current thinking on...

Schizophrenia

Welcome to our CPD module series for community pharmacy technicians. Written in conjunction with the *Pharmacy Magazine* CPD series, it will mirror the magazine's programme throughout the year. The series has been designed for you to use as part of your continuing professional development. Reflection exercises have been included to help start you off in the CPD learning cycle.

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MODULE NUMBER: 48

Aim: To outline the incidence of schizophrenia and explain how pharmacy can help improve treatment outcomes among patients.

Objectives: After reading this module, pharmacy technicians will:
- Be aware of how many people are likely to be affected by schizophrenia during their lifetime
- Understand why people with schizophrenia may achieve sub-optimal outcomes from treatment
- Know how pharmacy can help to improve medicines adherence and optimisation.

Schizophrenia is a common mental health problem, but many sufferers have sub-optimal outcomes from treatment. By combining an understanding of how the condition and treatment can impact on an individual with being highly accessible, community pharmacy teams can promote treatment adherence through brief contacts and medicines optimisation reviews.

One in every 100 people will suffer from psychosis and schizophrenia at some point in their lifetime. Worldwide, it is the most commonly diagnosed major mental health problem and it is listed among the top 10 medical disorders causing disability.

Note: people affected by schizophrenia prefer to be described as 'service users' or as 'people with schizophrenia' rather than as 'patients' or 'schizophrenics'.

updated NICE guidance

The updated 2014 NICE guidance lists a number of recommendations for the treatment and management of psychosis and schizophrenia. The key aims relating to medication and physical health are:
- Oral antipsychotic medication should be offered in conjunction with psychological interventions
- The choice of antipsychotic should be made by the individual and healthcare professional together
- The physical health of people with psychosis or schizophrenia should be monitored prior to starting an antipsychotic, when care is transferred to primary care and then at least annually
- A combined healthy eating and physical activity programme, and support to stop smoking should be offered. If there is rapid or excessive weight gain, abnormal lipid levels or problems with blood glucose management, interventions should be offered in line with other NICE guidance.

Symptom presentation

For men, the peak incidence of onset of schizophrenia is between 15 and 25 years; for women, it is between 25 and 35 years. Women display a second peak of onset after 40-45 years, just before the menopause. Men appear to experience more negative symptoms and women more affective (mood-related) symptoms. After an initial episode, up to a third of individuals may make a full recovery. For most people, periods of stability may be interrupted by acute 'relapses', which may need additional interventions. It is unlikely that a diagnosis of schizophrenia would be made after a single episode.

Symptoms can be divided into two groups: positive symptoms displaying an enhancement or distortion of normal function, and negative symptoms that show a depletion or loss of function. In all cases, lack of insight or awareness of their condition is very common in people with schizophrenia.

Positive symptoms include:
- Hallucinations – auditory hallucinations are most common, but visual, tactile, olfactory and gustatory hallucinations may also occur. Hallucinations happen without the presence of an external stimulus
- Delusions – paranoia or persecutory beliefs are most common, but delusions may also include ideas of grandiosity and self-importance, with or without religious context, and somatic delusions relating to beliefs of poor physical health
- Thought disorders – this can include disorganised speech and behaviour due to chaotic thoughts; the belief that thoughts are being 'broadcast' aloud, inserted or withdrawn from the individual; and thought 'block', where no or very few thoughts occur
- Ideas of reference – the belief that TV, radio, press or internet reports are about the individual or have a direct line of communication with them.

Negative symptoms include:
- Social withdrawal and lack of engagement (e.g. minimal conversation with others)
- Poor motivation and initiative
- Lack of self-care
- Blunting/lack of emotion
- Slow movement.

Negative symptoms can easily be mistaken for depression, and indeed depression may often co-exist in people with chronic schizophrenia. This highlights the importance of an accurate history and diagnosis to ensure that effective treatment can be offered.

While it is estimated that around two-thirds of people with schizophrenia will experience recurrent relapse and some continued disability, the findings of follow-up studies over periods of 20-40 years suggest that there is a moderately good long-term global outcome in more than half of all people with schizophrenia, with a smaller proportion having extended periods of remission of symptoms without further relapses.

Treatment of schizophrenia

Because schizophrenia is a chronic illness that influences virtually all aspects of an affected person's life, management of the condition has three key goals:
1. To reduce or eliminate symptoms
2. To maximise quality of life and adaptive functioning
3. To promote and maintain recovery from the debilitating effects of the illness to the greatest possible extent.

Antipsychotics are the main pharmacological treatment for psychosis and schizophrenia, although mood stabilisers, antidepressants and benzodiazepines may also be considered, depending on individual circumstances.

