Risk factors for relapses and recurrent admissions of schizophrenic patients, Abha Psychiatric Hospital, Abha, July 2007 - July 2009.

Schizophrenia is a mental disorder characterized by abnormal perception and expression of reality. Relapses and recurrent admissions are common as a result of certain risk factors, such as poor compliance to medication, comorbidity with drug abuse, stressors, nature of the disorders, among others. Fortunately, most of these risk factors are controllable and relapses can be delayed or minimized.

This cross sectional study was conducted at Abha Psychiatric Hospital (APH), the only governmental hospital specialized in management of psychiatric disorders in Abha and nearby villages and towns. It has a 100-bed capacity. The objectives of the study was to investigate the risk factors responsible for relapses and recurrent admissions of schizophrenic patients in order to provide recommendations for possible solutions for their prevention and control. Data was collected by review of medical records. The sample included all schizophrenic patients who had been admitted into the hospital three times or more per year, in the period from July 2007 to July 2009.

A total of 140 schizophrenic patients met the inclusion criteria. Their age ranged from 17 to 60 years (mean 38 ±10). The highest age group was between 36-45 years old (47.1%). All patients were Saudis; 98 (70.0%) were males and 42 (30.0%) were females. The age of onset of schizophrenia ranged between 15-34 years (mean 22.4 ± 4.5). The majority of relapsing schizophrenics were males; in the age group 36-45 years (mean 38 ±10). Most were single, never married (58.6%), with poor educational level (31.4% illiterates and 40.0% primary school level). The number of times of readmission into hospital in the previous 2 years as a result of relapses were 3 times (22 patients 15.7%), 4 times (36 patients 25.7%), 5 times (17.1%), and 6 times and above (58 patients 41.4%). Average durations of hospitalization is demonstrated in Figure 1.

The most common reasons for relapses and readmission were poor compliance to treatment followed by comorbidity of substance abuse. The majority (78.6%) had been readmitted for the first time as a result of poor compliance to treatment, followed by comorbidity of substance abuse (15.7%). Reasons for the second readmission were also poor compliance to treatment (64.3%), followed by substance abuse (18.6%). Reasons for the third readmission were also poor compliance to treatment (62.9%), followed by substance abuse (22.9%).

Twenty four percent of patients were on old generation antipsychotic tablets only, 74.3% were on depot of long acting antipsychotics besides the tablets, and only 1.4% was on new generation antipsychotic tablets as pre-lapse medication. Discharge medication of old generation antipsychotic tablets was given to 2.9% of patients, old antipsychotic tablets with depot injection to 48.6% and new antipsychotics tablets with depot injection to 32.9%. Patients on atypical antipsychotic tablets with depot long acting injections of typical antipsychotics as a treatment in the post-relapsing stage were found to have fewer relapses.

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Editorial notes: Schizophrenia is a social, economic and health burden on patients' families, the community and the ministry of health of any country. Many intervention programs have been designed worldwide to prevent relapses of schizophrenic patients. A study conducted in New York, USA, showed that crises intervention by increasing antipsychotic medication through a program for relapse prevention among schizophrenics applied to detect prodromal symptoms of relapse was very effective in reducing relapses and re-hospitalization.

Some psychiatric patients stay in the hospitals for months or even years for social reasons, thus permanently occupying hospital beds, causing the bed capacity of a psychiatric hospital to be actually lower than it should. The turnover in such hospitals is faster for some patients in order to cope with others who are in need for admission. A policy implemented in some psychiatric hospitals, known as 'premature discharge', allows the hospital to discharge some patients if they were partially improving on psychiatric medication if there were no vacant beds in order to be able to admit others.

Poor compliance or non-adherence to antipsychotic medication in addition to comorbidity with substance abuse were the most common risk factors of relapses and frequent readmissions. Stressful life events, short stay of hospitalization, and residing close to the hospital also contributed to readmission.

Figure 1: Average duration of hospitalization of schizophrenic patients at Abha Psychiatric Hospital, KSA, July 2007-2009.
Factors affecting primary health care services utilization by Hajjis, 1430 H.

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lack of physical accessibility, language barrier, lack of required medicines, or dissatisfaction with the health services. A large percentage of hajjis were not aware of the location of the PHCCs and their exact opening hours, indicating that they had not been oriented about the available health services. A previous hajj study showed that 72.4% of Arab Hajjis (domestic and international) knew of the availability of a number of PHCCs and hospitals, run by the Saudi Ministry of Health, which provided free medical services for all Hajjis in Makkah, Mina, Arafat and Medinah. It remains to be stated, however, that the vast majority of pilgrims in this study had been performing Hajj for the first time, which may partially explain their unawareness of the health services provided and its location and working hours.

The distance to the nearest PHCC for majority of Pakistani hajjis was <10 minutes, which might have enhanced their utilization of these centers. Based on available maps, the residence of Indonesians and Turkish were 10-30 minutes far from the nearest PHCC which, in turn, may lower their utilization. Many studies reveal the unsurprising fact that use of health services tends to decline with long distances. In Britain, a study done among sigmoidoscopy clinic visitors reported that the time and travel cost may deter visitors from attending the clinics.

Some hajj missions, especially South East and Turkish, offer health service for their Hajj citizens to compensate for the language barrier. The availability of health service in hajji’s camp may be one of the factors affecting their utilization of Saudi PHCC.

Visiting PHCC was higher among Pakistanis followed by Egyptians as compared to Turkish and Indonesians. This difference may be attributed to their knowledge of the location and opening hours of PHCC and the shorter distance from their camps to the nearest center, in addition to the availability of health service in the camps of Indonesian and Turkish hajjis. Again, most of the health workers in Saudi PHCC are Arabs or Pakistanis, which facilitate communication with their Egyptian and Pakistani patients. It was also noted that the severity of the disease, gender, and presence of chronic diseases can affect PHCC services utilization by hajjis.

It was recommended to attempt to organize health education campaigns for hajjis in their countries on how they can utilize health services in Makkah and the holy places. Communication between Ministry of Health and health Services within hajjis camps should be improved, with an effective referral system of cases who require services not available in the camps. Optimal distribution of health centers should be ensured, and overcoming the language barrier is required by providing medical staff speaking the same languages of Hajjis in coordination with related embassies of their countries.

References

Risk factors for relapses, cont.

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into hospital, which is in concordance with findings of other studies. The study also demonstrated that patients who were on the new generation of antipsychotics (atypical antipsychotics) had less number of admissions compared to those who were still on old generation antipsychotics, which is also similar to findings of previous studies.

It was recommended to increase the bed-capacity of the hospital, and provide it with an equipped addiction department in order to prevent relapses and readmissions as a result of substance abuse. The duration of hospitalization of schizophrenic patients should be revised by the treating psychiatrists to control for premature discharge and future relapses. New generation antipsychotics should be considered to prevent relapses as a result of poor compliance to treatment due to the unpleasant side effects of the old generation of antipsychotics. Patients should be encouraged towards adherence to antipsychotic treatment.

References: