan ahead to get new prescriptions before current supplies run out.

Recommendations;

-Early detection and aggressive treatment of the first psychotic episode are associated with improved patient outcomes;

* Adherence to take medication is very important to prevent relapse.

* Avoid any source of stress or situation that increases stress

* Thinking of something for enhancing feeling; talk to a trusted person, do relaxation techniques;- Avoid risky situations as people make the patient feel bad or negative people who criticize the patient;

* Keep healthy; eat right food, sleep regularly stay active with hobbies, work and exercise.

* Keep hope a life; remember how life is always changing.

* Necessity of Patient follow-up medication and examination in the outpatient clinic.

Reference

1- Filip Španiel a, ITAREPS: Information Technology Aided Relapse Prevention Programme in Schizophrenia : Schizophrenia Research 98 (2008) 312–317

2- Marvin I. Herz, MD; J. Steven Lamberti, MD; et al (A Program for Relapse Prevention in Schizophrenia) A Controlled Study; Arch Gen psychiatry. 2000; vol.57 no.3, 277-283

3- Bergiannaki, J, D,et al; Relapse prevention in schizophrenia: attitudes of neurologists-psychiatrists;2001, vol. 16, n⸴2, pp. 90-98

4- Berno van Meijel; Relapse prevention in patients with schizophrenia: A nursing intervention study; thesis of doctoral degree;2003.

5- Tricia Nagel | Carolyn Thompson | Neil Spencer; Challenges to relapse prevention: Psychiatric care of Indigenous in-patients; advances in mental health; 2008; Volume: 7 | Issue: 2 Page**(s):** 112-120

6- Janet Munro, Sarah Osborne, Lindsay Pearden, and Katie Pascore; Hospital treatment and management in relapse of schizophrenia in the UK; associated costs; the psychiatrisit; 2011; 35, 95-100

7- Bassy Bepaient Chawane; Preventing Relapse Amongst South Aafrican Psychiatric Patients; thesis of master degree

8- Chrity LM HUI; relapse in schizophrenia; the Hong Kong Medical Bulletin; 2011; vol.16 no. 5, 8-9

9- Tanveer Nasr, Rukhsana Kausar; Effects of family psycho education on relapse prevention of Schizophrenia patients in Pakistan Journal of Pakistan Psychiatric Society;July-December 2009 Volume 6 Number 2 Page 73

10- Gumley, A,,I,M, O'Grady, L, Mcnay, J, Reilly, K, Power and J, Norrie; Early intervention for relapse in schizophrenia: results of a 12-month randomized controlled trial of cognitive behavioral therapy; Psychological Medicine, 2003, 33, 419–431

11- Jan Hrdlicka, Daniel Novak, and Filip Spaniel; ITAREPS IQ: Module for sophisticated prediction of schizophrenia relapses; longitudinal study; 2005
12- Wiley-Blackwell; Changing family behavior helps schizophrenic patients avoid relapse. Science Daily; 2010, November 12.
13- Gabi Pitschel Walz; Stefan leucht, et al;the effect of family interventions on relapse and rehospitalization in schizophrenia; American psychiatric association; 2004;78-94
14- Linda P. Cutting, Jenifer m, Akre and Nancy m Docherty; schizophrenia patient's perceptions of stress expressed emotion and sensitivity to criticism,schizophrenia bulletin; 2006. vol. 32, no.4; pp. 743-750
15- Rebecca schemnah, Michael obermeier, and Sebastian meyer; pridictors of relapse in the year after hospital discharge among patients with schizophrenia; psychiatric services; 2012; vol.63, no.1, 87-90

16- Videbeck, S, L, PhD, RN; Psychiatric Mental Health Nursing; The second edition 2006; 319-321
17- N,J,B kazadi, M.Y Moosa, F. Yjeenah; factors associated with relapse in schizophrenia;South African jornal of psychiatry; 2008;vol;14, no. 2, 52-62
18- Fathy. S, El-Gamal.m; et al; predictors of re-admission of schizophrenic patients; Alexandria bulletin, fac.med.42 no.3,2006
19- Eby. I, and Brown. N. J; Mental Health Nursing Care; 2005; 124-125
20- Ajit Avasthi; Preserve and strengthen family to promote mental health; Indian Journal of Psychiatry. 2010 Apr-Jun; 52(2): 113–126.
21- G Buchkremer, K. Striker, R.Holle, and H.kub; the predictability of relapses in schizophrenic patients; Eur Arch of Psychiatry and clinical Neuroscience; 1991; 240-292
22- Georg Widenmann; issues for further refinement of family interventions in schizophrenia; journal of world psychiatry; 2003; vol.2, no. 1, 33-34

12/11/2013