Antipsychotics are broadly divided into two categories: first generation (typical) antipsychotics (FGA) and second generation antipsychotics (SGA) or atypical antipsychotics.

As a general principle, FGA are more likely to result in extrapyramidal side effects (EPSE), whilst SGA are more likely to result in metabolic side effects. Some argue that with the launch of aripiprazole, a partial dopamine antagonist, there is a third generation of antipsychotics.

People with schizophrenia have poorer physical health than others, and have an average life expectancy 10-20 years below the average population. It is unclear if this is due to lifestyle choices, adverse effects of medication, the condition itself, or a combination of factors. NICE recommends that people with schizophrenia should be offered an annual physical health check to help monitor any adverse effects of medication.

Confident communication

The stigma of mental health causes people with schizophrenia to be reluctant to seek help and support. This can lead to a difficult and slow recovery, as well as a negative impact on physical health. As healthcare professionals, it is not prejudice that prevents us from offering support to people with mental health problems, it is more often fear of not knowing what to say or how it should be said.

The national 'Time to Change' campaign provides resources for people with mental illness and the public to improve communication about mental health and reduce the barriers to accessing support. The key messages from this campaign can be adapted to the community pharmacy setting:

- Talk, but listen too – simply being there will mean a lot
- Don't just talk about mental health – chat about everyday things as well
- Remind them you care – small things can make a big difference
- Be patient – ups and downs can happen.

Improving your confidence in talking to people with mental health problems can improve the impact of conversations about medicines and promote adherence.

Pharmacy interventions

An MUR may highlight issues around unintentional non-adherence, which may lead to an assessment for a compliance aid or further support with medication taking. Further support may range from encouraging a carer or relative to contact the individual to remind them to take their medication, to simplifying medication regimens or supplying medication in a multi-dose compliance aid. Briefly reviewing lifestyle factors, with possible referrals for an NHS Health Check, smoking cessation, weight management or alcohol screening service, may also be appropriate.

Asking someone with schizophrenia if they would like you to explain their medication, and offering alternate sources of information or the option of speaking on the telephone encourages long-term rapport and makes people more likely to seek support in the future.

Enquiring about the person's medication experience can help to identify barriers to medicines adherence, and allow these to be addressed before non-adherence becomes problematic. During an acute episode, people with schizophrenia may have poor insight or not recall symptoms, so it can be beneficial to have a relative or carer who can remind them of the difference that medication has made so far.

Knowing why a person wants to continue to take medication may help to promote adherence in the future, and may also provide further insight into their expectations. Conversely, understanding why someone does not want to continue their medication can facilitate discussions about alternative treatment options and encourage support to be sought from the GP or mental health team before a relapse occurs.

Treatment side effects

The side effects of antipsychotics are often transient, although there are long-term complications that can develop well after starting medication. Considering the time of onset of side effects can help to distinguish true side effects from symptoms of schizophrenia.

Sexual dysfunction, including loss of libido, is a known side effect of antipsychotics. However, negative symptoms of schizophrenia, such as social withdrawal and poor motivation, may also lead to loss of libido.

If there are side effects, the preference of the individual should be sought before recommending a dose or drug change. If the antipsychotic is effective, the person with schizophrenia may decide they would prefer to tolerate the side effect rather than risk a trial of an alternate antipsychotic that is not as effective.

reflection exercise

How aware are you of support services, including psychological therapies, for patients with schizophrenia in your locality? Are they included in your 'signposting' list? Check the recommended patient/professional websites listed at the end of this module and create a list of helpful reference sources and local self-help groups.

Useful websites

- MIND (www.mind.org.uk) – provides advice and support for anyone experiencing a mental health problem
- Rethink Mental Illness (www.rethink.org) – works to help everyone affected by severe mental illness, including schizophrenia, achieve a better quality of life
- Time to Change (www.time-to-change.org.uk) – led by Mind and Rethink Mental Illness, this is England's biggest programme to challenge mental health stigma and discrimination. Online resources and patient stories are available
- Choice and Medication (www.choiceandmedication.org/cms/?lang=en) – offers information about medications used in the mental health setting to help people make informed decisions
- Hearing Voices Network (www.hearing-voices.org) – information, support and understanding for people who hear voices and those who support them.

Record your learning

Once you have read this article, use the following CPD questions to help you reflect on what you have learned and how it might affect your everyday work. Remember to record your learning on the GPhC website if you are registered (www.uptodate.org.uk). Otherwise, it is good practice to record it in your ongoing learning and development folder.

- What did I learn that was new? ***(Evaluate)***
- How have I put this into practice? (Provide examples of how learning has been applied.) ***(Evaluate)***
- Do I need to learn anything else in this area? ***(Reflect)***

Next month: we look at immunisation services in community pharmacy.