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Outcome in Schizophrenia: The Long-Term Good Outcome in Schizophrenia Is Not Yet Good Enough

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Outcome in Schizophrenia: The Long-Term Good Outcome in Schizophrenia is Not Yet Good Enough

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Abstract

Introduction: The illness of schizophrenia has always been a matter of concern for its nature and extent of outcome particularly for its regional and cultural differences. The concept of outcome has been evolving and this study examines the scenario of good outcome in developing countries.

Objective: To study the status of ‘long-term’ Outcome of Schizophrenia in metropolis of developing country, Mumbai, India.

Methods: Re-examination of recovered patients in ten years long term, naturalistic, prospective study using Metzer et al’s 13 outcome criteria and a new outcome scale.

Results: The recovered patients (N=167, 62.7% on CGI) of available 107 at ten years had differential outcomes. On a new scale of outcome 30% had poor social functioning, 66% were not economically independent, and 59% could not pursue desired education, 25% lived with significant social insults, 60% experienced rehospitalization, and 57% experienced exacerbation of symptoms.

Conclusion: Schizophrenia is a complex behavioral disorder with limited outcomes. Half of the patients improve without any concomitant difficulty while another half improves varieties of disability.

Methods

In a cross-sectional, Naturalistic, cohort study, patients showing good outcome at the end of ten years treatment, were recruited as per inclusion criteria. These patients were assessed for the status and quality of recovery using Metzer et al’s 13 outcome criteria. Results were analyzed.

Multiple outcome criteria in schizophrenia:

- Variability parameter based on clinical outcome and using popular scales for measurement

Thirteen criteria:

1. Psychopathology (positive symptoms, negative symptoms and disorganization)
2. Cognitive function (attention, executive function, working memory, recall memory, semantic memory, storage memory)
3. Interpersonal social function
4. Work/absenteeism function
5. Extra-pyramidal function (parkinsonism, akathisia, tardive dyskinesia)
6. Independent living
7. Aggression
8. Quality of Life
9. Acceptability
10. Hospitalization
11. Family burden
12. Social burden
13. Suicideality

Discussion

Poorly defined cohorts and weak study designs have hampered cross-cultural comparisons of outcome and outcome in schizophrenia (Harrison G., 2001.)

- Between different countries are varying between 34% to 62%
- By and large at Ten Years the outcome is not more than 40-50%
- Outcome in schizophrenia is a multivariate measure, it therefore needs to be performed on different parameters.
- Attempts are required to successfully integrate these measures into composite scale for easy understanding. To define how different parameters can be converged to point out same measure of outcome, it’s a challenge at present.

Conclusion

Schizophrenia is a complex neuropsychiatric disorder with limited outcome. Half of the patients improve with no concomitant difficulty while another half improves varieties of disability. Outcome measures in schizophrenia need to be re-structured to capture real-life situation.

Limitations

Major limitation of the study is small sample size for better correlations & high dropout rate which indicate difficult situation in the city regarding time, transport and lack of support besides the expense involved.

Merits

This study highlights as to why people suffering from schizophrenia remain marginalized even after recovery. Treatment methods need to address status of recovery. It also highlights that prevailing outcome measures need to be re-formulated and made more sophisticated.